



9:41

W2 Part 1

EMPLOYEE/EMPLOYER
INFORMATION

BOX A: EMPLOYEE SSN

BOX B: EMPLOYER EIN

BOX C: EMPLOYER NAME AND
ADDRESS

BOX D: CONTROL NUMBER

BOX E: EMPLOYEE NAME

BOX F: EMPLOYEE ADDRESS

Back **Next**

The form screen has a purple background with a white rounded rectangle containing the form fields. The fields are labeled 'BOX A' through 'BOX F'. At the bottom, there are two white buttons: 'Back' and 'Next'.

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W2 Part 2

COMPENSATION

BOX 1: WAGES,
TIPS, OTHER
COMP.

BOX 2: FEDERAL
INCOME TAX
WITHHELD

BOX 3: SOCIAL
SECURITY
WAGES

BOX 4: SOCIAL
SECURITY TAX
WITHHELD

BOX 5:
MEDICARE
WAGES/TIPS

BOX 6:
MEDICARE TAX
WITHHELD

BOX 7: SOCIAL
SECURITY TIPS

BOX 8:
ALLOCATED
TIPS

BOX 9:

BOX 10:
DEPENDENT
CARE
BENEFITS

Back

Next

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W2 Part 3

NONQUALIFIED PLANS
& COMPENSATION

BOX 11: NONQUALIFIED PLANS

BOX 12A:

BOX 12B:

BOX 12C:

BOX 12D:

BOX 13:

BOX 14: OTHER

Back

Next

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W2 Part 4

STATE INFORMATION

BOX 15: EMPLOYER STATE ID

BOX 16: STATE WAGES, TIPS

BOX 17: STATE INCOME TAX

BOX 18: LOCAL WAGES, TIPS

BOX 19: LOCAL INCOME TAX

BOX 20: LOCALITY NAME

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Review W2!

EMPLOYEE/EMPLOYEEER INFORMATION

COMPENSATION

NON-QUALIFIED PLANS/OTHER COMPENSATION

STATE INFORMATION

Looks Great! Make Change

9:41

Change W2!

EMPLOYEE/EMPLOYEEER
INFORMATION

CHANGE

COMPENSATION

CHANGE

NON-QUALIFIED
PLANS/OTHER
COMPENSATION

CHANGE

STATE INFORMATION

CHANGE

Submit W2

