c Employer's name, address, and ZIP code		c	2a See instructions		1 Wages, tips, other compensation	2 Federal income tax withheld
COMPANY 10			A \$ 2b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2			B \$ 2c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095		90	C \$	100.00	10000.00	100.00
COMPANT TO CITTING 10538-2095		c	2d D \$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last SORT KEY THREE	t name	c	2e		100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
ANDY CORBETT		-	E \$ This information is being	100.00 g furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		1	Internal Revenue Servic	e.	100.00	employee plan sick pay
EMPLOYEE CITY UT 84321			Copy B To Be F Employee's FE[BOX 14 TITLE 1	100.00
			Tax Return. Employee's social	security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code	14000		555-55-	5501 [°]	BOX 14 TITLE 4	100.00
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00	te income tax 00.00	100	.00	100.00 LOCA	ality name L1ALPHA NAME
UT 88888888888888888888888888888888888	Department of the Treasury-In	00.00 nternal Rev	100 renue Service	OMB# 1545-0		L2ALPHA NAME Filed With Employee's FEDERAL Tax Return
	000010	1:	2a		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code COMPANY 10			A \$ 2b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2		g	В \$	100.00	10000.00	100.00
COMPANY 10 ADDRRESS 3			2c C \$	100.00	5 Medicare wages and tips	6 Medicare tax withheld 100.00
COMPANY 10 CITY NC 10538-2095		12	2d		7 Social security tips	8 Allocated tips
e Employee's first name and initial Las 0000001	t name	0	D \$ 2e	100.00	100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
SORT KEY THREE		code	E \$	100.00	100.00	100.00
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	ME SUFX	L			11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3			Copy 2 To Be F Employee's Stat		14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321		L	ocal Income Ta	ax Return.	BOX 14 TITLE 2 .	100.00
f Employee's address and ZIP code		a	Employee's social 555-55-		BOX 14 TITLE 3 . BOX 14 TITLE 4 .	100.00 100.00
	16 State wages, tips, etc. 17 State	te income tax			19 Local income tax 20 Local	ality name L1ALPHA NAME
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 17 State		100	.00	100.00 ILOCA	L1ALPHA NAME
AZ 888888888888888888888888888888888888	1000.00	00.00	100 100	.00	100.00 LOCA	L2ALPHA NAME
AZ 888888888888888888	1000.00	00.00	100 100	.00	100.00 LOCA	
AZ 888888888888888888888888888888888888	1000.00	00.00 00.00 nternal Rev		.00 .00 DMB# 1545-000	100.00 LOCA 8 Copy 2 To Be Filed With Employ 1 Wages, tips, other compensation	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ 888888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-In	00.00 00.00 nternal Rev	100 100 venue Service 0	.00	100.00 LOCA 08 Copy 2 To Be Filed With Emplo	L2ALPHA NAME yee's State, City, or Local Income Tax Return
AZ 888888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-In	00.00 00.00 nternal Rev	2a \$ \$ \$ \$ \$.00 .00 DMB# 1545-000	100.00 LOCA 08 Copy 2 To Be Filed With Emplo 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
AZ	1000.00 10 1000.00 10 Department of the Treasury-In	00.00 00.00 nternal Rev	2a \$ 2b	.00 .00 DMB# 1545-000	100.00 LOCA Replace To Be Filed With Emplo Wages, tips, other compensation 10000.00 Social security wages 10000.00 Medicare wages and tips	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
AZ	1000.00 10 1000.00 10 Department of the Treasury-In	00.00 00.00 nternal Rev	2a \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 DMB# 1545-000 100.00 100.00	100.00 LOCA Replace To Be Filed With Emplois Local Security wages 10000.00 Medicare wages and tips 10000.00 Social security tips	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
AZ 88888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-In	00.00 00.00 nternal Rev	100 100	.00 .00 DMB# 1545-000 100.00 100.00	100.00 LOCA 100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
AZ 88888888888888888888888888888888888	1000.00 11 1000.00 16 Department of the Treasury-In	00.00 00.00 nternal Rev	100 100	.00 .00 DMB# 1545-000 100.00 100.00	100.00 LOCA 08 Copy 2 To Be Filed With Emplo 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
AZ	1000.00 11 1000.00 16 Department of the Treasury-In	00.00 00.00 nternal Rev	100 100	.00 .00 DMB# 1545-000 100.00 100.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
AZ	1000.00 11 1000.00 16 Department of the Treasury-In	00.00 00.00 nternal Rev	100	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 08 Copy 2 To Be Filed With Emplo 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	L2ALPHA NAME
AZ 88888888888888888888888888888888888	1000.00 11 1000.00 16 Department of the Treasury-In	00.00 00.00 12 12 13 14 15 15 16 17 17 17 18 18	100 100	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 08 Copy 2 To Be Filed With Emplo 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Interparty sick pay 100.00 100.00 100.00
