a Control number	55555	Void	For Official Use Only ► OMB No. 1545-0008							
b Employer identification number					1 Wages, tips, other compensation 2 Federal income tax wit					
c Employer's name, address, and ZIP code				3 :	3 Social security wages 4 Social security tax wi					
					Medicare wages and tips	6 Medicare tax withheld				
					Social security tips	8 Allocated tips				
d Employee's social security number					9 Advance EIC payment 10 Dependent care benefits					
e Employee's first name and initial	Last name			11	Nonqualified plans	12a See instructions for box 12				
				13 Sta	tutory Retirement Third-party ployee plan sick pay	12b				
					14 Other 12c					
f Employee's address and ZIP code	e					12d				
15 State Employer's state ID numb	er 16 Sta	ate wages, tips, etc	. 17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				

W-2 Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

Cat. No. 10134D

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

a Control number	55555	C	OMB No. 1545-0	008				
b Employer identification number	r			1 W	ages, tips, other compensation	2 Fede	eral income t	tax withheld
c Employer's name, address, ar	d ZIP code			3 S	ocial security wages	4 Soci	al security ta	ax withheld
				5 N	ledicare wages and tips	6 Med	icare tax wit	hheld
				7 S	ocial security tips	8 Alloc	cated tips	
d Employee's social security nu	nber			9 A	dvance EIC payment	10 Depo	endent care	benefits
e Employee's first name and init	ial Last name				onqualified plans	12a		
				13 Stat emp	utory Retirement Third-party loyee plan sick pay	12b		
				14 C	ther	12c		
						12d		
f Employee's address and ZIP of	ode							
15 State Employer's state ID nu	ımber 16 St	ate wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name

Form W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

2004

Department of the Treasury-Internal Revenue Service

а	Control number		OMB No. 15	645-0008	Safe, a	accurate, Use	IRS	/	r. T	isit the IRS t www.irs.ç	
b	Employer identification number				1 Wa	ages, tips, o	other compens	sation	2 Feder	al income t	ax withheld
С	Employer's name, address, and	ZIP code			3 So	ocial secur	ity wages		4 Socia	l security ta	ax withheld
					5 Me	edicare wa	ages and tip	S	6 Medio	care tax wit	hheld
					7 So	ocial secur	ity tips		8 Alloca	ated tips	
d	Employee's social security num	ber			9 Ad	Ivance EIC	payment		10 Depe	ndent care	benefits
е	Employee's first name and initia	al Last name				onqualified	plans		12a See in	nstructions	for box 12
					13 Statute emplo	ory Ret plan	irement Thir n sick	d-party pay	12b		
					14 Ot	her			12c		
									12d		
f	Employee's address and ZIP co	ode									
15	State Employer's state ID nun	16 St	ate wages, tips, etc.	17 State incom	e tax	18 Local	wages, tips,	etc.	19 Local inco	ome tax	20 Locality name

2004

Form W-2 Wage and Tax
Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

Notice to Employee

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2004 if: (a) you do not have a qualifying child and you earned less than \$11,490 (\$12,490 if married filing jointly), (b) you have one qualifying child and you earned less than \$30,338 (\$31,338 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$34,458 (\$35,458 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$2,650. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,563 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see **Pub. 517**, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2004 and more than \$5,449.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than \$3,189.90 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions on back of Copy C.)

а	Control number		OMB No. 1545-00	ar	e requ	ired to	o file a	tax ret		gence p	penalty	or other	vice. If you sanction may oort it.
b	Employer identification number				1	Wages	s, tips, o	other cor	mpensation	2	Feder	al income	tax withheld
С	Employer's name, address, and	ZIP code			3	Socia	l secur	rity wag	es	4	Socia	I security	tax withheld
					5	Medic	care wa	ages an	d tips	6	Medic	care tax w	ithheld
					7	Socia	l secur	rity tips		8	Alloca	ated tips	
d	Employee's social security numl	ber			9	Advar	nce EI0	C payme	ent	10	Depe	ndent care	e benefits
е	Employee's first name and initia	l Last name						l plans		12a	See ir	nstructions 	for box 12
					13 St	atutory	Rei pla	tirement n	Third-party sick pay	12b			
					14	Other				12c			
										12d	,,,,,,,		,,,,,,
f	Employee's address and ZIP co	de											
15	State Employer's state ID num	nber 16 Sta	ate wages, tips, etc.	17 State incon	ne tax	1	8 Loca	l wages,	tips, etc.	19 Loo	cal inco	ome tax	20 Locality name

Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

Instructions (Also see Notice to Employee on back of Copy B.)

