22222	Void		s social security number 0-3076	For Official U OMB No. 15	• •	•		
b Employer identi	ification number	377 0	0 3070	OMB No. 13		es, tips, other compensation	2 Federal income t	ax withheld
38-296					210.00			
c Employer's nan LEAVIT'	ne, address, and Z T TOWNSHI				3 Soci	al security wages	4 Social security ta	x withheld
C/O NAOMI OOMEN				5 Med	icare wages and tips	6 Medicare tax wit	hheld	
154 N. BOGUE ST. WALKERVILLE MI 49459				7 Soci	al security tips	8 Allocated tips		
d Control number					9 Veri	fication code	10 Dependent care	benefits
e Employee's firs			name ND	Suff	11 No.	nqualified plans	12a See instruction	s for box 12
		<b>'</b>			13 Statu emple		12b	
3910 N. 190TH AVE. WALKERVILLE MI 49459				14 Oth	er	12c		
William	V 1111		111 17137				12d	
f Employee's add	ress and ZIP code	:					<u> </u>	
15 State Employ	er's state ID number		16 State wages,tips,etc	17 State incom	ne tax	18 Local wages,tips,etc	19 Local income tax	20 Locality name
	•••••				•			
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b Employer identi	fication number	303-0	4-12/3	OMB No. 13		es, tips, other compensation	2 Federal income t	ax withheld
38-296						1500.0		
c Employer's nan LEAVIT'	ne, address, and Z T TOWNSHI				3 Soci	al security wages	4 Social security ta	x withheld
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d Control number					9 Verification code 10 Dependent care benefit		benefits	
e Employee's firs			name RNBUSH	Suff	11 No.	nqualified plans	12a See instruction	s for box 12
		•			13 Statu emple		12b	
4827 E WALKER	DEER RD		MI 49459		14 Oth	ner	12c	

f Employee's address and ZIP code

38-2967554

ΜI

Employer's state ID number

2017 0000/1030D

21.24

18 Local wages,tips,etc

17 State income tax

16 State wages,tips,etc

1500.00

Department of the Treasury--Internal Revenue Service

For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Black-and-White Form W2 (Revised 03/17)

20 Locality name

12d

a	Employee's	social security number	For C	Official Use	e Only <b>&gt;</b>	•			
<b>22222</b> Void	383-68	8-4022	OMI	OMB No. 1545-0008					
b Employer identification number 38-2967554					1 Wag	es, tips, other compensation 1375.00	2 Federal in	come tax	withheld
c Employer's name, address, and ZI LEAVITT TOWNSHIP	P code				3 Socia	ıl security wages	4 Social sec	urity tax	withheld
C/O NAOMI OOMEN					5 Medi	care wages and tips	6 Medicare	tax withh	neld 19.94
154 N. BOGUE ST. WALKERVILLE MI 49459					7 Socia	al security tips	8 Allocated	tips	
d Control number					9 Verif	ication code	10 Depende	nt care b	enefits
e Employee's first name and initial Last name  EMMA KIRWIN				Suff	11 Nor	qualified plans	12a See inst	ructions	for box 12
EFIFA					13 Statut emplo		12b		
PO BOX 84 WALKERVILLE MI 49459					14 Oth	er	12c		
WHIREKVIIIE		MI 49439					12d		
f Employee's address and ZIP code									
15 State Employer's state ID number		16 State wages,tips,etc	17	7 S tate income	e tax 18 Local wages,tips,etc		19 Local income to	iX	20 Locality name
MI <sub>J</sub> 38-2967554		1375.00	)	2	21.24				
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<b>22222</b> Void		s social security number 4-6817		Official Use B No. 1545	•	•			
b Employer identification number $38-2967554$ OMB No. 154						es, tips, other compensation 1830.00	2 Federal in	come tax	withheld
c Employer's name, address, and ZI LEAVITT TOWNSHIP					3 Socia	d security wages	4 Social sec	urity tax	withheld
C/O NAOMI OOMEN					5 Medi	care wages and tips	6 Medicare	tax withh	neld 26.54
154 N. BOGUE ST. WALKERVILLE		MI 49459			7 Socia	al security tips	8 Allocated	tips	
d Control number					9 Veri	fication code	10 Depende	nt care b	enefits

e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 Suff RICHARD M KOLBE Third party sick pay 12b 13 Statutory employee Retirement plan 14 Other 12c 8978 E. HARRISON RD. WALKERVILLE MI 49459 12d f Employee's address and ZIP code 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 38-2967554 1830.00 ΜI