AZ 88888888888888888888888888888888888	1000.00 11 1000.00 16 Department of the Treasury-In 000010	00.00 00.00 nternal Rev	za 100 1	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	2 Federal income tax withheld
AZ 88888888888888888888888888888888888	1000.00 11 1000.00 16 1000.00 17	00.00 00.00 12 12 13 14 15 15 16 17 17 17 18 18	za 100 1	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 20 Local 100.00 20 Local 100.00 1000000000000000000000000000000	2 Federal income tax withheld
AZ	1000.00 11 1000.00 16 1000.00 16 1000010 t name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 16 1000.00 16 1000.00 16	00.00 00.00 12 12 13 13 14 15 15 16 17 17 18 18	100 100	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 10 CA 100.00 LOCA	2 Federal income tax withheld
AZ	1000.00 11 1000.00 16 1000.00 16 1000010 t name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 16	00.00 00.00 12 12 13 13 14 15 15 16 17 17 18 18	100 100	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 10 CA 100.00 LOCA	2 Federal income tax withheld
AZ	1000.00 11 1000.00 16 1000.00 16 1000010 t name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 16 1000.00 16 1000.00 16	00.00 12 12 13 14 15 15 15 15 15 15 15	100 100	.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed With Emploid	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ	1000.00 11 1000.00 11 1000.00 16 1000.00 16 1000010 It name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 11 1000.00 11 1000.00 11 1000.00 11 1000.00 16	00.00	za A \$ 2b B \$ 2c C \$ 2d D \$ 2e Employee's Star .ocal Income T. Employee's Social 555-55- 18 Localy 100 100 renue Service (2a See instructions A \$.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCA 100.00 LOCA 100.00 LOCA 100.00 1 Wages, tips, other compensation 10000.00	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Income Tax Return 2 Federal income tax withheld 10000.00
AZ	1000.00 11 1000.00 11 1000.00 16 1000.00 16 1000010 It name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 11 1000.00 11 1000.00 11 1000.00 11 1000.00 16	00.00 00.00 12 12 12 12 12 12 12	100	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed With Emploid	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ	1000.00 11 1000.00 11 1000.00 16 1000.00 16 1000010 It name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 11 1000.00 11 1000.00 11 1000.00 11 1000.00 16	00.00 00.00 12 12 13 14 15 15 15 15 15 15 15	100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ	1000.00 11 1000.00 11 1000.00 16 1000.00 16 1000010 It name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 11 1000.00 11 1000.00 11 1000.00 11 1000.00 16	00.00 12 13 14 15 15 15 15 15 15 15	100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Occ LOCA 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ	1000.00 11 1000.00 11 1000.00 16 1000.00 16 1000010 It name ### SUFX 16 State wages, tips, etc. 17 State 1000.00 11 1000.00 11 1000.00 11 1000.00 11 1000.00 16	00.00	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOCA 100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 7 Social security tips	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ	1000.00 11 1000.00 16 1000.00 16 1000.00 17 1000.00 17 1000.00 17 11 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 17 1000.	00.00	100	.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld
AZ	1000.00 11 1000.00 16 1000.00 16 1000.00 17 1000.00 17 1000.00 17 11 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 17 1000.	00.00 12 12 13 14 15 15 15 15 15 15 15	100 100	.00	100.00 LOCA 100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 1 Wages, tips, other compensation 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 1 Nonqualified plans	L2ALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement State Parameters of the Parameters
AZ	1000.00 11 1000.00 16 1000.00 16 1000.00 17 1000.00 17 1000.00 17 11 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 17 1000.	00.00 00.00 12 13 14 15 15 15 15 15 15 15	100 100	.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 10000.00 3 Social security tips 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 7 Social security tips 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	2 Federal income tax withheld 10000.00
AZ	1000.00 11 1000.00 16 1000.00 16 1000.00 17 1000.00 17 1000.00 17 11 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 17 1000.	00.00 00.00 Internal Rev 11 13 14 15 15 16 17 16 17 17 17 17 18 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	100 100	.00	100.00 LOCA 100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 1 Wages, tips, other compensation 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 1 Nonqualified plans	2 Federal income tax withheld
