

22222		Void <input type="checkbox"/>		a Employee's social security number 379-60-3076		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 210.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				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	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial MICHAEL		Last name BOND		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 3910 N. 190TH AVE. WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State 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	

Form W-2 Wage & Tax 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.

REV 01/12/18 QB

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>		a Employee's social security number 383-84-1275		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 1500.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips 1500.00		6 Medicare tax withheld 21.75	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial RAYMOND		Last name DORNBUSH		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 4827 E DEER RD WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number		16 State wages,tips,etc		17 State income tax		18 Local wages,tips,etc	
MI 38-2967554		1500.00		21.24		19 Local income tax	
						20 Locality name	

Form W-2 Wage & Tax 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 <input type="checkbox"/>		a Employee's social security number 383-68-4022		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 1375.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips 1375.00		6 Medicare tax withheld 19.94	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial EMMA		Last name KIRWIN		Suff		11 Nonqualified plans	
f Employee's address and ZIP code PO BOX 84 WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number MI 38-2967554		16 State wages,tips,etc 1375.00		17 State income tax 21.24		18 Local wages,tips,etc	
						19 Local income tax	
						20 Locality name	

Wage & Tax Statement

Form **W-2**

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.

REV 01/12/18 QB

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>		a Employee's social security number 362-64-6817		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 1830.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips 1830.00		6 Medicare tax withheld 26.54	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial RICHARD M		Last name KOLBE		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 8978 E. HARRISON RD. WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number MI 38-2967554		16 State wages,tips,etc 1830.00		17 State income tax		18 Local wages,tips,etc	
						19 Local income tax	
						20 Locality name	

Wage & Tax Statement

Form **W-2**

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 <input type="checkbox"/>		a Employee's social security number 364-96-0663		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 250.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				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	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial CARRIE		Last name KRUPPE		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 8468 E FILMORE RD HESPERIA MI 49421				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State 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	

Form W-2 Wage & Tax 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.

REV 01/12/18 QB

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>		a Employee's social security number 386-96-3994		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 7750.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips 7750.00		6 Medicare tax withheld 112.38	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial DAVID		Last name KRUPPE		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 8468 E. FILMORE RD. HESPERIA MI 49421				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number		16 State wages,tips,etc		17 State income tax		18 Local wages,tips,etc	
MI 38-2967554		7750.00				19 Local income tax	
						20 Locality name	

Form W-2 Wage & Tax 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 <input type="checkbox"/>		a Employee's social security number 368-60-0276		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 40.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				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	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial DEBRA		Last name OOMEN		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 3715 N 200TH AVE WALKERVILLE IA 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number MI 38-2967554		16 State wages,tips,etc 40.00		17 State income tax		18 Local wages,tips,etc	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage & Tax 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.

REV 01/12/18 QB

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>		a Employee's social security number 380-86-2281		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 7550.00		2 Federal income tax withheld 177.00	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips 7550.00		6 Medicare tax withheld 109.48	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial NAOMI L		Last name OOMEN		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 154 N. BOGUE ST. WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number MI 38-2967554		16 State wages,tips,etc 7550.00		17 State income tax 108.37		18 Local wages,tips,etc	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage & Tax 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 <input type="checkbox"/>		a Employee's social security number 371-04-4213		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 54.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				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	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial JENNIFER		Last name PORTER		Suff		11 Nonqualified plans	
f Employee's address and ZIP code MAIN STREET WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number MI 38-2967554		16 State wages,tips,etc 54.00		17 State income tax		18 Local wages,tips,etc	
						19 Local income tax	
						20 Locality name	

Wage & Tax Statement

Form **W-2**

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.

REV 01/12/18 QB

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>		a Employee's social security number 370-98-4825		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number 38-2967554				1 Wages, tips, other compensation 4254.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips 3000.00		6 Medicare tax withheld 43.50	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial LEVI		Last name PORTER		Suff		11 Nonqualified plans	
f Employee's address and ZIP code MAIN ST WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number MI 38-2967554		16 State wages,tips,etc 4254.00		17 State income tax		18 Local wages,tips,etc	
						19 Local income tax	
						20 Locality name	

Wage & Tax Statement

Form **W-2**

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 <input type="checkbox"/>		a Employee's social security number 140-46-1716		For Official Use Only ► OMB No. 1545-0008	
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 code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				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	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial MARIA		Last name TRIVISONNO		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 9369 E. CLOCK RD. WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
15 State 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	

Form W-2 Wage & Tax 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.

