## **Attention:**

This form is provided for informational purposes only. Copy A appears in red, similar to the official printed IRS form. But do not file Copy A downloaded from this website with the SSA. A penalty of \$50 per information return may be imposed for filing such forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORMS (1-800-829-3676) or order online at Forms and Publications By U.S. Mail.

You may file Forms W-2 and W-3 electronically on the SSA's website at Employer Reporting Instructions & Information. You can create fill-in versions of Forms W-2 and W-3 for filing with the SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

| a Control number                              | 55555      | Void                 | For Officia |         | •   |                          |                         |               |             |                  |
|---|------------|----------------------|-------------|---------|---|--------------------------|-------------------------|---------------|-------------|------------------|
| <b>b</b> Employer identification number (EIN) |            |                      |             |         | 1 Wages, tips, other compensation 2 Federal income tax with |                          |                         |               |             | ax withheld      |
| c Employer's name, address, and ZIP code      |            |                      |             |         | 3 Social security wages 4 Social                            |                          |                         | l security ta | x withheld  |                  |
|   |            |                      |             |         | <b>5</b> Me   | dicare wages and t       | tips                    | 6 Medio       | are tax wit | hheld            |
|   |            |                      |             |         | <b>7</b> Soc  | cial security tips       |                         | 8 Alloca      | ated tips   |                  |
| d Employee's social security number           |            |                      |             |         | 9 Advance EIC payment 10 Dependent care be                  |                          |                         | benefits      |             |                  |
| e Employee's first name and initial           | Last name  |                      |             | Suff. 1 | 1 No  | nqualified plans         |                         | 12a See in    | nstructions | for box 12       |
|   |            |                      |             | 1       | 3 Statute emplo   | ory Retirement syee plan | Third-party<br>sick pay | <b>12b</b>    |             |                  |
|   |            |                      |             | 1       | 4 Oth   | ner                      |                         | <b>12c</b>    |             |                  |
|   |            |                      |             |         |   |                          |                         | <b>12d</b>    |             |                  |
| f Employee's address and ZIP cod              | le         |                      |             |         |   |                          |                         |               |             |                  |
| 15 State Employer's state ID numb             | per 16 Sta | te wages, tips, etc. | 17 State    | income  | tax   | 18 Local wages, tip      | os, etc.                | 19 Local inco | me tax      | 20 Locality name |
|   |            |                      |             |         |   |                          |                         |               |             |                  |

W-2 Wage and Tax Statement



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

| а                                   | Control number                                | 55555            | C                      | MB No. 1545-0                                    | 800                     |  |            |                                |                  |  |
|-------------------------------------|---|------------------|------------------------|--|-------------------------|--|------------|--------------------------------|------------------|--|
| b                                   | <b>b</b> Employer identification number (EIN) |                  |                        |  |                         | Vages, tips, other compensation                      | 2          | Federal income t               | ax withheld      |  |
| С                                   | c Employer's name, address, and ZIP code      |                  |                        |  | 3 Social security wages |  |            | 4 Social security tax withheld |                  |  |
|                                     |   |                  |                        |  | 5 1                     | Medicare wages and tips                              | 6          | Medicare tax wit               | hheld            |  |
|                                     |   |                  |                        |  | 7 \$                    | ocial security tips                                  | 8          | Allocated tips                 |                  |  |
| d Employee's social security number |   |                  |                        | 9 Advance EIC payment 10 Dependent care benefits |                         |  |            | benefits                       |                  |  |
| е                                   | Employee's first name and initia              | l Last name      |                        | Suff.  |                         | lonqualified plans                                   | <b>12a</b> |                                |                  |  |
|                                     |   |                  |                        |  | 13 Sta                  | utory Retirement Third-party<br>sloyee plan sick pay | 12b        |                                |                  |  |
|                                     |   |                  |                        |  | 14 (                    | Other  | 12c        |                                |                  |  |
|                                     |   |                  |                        |  |                         |  | 12d        |                                |                  |  |
| f                                   | Employee's address and ZIP co                 | de               |                        |  |                         |  |            |                                |                  |  |
| 15                                  | State Employer's state ID nun                 | nber <b>16</b> S | tate wages, tips, etc. | 17 State incom                                   | e tax                   | 18 Local wages, tips, etc.                           | 19 Loc     | cal income tax                 | 20 Locality name |  |
|                                     |   |                  |                        |  |                         |  |            |                                |                  |  |