AZ	1000.00 11 1000.00 16 1000.00 16 1000.00 17 1000.00 17 1000.00 17 11 16 State wages, tips, etc. 17 State 1000.00 16 1000.00 17 1000.	00.00 00.00 12 12 13 14 15 15 15 15 15 15 15	100 100	.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security tips 100.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 1 Nonqualified plans 100.00 1 Name tax 100.00 1 Wages, tips, other compensation 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 1 Nonqualified plans 100.00 1 Nonqualified plans 100.00 1 Nonqualified plans 100.00 1 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 2	2 Federal income tax withheld
AZ	1000.00	00.00 00.00 12 12 13 14 15 15 15 15 15 15 15	100 100	.00	100.00 LOCA 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 1 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security tips 100.00 6 Copy 2 To Be Filed With Employ 100.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 1 Wages, tips, other compensation 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 1 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 1	LZALPHA NAME yee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 10000.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Statutory employee withheld 100.00 10 Statutory employee plan Statutory 100.00 10 Dependent care benefits 100.00 11 Dependent care benefits 100.00 13 Statutory employee plan Stick pay 100.00 13 Statutory Retirement stick pay 100.00 10 Dependent care benefits 100.00 11 ODOOO

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and Sp. See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	00010	12a See	instructions fo	or box 12	1 Wages, tips, other compe		2 Federal income t	
c Employer's name, address, and ZIP code COMPANY 10		∯F 12b	\$	100.00	2 Social socurity wages	*		******
COMPANY 10 ADDRRESS 1		12b G	\$	100.00	3 Social security wages	*	4 Social security ta	ax withheld
COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3		12c	IΨ		5 Medicare wages and tips		6 Medicare tax with	hheld
COMPANY 10 CITY NC 10538-2095		ੂੰH 12d	\$	100.00	******	*		*****
		^g J	\$	100.00	7 Social security tips	*	8 Allocated tips *****	*****
e Employee's first name and initial Last SORT KEY THREE	name Suff.	12e K	ı¢	100.00	9 Advance EIC payment		10 Dependent care	
CHRIS PETERSEN			\$ mation is being fu		*******	*		******* Retirement Third-party
EMPLOYEE ADDRESS 2		Internal R	evenue Service.	inished to the	11 Nonqualified plans	*		plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321		1 7	3 To Be File		14 Other BOX 14 TITLE 1		100.00	
LIMPLOTEE CITT OT 64321		Employ Tax Re	/ee's FEDE	RAL	BOX 14 TITLE 1		100.00	
** DUF	PLICATE - DO NOT FILE **		ee's social se	curity number	BOX 14 TITLE 3	-	100.00	
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State income t	lav	555-55-55		BOX 14 TITLE 4 19 Local income tax	20 Locality	100.00	
ID 888888888888888888888888888888888888	1000.00		100.0	0	100.00		name ALPHA NAME	
WY 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal R	evenue !	100.0	0 OMB# 1545-0	100.00		ALPHA NAME	FEDERAL Tax Return.
. o.m. o mage and ran elalement zoro	Dopartinonia or the readoury internal it				300	, 2 .0 20	a min Employees	. LD LIVIL TOX HOLDHIN
L Faralassa identification assets of (FIN)		40-						
b Employer identification number (EIN) c Employer's name, address, and ZIP code	00010	12a	\$	100.00	1 Wages, tips, other compe 10000.0		2 Federal income 1	tax withheld 000.00
COMPANY 10		12b	Φ	100.00	3 Social security wages	-	4 Social security to	
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2		∳G	\$	100.00	10000.0	0		100.00
COMPANY 10 ADDRRESS 3		12c	\$	100.00	5 Medicare wages and tips	0	6 Medicare tax wit	
COMPANY 10 CITY NC 10538-2095		12d	•		10000.00 7 Social security tips	U	8 Allocated tips	100.00
e Employee's first name and initial Last	name Suff.	ຶ້ງ 12e	\$	100.00	100.0	0	•	100.00
0000002	oun.	I12e	\$	100.00	9 Advance EIC payment	0	10 Dependent car	
SORT KEY THREE	E SHEY				100.00 11 Nonqualified plans	U	13 Statutory F	Retirement Third-party
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	L JUFA				100.0	0	employee p	plan sick pay
EMPLOYEE ADDRESS 3			2 To Be File yee's State		14 Other BOX 14 TITLE 1		100.00	
EMPLOYEE CITY UT 84321			ncome Tax		BOX 14 TITLE 2	-	100.00	
45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		a Employ		curity number	BOX 14 TITLE 3 BOX 14 TITLE 4	•	100.00 100.00	
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State income to 1000.00	tax	555-55-55 18 Local way	ges, tips, etc.	19 Local income tax	20 Locality		
ID	1000.00 1000.00		100.0 100.0	0	100.00 100.00		name ALPHA NAME ALPHA NAME	
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal R	evenue						cal Income Tax Return.