REV 01/12/18 QB

Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>		a Employee's social security number 367-48-4098		For Official Use Only ► OMB No. 1545-0008	
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 code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				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	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and initial JAMES		Last name YANCEY		Suff		11 Nonqualified plans	
f Employee's address and ZIP code 211 E. LAUREL ST. WALKERVILLE MI 49459				13 Statutory employee Retirement plan Third party sick pay		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
15 State 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	

Form W-2 Wage & Tax 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)

DO NOT STAPLE

33333		a Control number		For Official Use Only ► OMB No. 1545-0008			
b Kind of Payer (Check one)		941 <input type="checkbox"/> Military CT-1 <input type="checkbox"/> Hshld. emp. 943 <input type="checkbox"/> Medicare govt. emp. 944 <input checked="" type="checkbox"/>		Kind of Employer (Check one)		None apply <input type="checkbox"/> State/local non-501c <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/> Third-party sick pay (Check if applicable) <input type="checkbox"/>	
c Total number of Forms W-2 12		d Establishment number		1 Wages, tips, other compensation 25293.00		2 Federal income tax withheld 177.00	
e Employer identification number (EIN) 38-2967554				3 Social security wages		4 Social security tax withheld	
f Employer's name LEAVITT TOWNSHIP				5 Medicare wages and tips 23005.00		6 Medicare tax withheld 333.59	
g Employer's address and ZIP code C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE MI 49459				7 Social security tips		8 Allocated tips	
				9		10 Dependent care benefits	
				11 Nonqualified plans		12a Deferred compensation	
h Other EIN used this year				13 For third-party sick pay use only		12b	
15 State MI		Employer's state ID number 38-2967554		14 Income tax withheld by payer of third-party sick pay			
16 State wages, tips, etc. 24353.00		17 State income tax 150.85		18 Local wages, tips, etc.		19 Local income tax	
Employer's contact person				Employer's telephone number		For Official Use Only 0000/ 1030D	
Employer's fax number				Employer's email address CLERK@LEAVITTTOWNSHIP.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.

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

REV 01/12/18 QB

Black & White Form W-3
(Revised 01/17)

Tax Form for EIN: 38-2967554

Employees with last names A through Z
12 of 12 employees selected

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.

Step 1: Forms W-2 and W-3 Interview**Instructions:**

Quickbooks has imported your data into the W-2 forms, but there may be some areas that are incomplete.

Please review the information below for accuracy and enter any missing data as needed.

NOTE: If the company trade name is different than the legal name, both will appear below and both will print on all W-2 forms.

Verify your Company Information:

Company legal name Leavitt Township
Trade name (if different)
Company legal address . . . c/o Naomi Oomen 154 N. Bogue St.
City, State, ZIP code Walkerville MI 49459
Other EIN used this year
Contact person
Email address CLERK@LEAVITTTOWNSHIP.ORG
Telephone number
Fax number

Answer the following questions:**Kind of Payer** Check one of these boxes:

What kind of payer are you? ☐ 941 (Most common) ☐ Household employer
☐ 943 ☐ Medicare govt. employer
☒ 944 ☐ Military

Kind of Employer Check one of these boxes:

What kind of employer are you? ☐ None apply (Most common) ☐ State/local 501c
☒ State/local non 501c ☐ Federal govt.
☐ 501c non-govt.

Special Situations Check one of these boxes: ☒ Yes ☐ No

Do you have **any** of the following special situations?

- * Statutory employees (*earnings not subject to employee withholding*)
- * Employees with retirement plans (*401k, SEP, SIMPLE, pension, etc.*)
- * Employees who receive 3rd party sick pay (*3rd party provided a Sick Pay Statement*)

Control Number

The control number is optional on Forms W-2 and W-3. The SSA records the control numbers in case they need to reference them when contacting an employer.

The control number on Form W-3 is different than 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 entry with one more meaningful to you, or delete the control number. If you did not select a group (you selected All Employees in the Select Payroll Form window), QuickBooks does NOT generate a control 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 worksheet, you can manually enter a control number (ex: employee number) or you can leave it blank. For more information about the control number 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.

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

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						

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 **residence** city code for the majority of employees . . . ▶


Residence City Code ▶

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


Employee Name	Social Security Number	Employee Work City Code	Employee Residence City Code
RAYMOND DORNBUSH	383-84-1275	MI - CITIES WORK TAX	MI - CITIES RES TAX
DAVID KRUPPE	386-96-3994	MI - CITIES WORK TAX	MI - CITIES RES 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.


Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: BOND, MICHAELEmployee 1 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>379-60-3076</u>		1 Wages, tips, other compensation <u>210.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips _____	6 Medicare tax withheld _____		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>MICHAEL</u> MI _____ Suffix _____ Last <u>BOND</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>3910 N. 190TH AVE.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____


Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: DORNBUSH, RAYMONDEmployee 2 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>383-84-1275</u>		1 Wages, tips, other compensation <u>1500.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips <u>1500.00</u>	6 Medicare tax withheld <u>21.75</u>		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>RAYMOND</u> MI _____ Suffix _____ Last <u>DORNBUSH</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>4827 E DEER RD</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. <u>MI 38-2967554</u>	16 State wages, tips, etc <u>1500.00</u>	17 State income tax <u>21.24</u>	18 Local wages, tips, etc _____	19 Local income tax _____	20 Locality Name _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____


Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: KIRWIN, EMMAEmployee 3 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>383-68-4022</u>		1 Wages, tips, other compensation <u>1375.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips <u>1375.00</u>	6 Medicare tax withheld <u>19.94</u>		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>EMMA</u> MI _____ Suffix _____ Last <u>KIRWIN</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>PO BOX 84</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. <u>MI</u> <u>38-2967554</u>	16 State wages, tips, etc <u>1375.00</u>	17 State income tax <u>21.24</u>	18 Local wages, tips, etc _____	19 Local income tax _____	20 Locality Name _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____


Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: KOLBE, RICHARD MEmployee 4 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>362-64-6817</u>		1 Wages, tips, other compensation <u>1830.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips <u>1830.00</u>	6 Medicare tax withheld <u>26.54</u>		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>RICHARD</u> MI <u>M</u> Suffix _____ Last <u>KOLBE</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>8978 E. HARRISON RD.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. <u>MI</u> <u>38-2967554</u>	16 State wages, tips, etc <u>1830.00</u>	17 State income tax _____	18 Local wages, tips, etc _____	19 Local income tax _____	20 Locality Name _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Tax Form for EIN: 38-2967554Employees with last names A through Z
12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: KRUPPE, CARRIEEmployee 5 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>364-96-0663</u>		1 Wages, tips, other compensation <u>250.00</u>	2 Federal income tax withheld		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips	6 Medicare tax withheld		
d Control number _____		7 Social security tips	8 Allocated tips		
e Employee's name First <u>CARRIE</u> MI _____ Suffix _____ Last <u>KRUPPE</u>		9 	10 Dependent care benefits		
f Employee's address and ZIP code <u>8468 E FILMORE RD</u> <u>HESPERIA</u> State <u>MI</u> <u>49421</u>		11 Nonqualified plans	12		
		13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/>	a _____ b _____ c _____ d _____		
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: KRUPPE, DAVIDEmployee 6 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>386-96-3994</u>		1 Wages, tips, other compensation <u>7750.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips <u>7750.00</u>	6 Medicare tax withheld <u>112.38</u>		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>DAVID</u> MI _____ Suffix _____ Last <u>KRUPPE</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>8468 E. FILMORE RD.</u> <u>HESPERIA</u> State <u>MI</u> <u>49421</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. <u>MI 38-2967554</u>	16 State wages, tips, etc <u>7750.00</u>	17 State income tax _____	18 Local wages, tips, etc _____	19 Local income tax _____	20 Locality Name _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____


Step 2: Form W-2 Worksheet

Displaying: OOMEN, DEBRA


Employee 7 of 12

Employer's Name(s) as Shown on Forms LEAVITT TOWNSHIP						Federal ID Number 38-2967554
a Employee's SSN 368-60-0276 b Employer's ID number . . 38-2967554 c Employer's name, address, and ZIP code LEAVITT TOWNSHIP C/O NAOMI OOMEN 154 N. BOGUE ST. WALKERVILLE State MI 49459 d Control number _____ e Employee's name First DEBRA MI ____ Suffix ____ Last OOMEN		1 Wages, tips, other compensation 40.00 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 _____		
f Employee's address and ZIP code 3715 N 200TH AVE WALKERVILLE State IA 49459		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____				
15 Employer's state identification no. MI 38-2967554	16 State wages, tips, etc 40.00	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name	