Form V-2 Statement
Copy A for Social Security Administration - Send this entire page with
Form W-3 to the Social Security Administration; photocopies are not acceptable.

2017 0000/1030D Department of the Treasury--Internal Revenue Service

For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Black-and-White Form W2 (Revised 03/17)

22222	Void	•	oyee's social securi	ty number	For Offici OMB No		•							
b Employer identifi 38-2967			4-90-0003		OMB No			s, tips, other	compensat		2 Federal	income t	tax withheld	
c Employer's name			2				3 Social security wages 4 Social security tax withheld							
C/O NAO	OMI OOMEI	N					5 Medio	care wages a	nd tips		6 Medica	re tax wit	thheld	
154 N. BOGUE ST. WALKERVILLE MI 49459						7 Social	l security tips	3		8 Allocate	ed tips			
d Control number						!	9 Verifi	cation code			10 Depen	dent care	benefits	
e Employee's first CARRIE	name and initia	al	Last name KRUPPE		Su	ff	11 Non	qualified plar	18		12a See i	nstruction	ns for box 12	2
							13 Statuto employ		Third party sick pay		12b	l		
8468 E FILMORE RD HESPERIA MI 49421					14 Othe	er			12c	l				
f Employee's addre		de												
15 State Employer	r's state ID number		16 State	wages,tips,etc	17 S tate	income ta	ix	18 Local wage	es,tips,etc		19 Local incon	ne tax	20 Locality nar	me
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Employer's state ID number

38-2967554

15 State

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2017 0000/1030D

18 Local wages,tips,etc

17 State income tax

16 State wages,tips,etc

7750.00

Department of the Treasury--Internal Revenue Service

For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Black-and-White Form W2 (Revised 03/17)

20 Locality name

22222	Void		social security number	For Official	• •	•				
b Employer ident 38-296	ification number	368-60	J-0276	OMB No. 1:		es, tips, other o	compensation 40.00	2 Federal	income tax	x withheld
c Employer's nan					3 Soci	al security wage		4 Social s	security tax	withheld
C/O NAOMI OOMEN					5 Med	icare wages and	d tips	6 Medica	re tax withl	held
154 N. BOGUE ST. WALKERVILLE MI 49459					7 Soci	al security tips		8 Allocate	ed tips	
d Control number	r				9 Veri	fication code		10 Depen	ndent care b	enefits
e Employee's first name and initial Last name DEBRA OOMEN			Suff	11 No	nqualified plans	ı	12a See in	nstructions	for box 12	
		<b>,</b>			13 Statu emplo		Third party sick pay	12b	1	
3715 N WALKER	200TH AV	/E	IA 49459		14 Oth	er		12c		
f Employee's add		le								
	er's state ID number 967554		16 State wages,tips,etc 40.00	17 State inco	ome tax	18 Local wages,	tips,etc	19 Local incom	ie tax	20 Locality name
I										
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22222	Void	380-86		OMB No. 1:	545-0008			T		
b Employer ident	7554					es, tips, other o	7550.00			177.00
c Employer's nan LEAVIT	ne, address, and T TOWNSH					al security wage			security tax	
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154 N. BOGUE ST. WALKERVILLE MI 49459					7 Social security tips		8 Allocate	•		
d Control number						ification code		10 Depen	ident care b	penefits
e Employee's firs			name MEN	Suff	11 No	nqualified plans		12a See in	nstructions	for box 12
					13 Statu emplo		Third party sick pay	12b		
154 N.	BOGUE ST	Γ.			14 Oth	ner		12c		

MI 49459

16 State wages,tips,etc

7550.00

WALKERVILLE

f Employee's address and ZIP code

ΜI

38-2967554

Employer's state ID number

2017 0000/1030D

108.37

18 Local wages,tips,etc

17 State income tax

Department of the Treasury--Internal Revenue Service

For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.