•	•				.,			
b Employer identification number (EIN) 10-00	00010	12a			1 Wages, tips, other compe	nsation	2 Federal income	tax withheld
c Employer's name, address, and ZIP code	00010	åF	\$	100.00	10000.00		100	00.00
c Employer's name, address, and ZIP code COMPANY 10	00010	∯F 12b			10000.00 3 Social security wages	0	4 Social security ta	000.00 ax withheld
c Employer's name, address, and ZIP code	00010	åF	\$ \$	100.00	10000.00 3 Social security wages 10000.00	0	100 4 Social security to 1	000.00 ax withheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3	00010	F 12b %G 12c %H			10000.00 3 Social security wages	0	100 4 Social security to 1 6 Medicare tax with	000.00 ax withheld 100.00 ihheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	00010	12b 12c 12c H	\$ \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	0	100 4 Social security to 1 6 Medicare tax with 1 8 Allocated tips	000.00 ax withheld 100.00 thheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial	name Suff.	F 12b %G 12c %H	\$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	0	100 4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1	000.00 ax withheld 100.00 thheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE	name Suff.	12b 12c 12c 12d	\$ \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	0	4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent care	000.00 ax withheld 100.00 thheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial	name Suff.	#F 12b #G 12c #H 12d	\$ \$ \$	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	0	4 Social security to 16 Medicare tax with 8 Allocated tips 10 Dependent car	000.00 ax withheld 100.00 thheld 100.00 100.00 te benefits
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	name Suff.	12b 2G 12c 4H 12d 5J 12e 5K	\$ \$ \$	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.01 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other	0	4 Social security ta 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory Femologies	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party
CEMPLOYER'S name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	name Suff.	#F 12b #G 12c #H 12d #J 12e #K Copy 2 Employ	\$ \$ \$ \$ \$ \$ \$ 2 To Be File yee's State	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	0	4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent carroll 13 Statutory Femily 1 100.00	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	name Suff.	\$\frac{1}{2b}\$ \$\frac{1}{2c}\$ \$\frac{1}{2c}\$ \$\frac{1}{2}H\$ \$\frac{1}{2}d\$ \$\frac{1}{2}J\$ \$\frac{1}{2}E\$ \$\frac{1}{2}K\$ Copy 2 Employ Local I	\$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.01 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other	0	4 Social security ta 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory Femologies	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321	name Suff. E SUFX	\$\frac{1}{2b}\$ \$\frac{1}{6}G\$ \$\frac{1}{2c}\$ \$\frac{1}{6}H\$ \$\frac{1}{2d}\$ \$\frac{1}{2}J\$ \$\frac{1}{2}E\$ \$\frac{1}{2}K\$ Copy 2 Employ Local I a Employ	\$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55	100.00 100.00 100.00 100.00 cd With City, or Return. scurity number	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4		100 4 Social security ta 1 6 Medicare tax witi 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory employee 5 1 100.00 100.00 100.00 100.00	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party plan Sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number	name Suff. E SUFX 16 State wages, tips, etc. 17 State income to	\$\frac{1}{2b}\$ \$\frac{1}{6}G\$ \$12c\$ \$\frac{1}{6}H\$ \$12d\$ \$\frac{1}{6}J\$ \$12e\$ \$\frac{1}{6}K\$ Copy 2 Employ Local I a Employ	\$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55 118 Local was	100.00 100.00 100.00 100.00 cd With City, or Return. scurity number	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4		100 4 Social security ta 1 6 Medicare tax witi 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory employee 5 1 100.00 100.00 100.00 100.00	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party plan Sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321	name Suff. E SUFX	\$\frac{1}{2b}\$ \$\frac{1}{6}G\$ \$12c\$ \$\frac{1}{6}H\$ \$12d\$ \$\frac{1}{6}J\$ \$12e\$ \$\frac{1}{6}K\$ Copy 2 Employ Local I a Employ	\$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55	100.00 100.00 100.00 100.00 dd With , City, or Return. curity number 501 ges, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100 4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent carr 1 13 Statutory purpoyee 5 100.00 100.00 100.00	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party plan Sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employee's state ID number ID 88888888888888888888888888888888888	name Suff. E SUFX 16 State wages, tips, etc. 17 State income to 1000.00	Employ	\$ \$ \$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55 18 Local war	100.00 100.00 100.00 100.00 100.00 dd With , City, or Return. curity number 501 501 0	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100 4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent carr 1 13 Statutory 5 employee 5 100.00	200.00 ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Third-party plan Sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	16 State wages, tips, etc.	