- Box 1. Enter this amount on the wages line of your tax return.
- Box 2. Enter this amount on the Federal income tax withheld line of your tax return.
- **Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.
- **Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.
- **Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You **must** complete **Schedule 2 (Form 1040A)** or **Form 2441,** Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.
- **Box 11.** This amount is: **(a)** reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or **(b)** included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.
- **Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, G, H, and S) under all plans are generally limited to \$13,000 (\$16,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in 2004, your employer may have allowed an additional deferral of up to \$3,000 (\$1,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last three years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note: If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

- **A**—Uncollected social security or RRTA tax on tips. (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)
- **B**—Uncollected Medicare tax on tips. (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)
- **C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

- **D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
- **E**—Elective deferrals under a section 403(b) salary reduction agreement
- F-Elective deferrals under a section 408(k)(6) salary reduction SEP
- **G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
- **H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)
- **J**—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)
- **K**—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)
- L—Substantiated employee business expense reimbursements (nontaxable)
- **M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)
- **N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)
- **P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)
- **R**—Employer contributions to your Archer MSA (see **Form 8853**, Archer MSAs and Long-Term Care Insurance Contracts)
- **S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
- **T**—Adoption benefits (not included in box 1). You **must** complete **Form 8839**, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
- V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)
- **W**—Employer contributions to your Health Savings Account (see new **Form 8889**, Health Savings Accounts)
- Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.
- Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

а	Control number								
			OMB No. 1545-0	8000					
b	Employer identification number				1 W	ages, tips, other compensation	2 Feder	ral income t	ax withheld
С	Employer's name, address, and	ZIP code			3 S	ocial security wages	4 Socia	al security ta	ax withheld
					5 N	ledicare wages and tips	6 Medio	care tax wit	hheld
					7 S	ocial security tips	8 Alloca	ated tips	
d	Employee's social security num	ber			9 A	dvance EIC payment	10 Depe	ndent care	benefits
е	Employee's first name and initia	al Last name	е			onqualified plans	12a C c d e		
					13 Statu	itory Retirement Third-party oyee plan sick pay	12b C O d e		
					14 O	ther	12c		
							12d		
f	Employee's address and ZIP co	ode							
15	State Employer's state ID nun	nber 16	State wages, tips, etc.	17 State incom	ie tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name

W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

а	Control number	Void	OMB No. 1545-	8000			
b	Employer identification number			1 Wa	ges, tips, other compensation	2 Federal income	tax withheld
С	Employer's name, address, and	I ZIP code		3 So	cial security wages	4 Social security	tax withheld
				5 Me	dicare wages and tips	6 Medicare tax w	ithheld
				7 So	cial security tips	8 Allocated tips	
d	Employee's social security num	ber		9 Ad	vance EIC payment	10 Dependent care	e benefits
е	Employee's first name and initia	al Last name			nqualified plans	12a See instructions	s for box 12
				13 Statuto employ	ry Retirement Third-party ree plan sick pay	12b	
				14 Oth	ner	12c	
						12d	
f	Employee's address and ZIP co	ode				<u> </u>	
15	State Employer's state ID nun	nber 16 State wages, tips, e	tc. 17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
	1						

Form W-2 Wage and Tax Statement
Copy D—For Employer.



Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.



Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled **2004 Instructions for Forms W-2 and W-3.** You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at **www.irs.gov.**

Caution: Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS website. Instead, you can use the SSA website at **www.socialsecurity.gov/employer** to create and file electronically "fill-in" versions of Forms W-2 and W-3.

Due dates. Furnish Copies B, C, and 2 to the employee generally by January 31, 2005.

File Copy A with the SSA generally by February 28, 2005. Send all Copies A with **Form W-3**, Transmittal of Wage and Tax Statements. However, if you file electronically (not by magnetic media), the due date is March 31, 2005.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Forms W-2 and W-3 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: Form W-2—30 minutes, and Form W-3—29 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribtuion Center, Rancho Cordova, CA 95743-0001. Do not send Forms W-2 and W-3 to this address. Instead, see Where to file on page 2 of the Instructions for Forms W-2 and W-3.