Black-and-White Form W2 (Revised 03/17)

20 Locality name

12d

00000	Void		ee's social securit	ty number	For Official U	se Only	>			
22222			-04-4213		OMB No. 154	15-0008				
b Employer ident 38-296						1 Wag	ges, tips, other compensates 54.		2 Federal income to	ax withheld
c Employer's nan LEAVIT	ne, address, and T TOWNSHI					3 Soci	3 Social security wages 4 Social security tax withhe			x withheld
C/O NA	OMI OOMEN	J				5 Med	licare wages and tips		6 Medicare tax wit	hheld
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d Control number					9 Veri	fication code		10 Dependent care	benefits	
e Employee's firs	t name and initia	ıl L	ast name		Suff	11 No	nqualified plans		12a See instruction	s for box 12
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		I .				13 Statu empli			12b	
MAIN S	TREET					14 Oth	ner		12c	
WALKER	VILLE		MI	49459				L		
									12d	
		_								
f Employee's add  5 State Employ	ress and ZIP coo rer's state ID number	le	16 State v	wages,tips,etc	17 State incom	ne tax	18 Local wages,tips,etc		9 Local income tax	20 Locality name
1 ,	967554			54.00						
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		a Employ	ee's social securi	ty number	For Official U	se Only	•			
22222	Void		-98-4825	.,	OMB No. 154	• •				
b Employer ident 38-296				I		1 Wag	es, tips, other compensat		2 Federal income to	ax withheld
c Employer's nan LEAVIT	ne, address, and T TOWNSHI					3 Soci	al security wages		4 Social security ta	x withheld
C/O NA	OMI OOMEN	J				5 Med	licare wages and tips		6 Medicare tax wit	hheld 43.50
154 N.	BOGUE ST	Γ.				7 Soci	al security tips		8 Allocated tips	
WALKER	VILLE		MI	49459						
d Control number	ſ					9 Ver	9 Verification code		10 Dependent care	benefits
e Employee's firs	t name and initia		ast name		Suff	11 No.	nqualified plans		12a See instruction	s for box 12
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MAIN S	Т					14 Oth	ner		12c	
WALKER			MI	49459						
						1		f	12d	

f Employee's address and ZIP code
15 State Employer's state ID number

ΜI

38-2967554

2017 0000/1030D

18 Local wages,tips,etc

17 State income tax

16 State wages,tips,etc

4254.00

Department of the Treasury--Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.
Black-and-White Form W2 (Revised 03/17)