EF 12b GG 12c H 12d SJ 12d SK Employ Local I a Employ Local I a Ewenue Sevenue S	\$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55 18 Local wae 100.0	100.00 100.00 100.00 100.00 100.00 ded With City, or Return. Security number 500 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Ropy 2 To Be Filed W	O O O O O O O O O O O O O O O O O O O	100 4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent card 1 13 Statutory 5 employee 5 100.00	ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Tinkd-party sick pay cal Income Tax Return.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	name Suff. E SUFX 16 State wages, tips, etc. 17 State income t 1000.00 100.00 100.00 100.00	F 12b G 12c H 12d S I 12d S I 12d I	\$ \$ \$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55 18 Local war 100.0	100.00 100.00 100.00 100.00 100.00 ded With City, or Return. scurity number 100.00 MB# 1545-000 or box 12	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	O O O O O O O O O O O O O O O O O O O	4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent care 1 13 Statutory employee 5 100.00 100.00 100.00 100.00 100.00 ALPHA NAME ALPHA NAME 5 5's State, City, or Local 2 Federal income 1	ax withheld 100.00 thheld 100.00 100.00 e benefits 100.00 Retirement Tinkd-party sick pay cal Income Tax Return.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	16 State wages, tips, etc.	EF 12b GG 12c H 12d SJ 12d SK Employ Local I a Employ Local I a Ewenue Sevenue S	\$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55 18 Local wae 100.0	100.00 100.00 100.00 100.00 100.00 ded With City, or Return. Security number 500 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed W	O O O O O O O O O O O O O O O O O O O	4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent care 1 13 Statutory employee 5 100.00 100.00 100.00 100.00 100.00 ALPHA NAME ALPHA NAME 5 5's State, City, or Local 2 Federal income 1	ax withheld 100.00 thheld 100.00 thheld 100.00 the benefits 100.00 to be benefits 100.00 to be desired to be sick pay 100.00 to be benefits 100.00 to benefits 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	16 State wages, tips, etc.	EF 12b GG 12c H 12d SJ 12e K	\$ \$ \$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social se 555-55-55 18 Local war 100.0	100.00 100.00 100.00 100.00 100.00 ded With City, or Return. scurity number 100.00 MB# 1545-000 or box 12	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00	DODO DODO DODO DODO DODO DODO DODO DOD	4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory 1 100.00 10	ax withheld 100.00 thheld 100.00 thheld 100.00 the benefits 100.00 to be benefits 100.00 to be desired to be sick pay 100.00 to be benefits 100.00 to benefits 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	16 State wages, tips, etc.	EF 12b G 12c H 12d See Evenue S	\$ \$ \$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social as 555-55-55 18 Local wag 100.0 100.0 Service ON instructions for \$	100.00 100.00 100.00 100.00 100.00 dd With City, or Return. courity number 501 ges, tips, etc. 0 0 MB# 1545-000 or box 12 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 TITLE 3 TITLE 4 19 Local income tax 100.00 100.0	20 Locality LOCAL1 LOCAL2 LOCA	100 4 Social security ta 1 6 Medicare tax witi 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory 1 100.00 1 100.00 1 100.00 1 100.00 1 100.00 1 100.00 1 100.00 2 Federal income ****** 4 Social security ta ******* 6 Medicare tax witi	ax withheld 100.00 hheld 100.00 hheld 100.00 le benefits 100.00 le ben
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 8888888888888888888888888888888888	16 State wages, tips, etc.	EF 12b GG 12c H 12d SJ 12e K	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 2d With , City, or : Return. scurity number 501 ges, tips, etc. 0 or box 12 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe ************************************	20 Locality LOCAL1 LOCAL2 LOCA	100 4 Social security ta 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory 1 00.00 1 00.00 1 00.00 1 00.00 1 00.00 1 00.00 2 Federal income ****** 4 Social security ta ******* 6 Medicare tax with ************************************	ax withheld 100.00 hheld 100.00 hheld 100.00 le benefits 100.00 le ben