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

500P

Department of the Treasury-Internal Revenue Service

| а  | Control number                           |                  | OMB No. 15             | 45-0008        |       | e, accurate,<br>ST! Use  | ?vfil                | <b>Э</b>    |                                | sit the IRS<br>www.irs.go |                  |  |
|----|--|------------------|------------------------|----------------|-------|--------------------------|----------------------|-------------|--------------------------------|---------------------------|------------------|--|
| b  | Employer identification number (EIN)     |                  |                        |                |       | Wages, tips, other com   | pensation            | 2           | Feder                          | al income to              | ax withheld      |  |
| С  | c Employer's name, address, and ZIP code |                  |                        |                |       | 3 Social security wages  |                      |             | 4 Social security tax withheld |                           |                  |  |
|    |  |                  |                        |                | 5     | Medicare wages and       | tips                 | 6           | Medic                          | are tax with              | hheld            |  |
|    |  |                  |                        |                | 7     | Social security tips     |                      | 8           | Alloca                         | ited tips                 |                  |  |
| d  | Employee's social security num           | ber              |                        |                | 9     | Advance EIC paymer       | nt                   | 10          | Deper                          | ndent care l              | benefits         |  |
| е  | Employee's first name and initia         | al Last name     |                        | Suff.          |       | Nonqualified plans       |                      | 12a         | a See ir                       | nstructions               | for box 12       |  |
|    |  |                  |                        |                | 13 g  | tatutory Retirement plan | Third-party sick pay | 12l         | )                              |                           |                  |  |
|    |  |                  |                        |                | 14    | Other                    |                      | 120<br>C    |                                |                           |                  |  |
|    |  |                  |                        |                |       |                          |                      | 120<br>C    | t                              |                           |                  |  |
| f  | Employee's address and ZIP co            | ode              |                        |                |       |                          |                      |             |                                |                           |                  |  |
| 15 | State Employer's state ID nun            | nber <b>16</b> S | tate wages, tips, etc. | 17 State incom | e tax | 18 Local wages, ti       | ips, etc. 1          | <b>9</b> Lo | ocal inco                      | me tax                    | 20 Locality name |  |
|    |  |                  |                        |                |       |                          |                      |             |                                |                           |                  |  |

Wage and Tax Statement

500P

Department of the Treasury-Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

| а  | Control number                           |             | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. |                |        |  |                    |                 |                  |  |
|----|--|-------------|--|----------------|--------|--|--------------------|-----------------|------------------|--|
| b  | Employer identification number           | (EIN)       |  |                | 1      | Wages, tips, other compensation                    | 2                  | Federal income  | tax withheld     |  |
| С  | c Employer's name, address, and ZIP code |             |  |                | 3      | 3 Social security wages 4 Social security tax with |                    |                 |                  |  |
|    |  |             |  |                | 5      | Medicare wages and tips                            | 6                  | Medicare tax v  | rithheld         |  |
|    |  |             |  |                | 7      | Social security tips                               | 8                  | Allocated tips  |                  |  |
| d  | Employee's social security num           | ber         |  |                | 9      | Advance EIC payment                                | 10                 | Dependent car   | e benefits       |  |
| е  | Employee's first name and initia         | l Last name |  | Suff.          | 11     | Nonqualified plans                                 | 12a                | See instruction | s for box 12     |  |
|    |  |             |  |                | 13 S   | tatutory Retirement Third-party sick pay           | 12k                | b               |                  |  |
|    |  |             |  |                | 14     | Other  | 120<br>C<br>C<br>G |                 |                  |  |
|    |  |             |  |                |        |  | 120<br>C<br>C<br>G | d<br>           |                  |  |
| f  | Employee's address and ZIP co            | de          |  |                |        |  |                    |                 |                  |  |
| 15 | State Employer's state ID nun            | nber 16 Sta | ate wages, tips, etc.  | 17 State incor | ne tax | 18 Local wages, tips, etc.                         | <b>19</b> Lo       | ocal income tax | 20 Locality name |  |
|    | 1  |             |  |                |        |  |                    |                 |                  |  |