20 Locality name

	ployee's social security number	For Official Use Only				
	40-46-1716	OMB No. 15	45-0008			
b Employer identification number 38–2967554			1 Wages, tips, other compensation 240.00	2 Federal income tax withheld		
c Employer's name, address, and ZIP co LEAVITT TOWNSHIP	de		3 Social security wages	4 Social security tax withheld		
C/O NAOMI OOMEN			5 Medicare wages and tips	6 Medicare tax withheld		
154 N. BOGUE ST.	MT 40450		7 Social security tips	8 Allocated tips		
WALKERVILLE d Control number	MI 49459		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		
MARIA	TRIVISONNO		40 Oktober - Definition - Third and	   12b		
			13 Statutory Retirement Third party employee plan sick pay	120		
9369 E. CLOCK RD.	NT 40450		14 Other	12c		
WALKERVILLE	MI 49459			12d		
f Faralance land durant and 71D and						
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages,tips,etc	17 State incom	ne tax 18 Local wages,tips,etc	19 Local income tax 20 Locality name		
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a Emp	ployee's social security number	old, or Sta  For Official U	ple Forms on This Page se Only ▶			
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00000   \/aid	ployee's social security number	For Official U	se Only ▶	2 Federal income tax withheld		
b Employer identification number	ployee's social security number 67-48-4098	For Official U	se Only  45-0008  1 Wages, tips, other compensation			
b Employer identification number 38-2967554 c Employer's name, address, and ZIP co	ployee's social security number 67-48-4098	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00	2 Federal income tax withheld		
b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN  154 N. BOGUE ST.	ployee's social security number 67-48-4098	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00  3 Social security wages	Federal income tax withheld     Social security tax withheld		
b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN	ployee's social security number 67-48-4098	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00  3 Social security wages  5 Medicare wages and tips	Federal income tax withheld     Social security tax withheld     Medicare tax withheld		
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b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE d Control number	ployee's social security number 67-48-4098  de  MI 49459  Last name	For Official U	see Only   45-0008  1 Wages, tips, other compensation   240.00  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9 Verification code	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits		
b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE d Control number	ployee's social security number 67-48-4098  de  MI 49459  Last name	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9 Verification code  11 Nonqualified plans	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12		
b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE d Control number  e Employee's first name and initial JAMES	ployee's social security number 67-48-4098  de  MI 49459  Last name	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9 Verification code  11 Nonqualified plans  13 Statutory Retirement Third party employee plan sick pay	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12		
b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN  154 N. BOGUE ST. WALKERVILLE d Control number  e Employee's first name and initial JAMES  211 E. LAUREL ST. WALKERVILLE	ployee's social security number 67-48-4098  MI 49459  Last name YANCEY	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9 Verification code  11 Nonqualified plans  13 Statutory Retirement Third party employee plan sick pay	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12		
b Employer identification number  38-2967554 c Employer's name, address, and ZIP co LEAVITT TOWNSHIP  C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE d Control number  e Employee's first name and initial JAMES  211 E. LAUREL ST.	ployee's social security number 67-48-4098  MI 49459  Last name YANCEY	For Official U	se Only  45-0008  1 Wages, tips, other compensation 240.00  3 Social security wages  5 Medicare wages and tips  7 Social security tips  9 Verification code  11 Nonqualified plans  13 Statutory Retirement Third party employee plan Sick pay	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12a See instructions for box 12		

2017 0000/1030D Department of the Treasury--Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see the separate instructions.
Black-and-White Form W2 (Revised 03/17)

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33333	a Control num	ber	For Official U	se Only ▶			
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b Kind	941	Military 943	944 X	Kind	None apply	501c non-govt.	Third-party sick pay
of Payer (Check one)	CT-1	Hshld. Medicare emp. govt. emp	_	of Employer (Check one)	State/local non-501c S	State/local 501c Federal govt.	(Check if applicable)
c Total number of	Forms W-2	d Establishment nu	mber	1 Wages, tips, other co	mpensation	2 Federal income tax with	
12					25293.	00	177.00
e Employer identif	ication number (E	EIN)		3 Social security wages	3	4 Social security tax with	neld
38-2967	7554						
f Employer's nam	е			5 Medicare wages and	•	6 Medicare tax withheld	
LEAVITT	r townsh	IIP			23005.	00	333.59
				7 Social security tips		8 Allocated tips	
- , -	OMI OOME BOGUE S			9		10 Dependent care benefits	6
WALKERV	$J { m ILLE}$	MI 4945	59	11 Nonqualified plans		12a Deferred compensatio	า
<b>g</b> Employer's addr	ress and ZIP code	Э					
h Other EIN used	this year			13 For third-party sick pa	ay use only	12b	
	oloyer's state ID n			14 Income tax withheld b	y payer of third-p	party sick pay	
16 State wages, tip	os, etc. 1353.00	17 State income tax	150.85	18 Local wages, tips, etc		19 Local income tax	
Employer's cont	tact person			Employer's telephone	number	For Official Use Only	
						0000	/ 1030D
Employer's fax number			Employer's email address				
				CLERK@LEA	IWOTTTIV	NSHIP.ORG	

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► Title ► Date ►

# Form W-3 Transmittal of Wage and Tax Statements 2017

Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

**Separate instructions.** See the 2017 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

### Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, is being filed. Do not file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2018**. For more information, go to *www.socialsecurity.gov/employer*. First time filers, select "Go to Register"; returning filers select "Go To Log In."