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	name Suff. E SUFX 16 State wages, tips, etc. 17 State income to 1000.00 100.00 100.00 Department of the Treasury-Internal R	12b G G G G G G G G G	\$ \$ \$ \$ \$ \$ \$ 2 To Be File yee's State ncome Tax yee's social as 555-55-55 18 Local wag 100.0 100.0 Service ON instructions for \$	100.00 100.00 100.00 100.00 100.00 dd With City, or Return. courity number 501 ges, tips, etc. 0 0 MB# 1545-000 or box 12 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 TITLE 3 TITLE 4 19 Local income tax 100.00 100.0	20 Locality LOCAL1 LOCAL2 ith Employee	4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent care 1 13 Statutory 1 100.00 1	ax withheld 100.00 hheld 100.00 hheld 100.00 le benefits 100.00 le ben
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	16 State wages, tips, etc.	EPPLOS SEE SEE SEE SEE SEE SEE SEE SEE SEE S	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	DODO DODO DODO DODO DODO DODO DODO DOD	4 Social security to 1	ax withheld 100.00 hheld 100.00 hheld 100.00 le benefits 100.00 ce ben
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888888888888888888888	16 State wages, tips, etc.	12b 3G 12c 3H 12d 3H 3H 3H 3H 3H 3H 3H 3	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	DODO DODO DODO DODO DODO DODO DODO DOD	4 Social security to 1	ax withheld 100.00 at withheld 100.00 at hitheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888888888888888888888	16 State wages, tips, etc.	EPF 12b SG 12c SE F SE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe ************************************	20 Locality LOCAL1 LOCAL2 ith Employee mation *	100 4 Social security ta 1 6 Medicare tax wit 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory 1 100.00 1 1	ax withheld 100.00 hheld 100.00 hheld 100.00 le benefits 100.00 le ben
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888888888888888888888	16 State wages, tips, etc.	The informatic by the come is true.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe ************************************	20 Locality LOCAL1 LOCAL2 ith Employee mation *	4 Social security to 1	ax withheld 100.00 at withheld 100.00 at hitheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	name Suff. E SUFX 16 State wages, tips, etc. 17 State income to 1000.00 100.00 100.00 Department of the Treasury-Internal Recorded to 1000.00 1000.	Table of the service	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe ************************************	20 Locality LOCAL1 LOCAL2 ith Employee mation *	100 4 Social security to 1 6 Medicare tax with 1 8 Allocated tips 1 10 Dependent care 1 13 Statutory 1 100.00 100.	ax withheld 100.00 at withheld 100.00 at hitheld
CEMPLOYER'S name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	16 State wages, tips, etc.	The informatic of years of yea	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe ************************************	20 Locality LOCAL1 LOCAL2 ith Employee mation *	100 4 Social security ta 1 6 Medicare tax witi 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory 1 100.00 1 100.00 1 100.00 1 100.00 1 100.00 1 2 Federal income 2 Federal income 2 Federal income 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ax withheld 100.00 at withheld 100.00 at hitheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial	name Suff. E SUFX 16 State wages, tips, etc. 1000.00 1000.00 1000.00 Department of the Treasury-Internal Resource Suff. E SUFX PLICATE - DO NOT FILE **	Tentomenia structure of the following of the following of the following in	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compe ************************************	DODO DODO DODO DODO DODO DODO DODO DOD	4 Social security to 1	ax withheld 100.00 at withheld 100.00 at hitheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number ID 838888888888888888888888888888888888	name Suff. E SUFX 16 State wages, tips, etc. 17 State income 1000.00 100.00 100.00 Department of the Treasury-Internal R 00010 name Suff. E SUFX	Tentomenia structure of the following of the following of the following in	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 1	DODO DODO DODO DODO DODO DODO DODO DOD	100 4 Social security ta 1 6 Medicare tax witi 1 8 Allocated tips 1 10 Dependent car 1 13 Statutory 1 100.00 1 100.00 1 100.00 1 100.00 1 100.00 1 2 Federal income 2 Federal income 2 Federal income 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ax withheld 100.00 at withheld 100.00 at hitheld

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and Sp. See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000050	12a S	See instructions	for box 12 ء	1 Wages, tips, other compensation	n 2 Federal income tax withheld
c Employer's name, address, and ZIP code COMPANY 50		≗A 12b	\$	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		åB	\$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3		12c åC	\$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		12d ∯D	\$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Las SORT KEY THREE	t name	Suff. 12e	•		100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
