

Form W2 Wage and Tax Statement Year 2020
Copy 1 - For State, City or Local Tax Department OMB No. 1545-0008

a. Employee social security number 577-22-3048		b. Employer ID number 14-023285	d. Control number 123456 A78
e. Employee name & address Michael Robert David Smithson III 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234		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 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
9	10. Dependent care benefits 123456789.99	11. Nonqualified Plans 123456789.99	12a. Code (see instructions) A 123456789.99
13. (Mark x) Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input checked="" type="checkbox"/>		14. Other AAA BBB CCCC 12345678.90 AAA BBB CCCC	
15. State MN		12b. Code D 123456789.99	
State ID number 123456789		12c. Code DD 123456789.99	
16. State wages, tips, etc 123456789.99		12d. Code 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 577-22-3048		b. Employer ID number 14-023285	d. Control number 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 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) Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input checked="" type="checkbox"/>		14. Other AAA BBB CCCC 12345678.90 AAA BBB CCCC	
15. State MN		12b. Code D 123456789.99	
State ID number 123456789		12c. Code DD 123456789.99	
16. State wages, tips, etc 123456789.99		12d. Code 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 B -To Be Filed with Employee's FEDERAL Tax Return OMB No. 1545-0008

a. Employee social security Number 577-22-3048		b. Employer ID number 14-023285	d. Control number 123456 A78
e. Employee name & address Michael Robert David Smithson III 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234		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 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
9	10. Dependent care benefits 123456789.99	11. Nonqualified Plans 123456789.99	12a. Code (see instructions) A 123456789.99
13. (Mark x) Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input checked="" type="checkbox"/>		14. Other AAA BBB CCCC 12345678.90 AAA BBB CCCC	
15. State MN		12b. Code D 123456789.99	
State ID number 123456789		12c. Code DD 123456789.99	
16. State wages, tips, etc 123456789.99		12d. Code 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 C - For Employee's Records OMB No. 1545-0008

a. Employee social security number 577-22-3048		b. Employer ID number 14-023285	d. Control number 123456 A78
e. Employee Name & Address Michael Robert David Smithson III 56334 Full Sized Avenue Unit 1234 Minneapolis, Minnesota 55411-1234		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 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
9	10. Dependent care benefits 123456789.99	11. Nonqualified Plans 123456789.99	12a. Code (see instructions) A 123456789.99
13. (Mark x) Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third party sick pay <input checked="" type="checkbox"/>		14. Other AAA BBB CCCC 12345678.90 AAA BBB CCCC	
15. State MN		12b. Code D 123456789.99	
State ID number 123456789		12c. Code DD 123456789.99	
16. State wages, tips, etc 123456789.99		12d. Code 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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