#### When To File

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2018.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Direct Operations Center Wilkes-Barre, PA 18769-0001

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

REV 01/12/18 QB

### Step 1: Forms W-2 and W-3 Interview

#### Welcome to the W-2 and W-3 interview

#### Have you downloaded the latest version of the forms?

The Forms W-2 and W-3 you currently have are for tax year 2017

If you do not have the latest forms, you should leave the payroll form window, download the latest updates, and start again.

### Is Your Company Address Correct?

Failure to ensure your company address is complete and correct will cause you to update the information and resubmit. This includes the street address, city, state, and zip code.

#### We will guide you through the review and preparation of your W-2 and W-3 tax forms.

This interview will:

- a) Allow you to edit your W-2 and W-3 forms
- b) Help you to **review** and **fix errors** in your forms
- c) Allow you to print and save your forms

Before we begin, here are some **important dates** to mark on your calendar:

1. January 31, 2018

Deadline for employers to **deliver a W-2 form to each employee.** Encourage employees to check W-2 forms against their last paycheck paid during the prior year, to ensure that any corrections can be made timely.

2. January 31, 2018

Deadline when employers must file copies of the W-2s with government agencies.

3. January 31, 2018

Deadline when employers who **file electronically** must **file federal copies of the W-2s** with the Social Security Administration (SSA). Employers filing 250 or more W-2 forms must file electronically with the SSA, unless the IRS grants you a waiver.

### Make sure that you file only one Form W-2 (Copy A) per employee.

You must file one W-2 form for each employee paid during the tax year. (You file Copy A with the Social Security Administration)

If you inadvertently create a duplicate W-2 form for an employee and then file both copies with the SSA, the agency may use the information from both forms to determine the employee's reported income. Not only will the employee's reported taxable income be calculated incorrectly, but also the employer payroll liability payments and balances.

To avoid filing multiple W-2 forms for an employee, review the employee list provided in this interview for any duplicates.

Note: Form W-2c is a corrected wage and tax statement and not considered a duplicate filing.

	Employees with last names A through Z
Tax Form for EIN: 38-2967554	$\underline{12}$ of $\underline{12}$ employees selected
Step 1: Forms W-2 and W-3 Inte	rview
Instructions:	I AICAA
	2 forms, but there may be some areas that are incomplete.
Please review the information below for accura	
	han the legal name, both will appear below and both will print on all W-2 form:
Verify your Company Information:	
Company legal name Leavitt Tow	nshin
Trade name (if different)	
Company legal address c/o Naomi O	omen 154 N. Bogue St.
City, State, ZIP code  Walkerville	
<u></u>	
Contact person	
Email address CLERK@LEAVI	TTTOWNSHIP.ORG
Fax number	
Answer the following questions:	
Kind of Payer Check one of these box	xes:
What kind of payer are you?	941 (Most common) Household employer
Timat imia or payor are you.	943 Medicare govt. employer
	× 944 Military
Kind of Employer Check one of these	e boxes:
What kind of employer are you?	None apply (Most common) State/local 501c
	X State/local non 501c Federal govt.
	501c non-govt.
0 100 0	
Special Situations Check one of thes	
Do you have <b>any</b> of the following special situat	
* Statutory employees (earnings not subje	
* Employees with retirement plans (401k,	
Employees who receive 3rd party sick pa	ay (3rd party provided a Sick Pay Statement)
Control Number	
The control number is optional on Forms W-2 a	and W-3. The SSA records the control numbers in case they
need to reference them when contacting an en	nployer.
The control number on Form W-3 is different the	nan the control number on Forms W-2, so they can be used
for different purposes.	
Form W-3 Control Number	
The control number for your Form W-3 is:	
For most current versions of QuickBooks,	a control number for Form W-3 is automatically generated.
You can keep the generated entry, override the	e entry with one more meaningful to you, or delete the
control number. If you did not select a group (y	ou selected All Employees in the Select Payroll Form
window), QuickBooks does NOT generate a co	ontrol number.
Form W-2 Control Number	
When you first open the W-2 worksheets in	the interview, the control number is blank. On each W-2
	umber (ex: employee number) or you can leave it blank.
	r on Forms W-2 and W-3, click the View details about this form link.