JUDITH RUNCHEL		∦E This i	nformation is bein	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Intern	al Revenue Servi	ce.	100.00	employee plan sick pay
EMPLOYEE CITY UT 84321			y B To Be F oloyee's FEI		BOX 14 TITLE 1	100.00
			Return.	security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code	14000		555-55-	-5541	BOX 14 TITLE 4	100.00
15 State	1000.00	e income tax 00.00	100	wages, tips, etc.		ocality name CAL1ALPHA NAME
NC 888888888888888888888888888888888888	1000.00 10 Department of the Treasury-In	00.00 nternal Revenu		0.00 OMB# 1545-0		CAL2ALPHA NAME Be Filed With Employee's FEDERAL Tax Return
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000050	12a			1 Wages, tips, other compensation	
COMPANY 50		———∦A 12b	\$	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		åB 12c	\$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		§C	\$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY SU CITY NC 10538-2095		12d D	\$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Las 0000003	st name	Suff. 12e			100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
SORT KEY THREE	45 OUEV	<u>₿E</u>	\$	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		07 D 5	-1. 1.3.674	100.00	employee plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321			y 2 To Be F oloyee's Sta		14 Other BOX 14 TITLE 1	100.00
2.00. 20122 0111 01 01021			al Income T	ax Return.	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
					l ==	400.00
f Employee's address and ZIP code	14000		555-55-	-5541	BOX 14 TITLE 4	100.00
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00	e income tax 00.00	18 Local v 100	-5541 wages, tips, etc.).00	19 Local income tax 100.00 LO	Locality name CAL1ALPHA NAME
15 State Employer's state ID number	1000.00	e income tax 00.00 00.00	18 Local v 100 100	-5541 wages, tips, etc.).00	19 Local income tax 100.00 LO	ocality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State	1000.00	e income tax 00.00 00.00 nternal Revenu	18 Local v 100 100 ue Service	-5541 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 100.00 LOC 10	ocality name CAL1ALPHA NAME CAL2ALPHA NAME sployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld
15 State	1000.00 10 1000.00 10 Department of the Treasury-In	e income tax 00.00 00.00 nternal Revenu	18 Local v 100 100	-5541 wages, tips, etc.).00	19 Local income tax 100.00 LOC 100.00 LOC 08 Copy 2 To Be Filed With Em	_ocality name CAL1ALPHA NAME CAL2ALPHA NAME uployee's State, City, or Local Income Tax Return
15 State Unimber 3888888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-In	e income tax 00.00 00.00 nternal Revenu	18 Local v 100 100 ue Service	-5541 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 100.00 LOC 10	CALITY name CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
15 State	1000.00 10 1000.00 10 Department of the Treasury-In	e income tax 00.00 100.00 12a A 12b B 12c C C	18 Local v 100 100 ue Service	-5541 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 100.00 LOC	cocality name CAL1ALPHA NAME CAL2ALPHA NAME sployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld
15 State	1000.00 11 1000.00 10 Department of the Treasury-In	e income tax 00.00	18 Local v 100 100 100 100 100 100 100 100 100 1	-5541 wages, tips, etc. 0.00 0.00 0.00 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 LOC 10	cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME DIPONE'S State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
15 State	1000.00 10 1000.00 10 Department of the Treasury-In	e income tax 00.00	18 Local 100	-5541 wages, tips, etc. 0.00 0.00 0.00 0.00 100.00 100.00 100.00	19 Local income tax	Caclity name CALTALPHA NAME CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
15 State	1000.00 11000.00 16000000000000000000000	e income tax 00.00 00.00 one ternal Revenu 12a åA 12b åB 12c åC 12d åD	18 Local v	-5541 wages, tips, etc. 0.00 0.00 0MB# 1545-000 100.00 100.00	19 Local income tax 100.00 LOC 10	Cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME On 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
15 State	1000.00 11000.00 16000000000000000000000	e income tax 00.00 00.00 12a	18 Local \(\) 100 100 100 100	-5541 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	Cocality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME DIPOSE State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
15 State	1000.00 11000.00 16000000000000000000000	12a 12b 18 12c 12d	18 Local 1000 1000 1000	-5541 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00
15 State	1000.00 11000.00 16000000000000000000000	e income tax 00.00 12a 2A 12b 2B 12c 2C 12d 2D Suff. 12e 2E E E E Loci Loci	18 Local \ 100 \ 100 \ 100 \ 100 \	-5541 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Diployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Returnment Third-party sick pay
