Form W2 Wage and Tax Statement

Copy 1 - For State, City or Local Tax Department

Year 2020

OMB No. 1545-0008

copy 1 - For State, City	ONID NO. 1343-0006			
a. Employee social security nu	ımber	b. Employer ID number	er d. Control number	
577-22-3048		14-023285	123456 A78	
e. Employee name & address Michael Robert David Smith 56334 Full Sized Avenue Un Minneapolis, Minnesota 554	son III it 1234	c. Employer name & address Long Lengthy Name The Corporation 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234		
1. Wages tips, other comp 123456789.99	2. Federal income tax 123456789.99	3. Social security wages 123456789.99	4. Social security tax withhel 123456789.99	
5. Medicare wages and tips 123456789.99	6. Medicare tax withheld 123456789.99	7. Social security tips 123456789.99	8. Allocated tips 123456789.99	
9	10. Dependent care benefits 123456789.99	11. Nonqualified Plans 123456789.99	12a. Code (see instructions) A 123456789.99	
13. (Mark x)	14. Other		12b. Code	
Statutory employee X	AAA BBI	В СССС	D 123456789.99	
Retirement plan X	1234567		12c. Code	
Third party sick pay X	AAA BBI	ВСССС	DD 123456789.99	
15. State	State ID number	16. State wages, tips, etc	12d. Code	
MN 123456789		123456789.99	AA 123456789.99	
17. State income tax 123456789.99	18. Local wages, tips, etc 123456789.99	19. Local income tax 123456789.99	20. Locality name ABCDEFGH	

Department of the Treasury - Internal Revenue Service This information is being furnished to the Internal Revenue Service

Form W2 Wage and Tax Statement

Year 2020

Copy 2-To be Filed with Employee's State, City or Local Income Tax Return OMB No. 1545-0008

a. Employee social security number			b. Employer ID number d. Control nui		rol number	
577-22-3048			14-023285	123456 A78		
e. Employee name & address Michael Robert David Smithson III 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234			c. Employer aame & Address			
			Long Lengthy Name The Corporation 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234			
1. Wages tips, other comp 123456789.99	2. Federal income tax 123456789.99		3. Social security wages 123456789.99	4. Social security tax withheld 123456789.99		
5. Medicare wages and tips	6. Medicare tax withheld		7. Social security tips	8. Allocated tips		
123456789.99	123456789.99		123456789.99		123456789.99	
9	10. Dependent care benefits 123456789.99		11. Nonqualified Plans	12a. Code (see instructions)		
			123456789.99	A	123456789.99	
13. (Mark x)		14. Other		12b. Co	ode	
Statutory employee x		AAA BBE	3 CCCC	D	123456789.99	
Retirement plan X		12345678.90		12c. Cc		
Third party sick pay X		AAA BBE	3 CCCC	DD	123456789.99	
15. State	State ID number 123456789		16. State wages, tips, etc	12d. Code		
MN			123456789.99	AA	123456789.99	
17. State income tax 123456789.99	18. Local wages, tips, etc 123456789.99		19. Local income tax 123456789.99	20. Locality name ABCDEFGH		

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11. Nonqualified Plans

123456789.99

Form W2 Wage and Tax Statement

Copy B -To Be Filed with Employee's FEDERAL Tax Return

Year 2020 OMB No. 1545-0008

a. Employee social security Number 577-22-3048 e. Employee name & address Michael Robert David Smithson III 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234			b. Employer ID number 14-023285	d. Control number 123456 A78		
			c. Employer name & address Long Lengthy Name The Corporation 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234			
1. Wages tips, other comp 123456789.99	1.99 123456789.99 and tips 6. Medicare tax withheld		3. Social security wages 123456789.99	4. Social security tax withhele 123456789.99 8. Allocated tips 123456789.99		
5. Medicare wages and tips 123456789.99			7. Social security tips 123456789.99			
9			11. Nonqualified Plans 123456789.99	12a. Code (see instructions) A 123456789.99		
13. (Mark x) Statutory employee X Retirement plan X		14. Other AAA BBE 12345678 AAA BBE	3.90	12b. Code D 123456789.99 12c. Code DD 123456789.99		
Third party sick pay X 15. State MN			16. State wages, tips, etc 123456789.99	12d. Code AA 123456789.99		
7. State income tax 123456789.99 123456789.99 123456789.99		19. Local income tax 123456789.99	20. Locality name ABCDEFGH			

Department of the Treasury - Internal Revenue Service This information is being furnished to the Internal Revenue Service

Form W2 Wage and Tax Statement Copy C - For Employee's Records

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Year 2020 OMB No. 1545-0008

12a. Code (see instructions)

123456789.99

a. Employee social security nu	mber	b. Employer ID number d. Control number			
577-22-3048		14-023285	123456 A78		
e. Employee Name & Address		c. Employer name & address Long Lengthy Name The Corporation 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234			
Michael Robert David Smiths 56334 Full Sized Avenue Uni Minneapolis, Minnesota 554	t 1234				
1. Wages tips, other comp 123456789.99	2. Federal income tax 123456789.99	3. Social security wages 123456789.99	4. Social security tax withheld 123456789.99		
5. Medicare wages and tips 123456789.99	6. Medicare tax withheld 123456789.99	7. Social security tips 123456789.99	8. Allocated tips 123456789.99		

10. Dependent care benefits 123456789.99

ĺ	13. (Mark x)			AAA BBB CCCC		12b. C	12b. Code	
l	Statutory employee	X				D	123456789.99	
l	Retirement plan	X				12c. C		
l	Third party sick pay	Х				DD	123456789.99	
ĺ	15. State		State ID number		16. State wages, tips, etc	12d. C	12d. Code	

MN 123456789 123456789.99 AA 123456789.99 17. State income tax 18. Local wages, tips, etc 19. Local income tax 20. Locality name 123456789.99 123456789.99 123456789.99 **ABCDEFGH**

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