### Review your form

To proceed to viewing your W-2 forms, click *Next*. Remember to click the *Check for Errors* button when you are done with your review.

Employees with last names  $\underline{A}$  through  $\underline{Z}$   $\underline{12}$  of  $\underline{12}$  employees selected

Step 1: Forms W-2 and W-3 Interview - Special Employees Situations

Tax Form for EIN: 38-2967554

For each employee below, check the box if any of the situations apply to that employee.

Name	Social Security Number	Statutory	Pension Plan	Third Party Sick Pay
BOND, MICHAEL	379-60-3076			
DORNBUSH, RAYMOND	383-84-1275			
KIRWIN, EMMA	383-68-4022			
KOLBE, RICHARD M	362-64-6817			
KRUPPE, CARRIE	364-96-0663			
KRUPPE, DAVID	386-96-3994			
OOMEN, DEBRA	368-60-0276			
OOMEN, NAOMI L	380-86-2281			
PORTER, JENNIFER	371-04-4213			
PORTER, LEVI	370-98-4825			
TRIVISONNO, MARIA	140-46-1716			
YANCEY, JAMES	367-48-4098			
		1		
		1		

REV 01/12/18 QBDT

### **Michigan City Tax Worksheet**

### DO NOT FILE, KEEP FOR YOUR RECORDS

#### Why is this information required?

Michigan has requested that the locality name in Box 20 of the W-2 be populated with a six character code indicating the city where taxes were paid. In order to determine the correct code, QuickBooks needs to know the work and/or residence city code for each employee where you paid taxes.

Not all employees will be listed or have listings in both columns.

**NOTE:** To avoid selecting the city code for each employee on this worksheet every year be sure to enter the city code in 'Print on W-2' field in Payroll Info/Taxes/Other for each employee.

Select a work city code for the majority of employees ▶ Work City Code ▶	
Select a <b>residence</b> city code for the majority of employees . ▶ <b>Residence City Code</b> ▶	

Selected city code will populate employee city code columns below. You can change those if needed.

Employee	Social Security	Employee Work	Employee Residence		
Name	Number	City Code	City Code		
RAYMOND DORNBUSH DAVID KRUPPE		MI - CITIES WORK TAX MI - CITIES WORK TAX			

To print this list, right-click in the form window and then click Print this Page. You can also print this list when you print the W-2 and W-3 forms for your employees, the tax agencies, and your records. Be sure to keep this list for your own records.

REV 01/12/18 QBDT

12 of 12 employees selected

Displaying: BOND, MICHAEL		Employee1 of12_		
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554		
a Employee's SSN	1 Wages, tips, other compensation 210.00 Social security wages	Federal income tax withheld      Social security tax withheld		
C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE State MI  49459  d Control number  E Employee's name First MICHAEL MI Suffix Last BOND	5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 13 Statutory employee. ▶ Retirement plan ▶ Third-party sick pay ▶	6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits  12 a		
f Employee's address and ZIP code 3910 N. 190TH AVE.  WALKERVILLE 49459  State MI  The state wages, tips, etc	14 Other descr descr descr descr descr	Amt		