Tax Form for EIN: 38-2967554Employees with last names A through Z
12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: OOMEN, NAOMI LEmployee 8 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>380-86-2281</u>		1 Wages, tips, other compensation <u>7550.00</u>	2 Federal income tax withheld <u>177.00</u>		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u>		5 Medicare wages and tips <u>7550.00</u>	6 Medicare tax withheld <u>109.48</u>		
<u>C/O NAOMI OOMEN</u>		7 Social security tips	8 Allocated tips		
<u>154 N. BOGUE ST.</u>		9 	10 Dependent care benefits		
<u>WALKERVILLE</u> State <u>MI</u>		11 Nonqualified plans	12		
<u>49459</u>		13 Statutory employee. <input type="checkbox"/>	a <u> </u>		
d Control number <u> </u>		Retirement plan . . <input type="checkbox"/>	b <u> </u>		
e Employee's name		Third-party sick pay <input type="checkbox"/>	c <u> </u>		
First <u>NAOMI</u> MI <u>L</u> Suffix <u> </u>			d <u> </u>		
Last <u>OOMEN</u>					
f Employee's address and ZIP code <u>154 N. BOGUE ST.</u>		14 Other			
<u>WALKERVILLE</u> State <u>MI</u>		descr <u> </u> Amt <u> </u>			
<u>49459</u>		descr <u> </u> Amt <u> </u>			
		descr <u> </u> Amt <u> </u>			
		descr <u> </u> Amt <u> </u>			
15 Employer's state State identification no. <u>MI 38-2967554</u>	16 State wages, tips, etc <u>7550.00</u>	17 State income tax <u>108.37</u>	18 Local wages, tips, etc	19 Local income tax	20 Locality Name


Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: PORTER, JENNIFEREmployee 9 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>371-04-4213</u>		1 Wages, tips, other compensation <u>54.00</u>	2 Federal income tax withheld		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips	6 Medicare tax withheld		
d Control number _____		7 Social security tips	8 Allocated tips		
e Employee's name First <u>JENNIFER</u> MI <u> </u> Suffix <u> </u> Last <u>PORTER</u>		9 	10 Dependent care benefits		
f Employee's address and ZIP code <u>MAIN STREET</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans	12		
		13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/>	a _____ b _____ c _____ d _____		
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. <u>MI</u> <u>38-2967554</u>	16 State wages, tips, etc <u>54.00</u>	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____


Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: PORTER, LEVIEmployee 10 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>370-98-4825</u>		1 Wages, tips, other compensation <u>4254.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips <u>3000.00</u>	6 Medicare tax withheld <u>43.50</u>		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>LEVI</u> MI _____ Suffix _____ Last <u>PORTER</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>MAIN ST</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. <u>MI</u> <u>38-2967554</u>	16 State wages, tips, etc <u>4254.00</u>	17 State income tax _____	18 Local wages, tips, etc _____	19 Local income tax _____	20 Locality Name _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: TRIVISONNO, MARIAEmployee 11 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>140-46-1716</u>		1 Wages, tips, other compensation <u>240.00</u>	2 Federal income tax withheld _____		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages _____	4 Social security tax withheld _____		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips _____	6 Medicare tax withheld _____		
d Control number _____		7 Social security tips _____	8 Allocated tips _____		
e Employee's name First <u>MARIA</u> MI _____ Suffix _____ Last <u>TRIVISONNO</u>		9 	10 Dependent care benefits _____		
f Employee's address and ZIP code <u>9369 E. CLOCK RD.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans _____	12 a _____ b _____ c _____ d _____		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no. _____ _____ _____	16 State wages, tips, etc _____ _____ _____	17 State income tax _____ _____ _____	18 Local wages, tips, etc _____ _____ _____	19 Local income tax _____ _____ _____	20 Locality Name _____ _____ _____

Tax Form for EIN: 38-2967554Employees with last names A through Z12 of 12 employees selected**Step 2: Form W-2 Worksheet**Displaying: YANCEY, JAMESEmployee 12 of 12

Employer's Name(s) as Shown on Forms <u>LEAVITT TOWNSHIP</u>		Federal ID Number <u>38-2967554</u>			
a Employee's SSN <u>367-48-4098</u>		1 Wages, tips, other compensation <u>240.00</u>	2 Federal income tax withheld		
b Employer's ID number . . <u>38-2967554</u>		3 Social security wages	4 Social security tax withheld		
c Employer's name, address, and ZIP code <u>LEAVITT TOWNSHIP</u> <u>C/O NAOMI OOMEN</u> <u>154 N. BOGUE ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		5 Medicare wages and tips	6 Medicare tax withheld		
d Control number _____		7 Social security tips	8 Allocated tips		
e Employee's name First <u>JAMES</u> MI _____ Suffix _____ Last <u>YANCEY</u>		9 	10 Dependent care benefits		
f Employee's address and ZIP code <u>211 E. LAUREL ST.</u> <u>WALKERVILLE</u> State <u>MI</u> <u>49459</u>		11 Nonqualified plans	12		
		13 Statutory employee. <input type="checkbox"/> Retirement plan . . <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	a _____ b _____ c _____ d _____		
		14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____			
15 Employer's state State identification no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____