Form W-2 Wage and Tax Statement

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

500P

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



| а  | Control number                           |             |                       |                |   |   |                    |                 |                  |  |  |
|----|--|-------------|-----------------------|----------------|---|---|--------------------|-----------------|------------------|--|--|
|    |  |             | OMB No. 1545-0        | 8000           |   |   |                    |                 |                  |  |  |
| b  | Employer identification number (EIN)     |             |                       |                |   | 1 Wages, tips, other compensation 2 Federal income tax withheld |                    |                 |                  |  |  |
| С  | c Employer's name, address, and ZIP code |             |                       |                | 3 Social security wages 4 Social security tax w |   |                    |                 | ax withheld      |  |  |
|    |  |             |                       |                | 5 M   | edicare wages and tips  | 6 Me               | edicare tax wit | hheld            |  |  |
|    |  |             |                       |                | <b>7</b> Sc                                     | ocial security tips   | 8 Alle             | ocated tips     |                  |  |  |
| d  | Employee's social security number        | ber         |                       |                | <b>9</b> Ac                                     | dvance EIC payment  | <b>10</b> De       | pendent care    | benefits         |  |  |
| е  | Employee's first name and initia         | l Last name |                       | Suff.          |   | onqualified plans   | <b>12a</b>         |                 |                  |  |  |
|    |  |             |                       |                | 13 Statut                                       | tory Retirement Third-party<br>byee plan sick pay               | <b>12b</b> C c d e |                 |                  |  |  |
|    |  |             |                       |                | <b>14</b> Ot                                    | ther  | <b>12c</b>         |                 |                  |  |  |
|    |  |             |                       |                |   |   | <b>12d</b>         |                 |                  |  |  |
| f  | Employee's address and ZIP co            | de          |                       |                |   |   |                    |                 |                  |  |  |
| 15 | State Employer's state ID num            | nber 16 St  | ate wages, tips, etc. | 17 State incom | ne tax  | 18 Local wages, tips, etc.                                      | 19 Local i         | ncome tax       | 20 Locality name |  |  |
|    |  |             |                       |                |   |   |                    |                 |                  |  |  |

Wage and Tax Statement

5006

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. 1545-0    | 0008   |  |  |                |                  |
|----|----------------------------------|-------------------------------|-------------------|--|--|--|----------------|------------------|
| b  | Employer identification number   | (EIN)                         |                   | 1 Wages, tips, other compensation 2 Federal income tax withhel |  |  |                |                  |
| С  | Employer's name, address, and    | 3 Social security wages 4 S   |                   |  | Social security tax withheld                   |  |                |                  |
|    |                                  |                               |                   | <b>5</b> Me  | dicare wages and tips                          | 6 Med  | dicare tax wit | hheld            |
|    |                                  |                               |                   | <b>7</b> So  | cial security tips                             | 8 Allo   | cated tips     |                  |
| d  | Employee's social security num   | ber                           |                   | <b>9</b> Ad  | vance EIC payment                              | <b>10</b> Dep                                    | endent care    | benefits         |
| е  | Employee's first name and initia | al Last name                  | Suff.             | <b>11</b> No   | nqualified plans                               | 12a See  | instructions   | for box 12       |
|    |                                  |                               |                   | 13 Statuto employ  | ry Retirement Third-party<br>ree plan sick pay | <b>12b</b> C c d e                               |                |                  |
|    |                                  |                               |                   | <b>14</b> Oth  | ner  | 12c  |                |                  |
|    |                                  |                               |                   |  |  | <b>12d</b> C O O O O O O O O O O O O O O O O O O |                |                  |
| f  | Employee's address and ZIP co    | ode                           |                   |  |  |  |                |                  |
| 15 | State Employer's state ID nun    | mber 16 State wages, tips, et | c. 17 State incom | ne tax   | 18 Local wages, tips, etc.                     | 19 Local in                                      | come tax       | 20 Locality name |
|    |                                  |                               |                   |  |  |  |                |                  |

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 2006 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.ssa.gov/employer/bsohbnew.htm 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, 2007.

File Copy A with the SSA generally by February 28, 2007. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. However, if you file electronically, the due date is April 2, 2007.

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. Both 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 other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to completerrorism.

The time needed to complete and file these forms will videpending on individual circumstances. The estimated average times are: Form W-2—30 minutes, and Form W-3—28 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 Internal Revenue Service, Tax Production Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Dot send Forms W-2 and W-3 to this address. Instead, see Where to file in the Instructions for Forms W-2 and W-3.