| Form W-2 Wage and Tax Statement 2014 | | 7 Social security tips | 1 Wages, tips, | other compensation 15836.42 | 2 Federal | income tax withheld 1626.98 | |
|--|-----------------|---|--------------------------|---|------------|---|--|
| C Employer's name, address, and ZIP code BRIGHAM YOUNG UNIVERSITY | | 8 Allocated tips | 3 Social securit | 3 Social security wages | | 4 Social security tax withheld | |
| D-55 ASB | | 9 | 5 Medicare wag | 5 Medicare wages and tips | | 456.99 6 Medicare tax withheld | |
| PROVO UT 84602 | | 10 Dependent care benefits | 11 Nonqualified | 7370.75 I plans | 12a See ir | 106.88 enstructions for box 12 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third-par sick pay | ty 14 Other | | 12b | | |
| JASON SCOTT PORTER | | b Employer identification number (I | | | 12c | | |
| 1565 N UNIVERSITY AVENUE #43 | | 87-0217280 | | | Code | | |
| PROVO UT 84604 | | a Employee's social security numb | er | | 12d | | |
| 15 State Employer's state ID number 16 State wages, tips, UT 11691946-005-WTH 158 | etc. 36.42 | 17 State income tax 606.20 | 18 Local wages, tips, et | c. 19 Local in | come tax | 20 Locality name | |
| Copy B-To Be Filed With Employee's FEDERAL Tax Retu | ırn | This information is being furnished to t | he Internal Revenue Ser | vice. | Dept. | of the Treasury - IRS | |
| | | | OMB No. 1545- | | | IRS website at www.irs.gov/efil | |
| | | 7 Social security tips | | nished to the Internal Revenu sanction may be imposed on other compensation | | u are required to file a tax return, a ne is taxable and you fail to report it. income tax withheld | |
| Form W-2 Wage and Tax Statement 2014 | | | | 15836.42 | | 1626.98 | |
| c Employer's name, address, and ZIP code BRIGHAM YOUNG UNIVERSITY | | 8 Allocated tips | 3 Social securit | y wages 7370.75 | 4 Social s | ecurity tax withheld 456.99 | |
| D-55 ASB | | 9 | 5 Medicare wag | 5 Medicare wages and tips 7370.75 | | 6 Medicare tax withheld 106.88 | |
| PROVO UT 84602 | | 10 Dependent care benefits | 11 Nonqualified | | 12a See ir | nstructions for box 12 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third-par sick pay | ty 14 Other | 14 Other | | | |
| JASON SCOTT PORTER | | b Employer identification number (I | EIN) | | 12c | | |
| 1565 N UNIVERSITY AVENUE #43 PROVO UT 84604 | | 87-0217280 a Employee's social security numb | er | | 12d | | |
| TROVE OF OTOOT | | 647-10-5995 | | | Code | | |
| 15 State Employer's state ID number 16 State wages, tips, UT 11691946-005-WTH 15 | etc. 836.42 | 17 State income tax 606.20 | 18 Local wages, tips, et | c. 19 Local in | come tax | 20 Locality name | |
| Copy C-For EMPLOYEE'S RECORDS (See Notice to Empl | 01/00 on | the back of Conv. B.) | OMB No. 1545-0008 | | Dent | of the Treasury - IRS | |
| Copy on all Living Control of the Property of the Living Copy of the L | Syce Oil | the back of copy B., | G.II.D 1101 1010 0000 | | Visit the | IRS website at www.irs.gov/efil | |
| | | 7 Social security tips | 1 Wages, tips, | other compensation | 2 Federal | income tax withheld | |
| Form W-2 Wage and Tax Statement 2014 c Employer's name, address, and ZIP code BRIGHAM YOUNG UNIVERSITY | | 8 Allocated tips | 3 Social securit | 15836.42 y wages | 4 Social s | 1626.98 ecurity tax withheld | |
| | | 9 | 5 Medicare was | 7370.75 5 Medicare wages and tips | | 456.99 e tax withheld | |
| D-55 ASB PROVO UT 84602 | | | | 7370.75 | | 106.88 | |
| 11000 01 01002 | | 10 Dependent care benefits | 11 Nonqualified | l plans | 12a | | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third-par sick pay | ty 14 Other | | 12b | | |
| JASON SCOTT PORTER | | b Employer identification number (I | EIN) | | 12c | | |
| 1565 N UNIVERSITY AVENUE #43 PROVO UT 84604 | | a Employee's social security numb | er | | 12d | | |
| | | 647-10-5995 | | | ode | | |
| 15 State Employer's state ID number 16 State wages, tips, TIT 11691946-005-WTH 158 | etc. 36.42 | 17 State income tax 606.20 | 18 Local wages, tips, et | c. 19 Local in | come tax | 20 Locality name | |
| | | | | | | | |
| Copy 2-To Be Filed With Employee's State, City, or Loca | I Income | Tax Return | OMB No. 1545-0008 | | Dept. | of the Treasury - IRS | |
| | | 7 Social security tips | 1 Worse tir- | other compensation | 2 Enderel | income tax withheld | |
| Form W-2 Wage and Tax Statement 2014 | | | | 15836.42 | | 1626.98 | |
| c Employer's name, address, and ZIP code BRIGHAM YOUNG UNIVERSITY | | 8 Allocated tips | 3 Social securit | 3 Social security wages 7370.75 | | ecurity tax withheld 456.99 | |
| D-55 ASB | | 9 | 5 Medicare wag | | 6 Medicar | e tax withheld | |
| PROVO UT 84602 | | 10 Dependent care benefits | 11 Nonqualified | | 12a | 100.88 | |
| e Employee's name, address, and ZIP code | | 13 Statutory Retirement Third-par sick pay | ty 14 Other | | 12b | | |
| JASON SCOTT PORTER | | b Employer identification number (I | | | 12c | | |
| 1565 N UNIVERSITY AVENUE #43 | | 87-0217280 | | | 12d | | |
| PROVO UT 84604 | | a Employee's social security numb | er | | Code | | |
| 15 State Employer's state ID number 16 State wages, tips, | etc. | 17 State income tax | 18 Local wages, tips, et | c. 19 Local in | come tax | 20 Locality name | |
| | 36.42 | 606.20 | | | | | |
| Copy 2-To Be Filed With Employee's State, City, or Loca | Income | Tax Return | OMB No. 1545-0008 | l . | Dept. | of the Treasury - IRS | |