

W-2 INFORMATION FORM

Client No. _____

Employer's Name: _____ Kind of Payor: 941, 943, or Household

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Contact Person: _____

Employer's Federal ID# (EIN): _____ State ID#: _____

EMPLOYEE #1 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN#: _____	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
13 <small>Statutory employee Retirement plan Third-party sick pay</small>	12b	
14 Other	12c	
	12d	
15 State	16 State wages, tips	17 State income tax

EMPLOYEE #2 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN#: _____	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
13 <small>Statutory employee Retirement plan Third-party sick pay</small>	12b	
14 Other	12c	
	12d	
15 State	16 State wages, tips	17 State income tax

EMPLOYEE #3 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN#: _____	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
	13 Statutory employee Retirement plan Third-party sick pay	12b
	14 Other	12c
	12d	
15 State	16 State wages, tips	17 State income tax

EMPLOYEE #4 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN#: _____	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
	13 Statutory employee Retirement plan Third-party sick pay	12b
	14 Other	12c
	12d	
15 State	16 State wages, tips	17 State income tax

EMPLOYEE #5 NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN#: _____	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
	13 Statutory employee Retirement plan Third-party sick pay	12b
	14 Other	12c
	12d	
15 State	16 State wages, tips	17 State income tax