Tax Form for EIN: <u>38-2967554</u>

\_\_\_\_\_\_ of \_\_\_\_\_\_ employees selected

Displaying: DORNBUSH, RAYMOND		Employee2 of12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 1500.00 3 Social security wages  Medicare wages and tips	Federal income tax withheld      Social security tax withheld      Medicare tax withheld
C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE State  49459  d Control number  e Employee's name First RAYMOND MI Suffil Last DORNBUSH	7 Social security tips 9 11 Nonqualified plans	21.75 8 Allocated tips  10 Dependent care benefits  12 a
f Employee's address and ZIP code           4827 E DEER RD           WALKERVILLE         State           49459           15 Employer's state         16 State wages, tips, etc           State identification no.         1500.00	14 Other descr	Amt
		-

Displaying: KIRWIN, EMMA		Employee 3 of 12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 1375.00 3 Social security wages  5 Medicare wages and tips 1375.00 7 Social security tips  9 11 Nonqualified plans  13 Statutory employee. ► Retirement plan . ► Third-party sick pay ►	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 19.94 8 Allocated tips 10 Dependent care benefits 12 a b c d d
f Employee's address and ZIP code           PO         BOX         84           WALKERVILLE         State         MI           49459         16         State wages, tips, etc         17           State         identification no.         1375.00         1375.00	14 Other descr descr descr descr  descr tescr descr descr descr  21.24  18 Local wages, tips, etc	AmtAmtAmtAmt

 $\underline{\phantom{a}12}$  of  $\underline{\phantom{a}12}$  employees selected

Displaying: KOLBE, RICHARD M		Employee 4 of 12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 1830.00 Social security wages	Federal income tax withheld      Social security tax withheld
C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE State MI  49459  d Control number  Employee's name First RICHARD MI M Suffix Last KOLBE	5 Medicare wages and tips  1830.00  7 Social security tips  9  11 Nonqualified plans  13 Statutory employee. ► Retirement plan . ► Third-party sick pay ►	6 Medicare tax withheld  26.54  8 Allocated tips  10 Dependent care benefits  12  a  b  c  d  d
f Employee's address and ZIP code           8978 E. HARRISON RD.           WALKERVILLE         State         MI           49459           15 Employer's state         16 State wages, tips, etc         17           State identification no.         1830.00         1830.00	14 Other descr descr descr descr tescr descr tescr descr tescr tes	AmtAmtAmtAmt

12 of 12 employees selected

Displaying: KRUPPE, CARRIE		Employee5 of12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 250.00 3 Social security wages	Federal income tax withheld      Social security tax withheld
C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE State M: 49459  d Control number  e Employee's name First CARRIE MI Suffix Last KRUPPE	5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 13 Statutory employee. ▶ Retirement plan ▶ Third-party sick pay ▶	6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits  12 a
f Employee's address and ZIP code  8468 E FILMORE RD  HESPERIA State M  49421  15 Employer's state State identification no.  16 State wages, tips, etc	14 Other descr des	AmtAmtAmtAmt

Tax Form for EIN: <u>38-2967554</u>

12 of 12 employees selected

Displaying: KRUPPE, DAVID		Employee 6 of 12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 7750.00 3 Social security wages  Medicare wages and tips	<ul> <li>2 Federal income tax withheld</li> <li>4 Social security tax withheld</li> <li>6 Medicare tax withheld</li> </ul>
154 N. BOGUE ST.  WALKERVILLE State MI 49459  d Control number  e Employee's name	7750.00 Social security tips  9 Nonqualified plans	8 Allocated tips  10 Dependent care benefits  12 a
First DAVID MI Suffix Last KRUPPE	13 Statutory employee. ► Retirement plan . ► Third-party sick pay ►	b
f Employee's address and ZIP code 8468 E. FILMORE RD.  HESPERIA State MI 49421	14 Other descr descr descr descr	AmtAmtAmtAmtAmt
15         Employer's state         16         State wages, tips, etc         17           MI         38-2967554         7750.00	State income tax 18 Local wages, tips, etc	19 Local 20 Locality Name

