

W-LW2A

W-LW2B

W-LW2CLW22

W-LW2D1

W-LW3

22222 Void a Employee's social security number For Official Use Only OMB No. 1545-0008

b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9 Verification code	10 Dependent care benefits
e Employee's first name and initial		Last name	Suff.
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2017 Department of the Treasury—Internal Revenue Service
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1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

2017 Department of the Treasury—Internal Revenue Service
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Security number OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

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1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

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944 <input type="checkbox"/>	Kind of Employer (Check one)	None apply	501c non-govt. <input type="checkbox"/>	State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
1	Wages, tips, other compensation	2	Federal income tax withheld				
3	Social security wages	4	Social security tax withheld				
5	Medicare wages and tips	6	Medicare tax withheld				
7	Social security tips	8	Allocated tips				
9		10	Dependent care benefits				
11	Nonqualified plans	12a	Deferred compensation				
13	For third-party sick pay use only	12b					
14	Income tax withheld by payer of third-party sick pay	19	Local income tax				
Employer's telephone number		For Official Use Only					
Employer's email address							
Title		Date					

W-66662

22222 Void a Employee's social security number For Official Use Only OMB No. 1545-0008

b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9 Verification code	10 Dependent care benefits
e Employee's first name and initial		Last name	Suff.
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

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1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

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 Form W-2 Wage and Tax Statement
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Security number OMB No. 1545-0008

1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other		12b	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

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IMPORTANT TAX RETURN DOCUMENT ENCLOSED

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