 $\underline{\phantom{a}12}$  of  $\underline{\phantom{a}12}$  employees selected

Displaying: OOMEN, DEBRA		Employee7 of12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 40.00 3 Social security wages	Federal income tax withheld      Social security tax withheld
C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE State M  49459  d Control number  e Employee's name First DEBRA MI Suffix Last OOMEN	5 Medicare wages and tips 7 Social security tips 9 11 Nonqualified plans 13 Statutory employee. ▶ Retirement plan ▶ Third-party sick pay ▶	6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits  12 a b c d d d d d d d d d d d d d d d d d d
49459	A Other descr desc	AmtAmtAmtAmt

12 of 12 employees selected

Displaying: OOMEN, NAOMI L		Employee   8 of   12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	compensation 7550.00 3 Social security wages  5 Medicare wages and tips 7550.00 7 Social security tips 9 11 Nonqualified plans	2 Federal income tax withheld 177.00 4 Social security tax withheld 109.48 8 Allocated tips 10 Dependent care benefits 12 a b c d d
f Employee's address and ZIP code           154 N. BOGUE ST.           WALKERVILLE         State           49459           15 Employer's state         16 State wages, tips, etc           State identification no.         7550.00	income tax tips, etc	Amt Amt Amt Amt Amt Amt  Amt  Amt  Amt

12 of 12 employees selected

Employee9 of12
Federal ID Number 38-2967554
1 Wages, tips, other compensation 54.00 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 10 Dependent care benefits 11 Nonqualified plans 12 a b Retirement plan ▶ C Third-party sick pay ▶ C  2 Federal income tax withheld 4 Social security tax withheld 5 Medicare tax withheld 6 Medicare tax withheld 7 Social security tips 8 Allocated tips 10 Dependent care benefits 12 a b c d d d d d d d d d d d d d d d d d d
14 Other descr Amt descr Amt descr Amt descr Amt  tate tate acome tax
1

12 of 12 employees selected

Displaying: PORTER, LEVI		Employee 10 of 12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	Wages, tips, other compensation     4254.00     Social security wages  Medicare wages and tips	Federal income tax withheld      Social security tax withheld      Medicare tax withheld
C/O NAOMI OOMEN  154 N. BOGUE ST.  WALKERVILLE 49459  d Control number	3000.00 7 Social security tips 9 11 Nonqualified plans	43.50  8 Allocated tips  10 Dependent care benefits
Employee's name       First     LEVI     MI     Suffix       Last     PORTER	Statutory employee.  Retirement plan .  Third-party sick pay	a b c d
f Employee's address and ZIP code MAIN ST  WALKERVILLE State MI 49459	14 Other descr descr descr descr descr	AmtAmtAmtAmt
	State 18 Local wages, tips, etc	19 Local 20 Locality Name

12 of 12 employees selected

Displaying: TRIVISONNO, MARIA		Employee 11 of 12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 240.00 3 Social security wages  5 Medicare wages and tips  7 Social security tips  9 11 Nonqualified plans  13 Statutory employee. ► Retirement plan . ► Third-party sick pay ►	2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld 8 Allocated tips 10 Dependent care benefits 12 a b c d d
f Employee's address and ZIP code 9369 E. CLOCK RD.  WALKERVILLE State MI 49459  15 Employer's state State identification no.  16 State wages, tips, etc	descr	AmtAmtAmt

 $\underline{\phantom{a}12}$  of  $\underline{\phantom{a}12}$  employees selected

Displaying: YANCEY, JAMES		Employee 12 of 12
Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP		Federal ID Number 38-2967554
a Employee's SSN	1 Wages, tips, other compensation 240.00 3 Social security wages	Federal income tax withheld      Social security tax withheld
C/O NAOMI OOMEN           154 N. BOGUE ST.           WALKERVILLE         State         MI           49459           d Control number	5 Medicare wages and tips 7 Social security tips 9	6 Medicare tax withheld  8 Allocated tips  10 Dependent care benefits  12 a
f Employee's address and ZIP code 211 E. LAUREL ST.  WALKERVILLE State MI 49459  15 Employer's state State identification no.  16 State wages, tips, etc	14 Other descr descr descr descr descr tescr descr descr descr tescr descr descr descr descr	AmtAmt