15 State	Department of the Treasury-In 000050 st name	12a 12b 12c 12d 12c	18 Local 100	-5541 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	Cocality name
15 State	1000.00 11000.00 11000.00 11000.00 11000.00 110000.00 110000.00 110000.00 110000.00 110000.00 11000.00 11000.00 11000.00 11000.00 11000.00 11000.00 1100000	e income tax 00.00 12a \$A 12b \$B 12c \$C \$C \$C Copp Employed Loc: a Em	18 Local 100	-5541 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	Cocality name
15 State	1000.00 11000.00 11000.00 11000.00 11000.00 1100000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 1100000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 1100000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 110000.00 1100000.00 110000.00 110000.00 110000.00 110000.00 110000.00 11000000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.00 11000000.00 1100000.00 1100000.00 1100000.00 1100000.00 1100000.0	e income tax 00.00 12a \$A 12b \$B 12c \$C \$C \$C Cope Employs Loc: a Em	18 Local 100	-5541 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME DIPOSE State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-parry plan plan 100.00 100.00 100.00 100.00 100.00 100.00 00cality name CALTALPHA NAME CALZALPHA NAME
15 State	1000.00	e income tax 00.00 12a A 12b B 12c C C C B C C D Suff. 12a B A 12b B C C C C C C C C C C C C C C C C C C	18 Local 100	-5541 wages, tips, etc. 0.00 0MB# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0MB# 1545-000 0MB# 1545-000 0MB# 1545-000	19 Local income tax 100.00 LOC 10	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-parry sick pay 100.00 100.00 100.00 100.00 100.00 100.00 Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Inployee's State, City, or Local Income Tax Return
15 State	Department of the Treasury-In 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 1000.00 10 1000.00 10 1000.00 10	12a 12b 12c 12d	18 Local 100 100 100 100	-5541 wages, tips, etc. 0.00 0MB# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0MB# 1545-000 0MB# 1545-000 0MB# 1545-000	19 Local income tax	Cality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME DIPOse's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Ratinement Joick pay 100.00
15 State	1000.00	e income tax 00.00 112a	18 Local 100	-5541 wages, tips, etc. 0.00 0MB# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0MB# 1545-000 5.00 0MB# 1545-000 s for box 12	19 Local income tax	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-parry plan sick pay 100.00
15 State	1000.00	12a 12b 12c 12b 12b 12c 12b 12b 12c 12b 12b 12c 12b 12c 12c 12b 12c	18 Local 100 100	-5541 wages, tips, etc. 0.00 -0.00	19 Local income tax	CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Statutory Retirement Third-party sick pay Incomplete tax withheld 100.00
15 State	1000.00	12a 12b 12c 12d 12c 12d	18 Local 100	-5541 wages, tips, etc. 0.00 1.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00
15 State	1000.00	12a 12b 12c 12c 12d	18 Local 100 100	-5541 wages, tips, etc. 0.00 -0.00	19 Local income tax	Cality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 100.00 100.00 100.00 100.00 100.00 100.00 6 Medicare tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
15 State	1000.00 10 Department of the Treasury-In 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 000050	12a 12b 12c 12a 12b 12c 12a 12b 12c	18 Local 100 100 100	-5541 wages, tips, etc. 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
15 State	1000.00 10 Department of the Treasury-In 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 000050	e income tax 00.00 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loci a Em 12a S A 12b B 12c Cop Emp Loci a Em 12a S A 12b B Cop Emp Loci a Em 12a S A 12b B B 12c C C C C C C C C C C C C C C C C C C C	18 Local v	-5541 wages, tips, etc. 0.00 -0.00	19 Local income tax	CALIALPHA NAME CALZALPHA NAME CALZALPHA NAME CALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Returnent Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 1000.00 4 Social security tax withheld 1000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
15 State	1000.00 10 Department of the Treasury-In 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 000050	e income tax 00.00 12a A 12b B 12c C 12d D Suff. 12e E E Cop Emp Loc: a Em Loc: b E 12a S A 12b B 12c Cop Emp Loc: a Em Loc: a Em Loc: b E Suff. 12e E Cop Emp Loc: a Em Loc: a Em Loc: b E Cop Emp Loc: a Em Loc: a Em Loc: c E E Cop Emp Loc: a Em Loc: a Em Loc: b E Cop Emp Loc: c E C Cop Emp Loc	18 Local 1000 100	-5541 wages, tips, etc. 0.00 0.00 100.00	19 Local income tax	CALITY Name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Imployee's State, City, or Local Income Tax Return In 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pey 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Retirement Third-party sick pey 100.00 10 Retirement Third-party sick pey 100.00 10 Retirement Third-party sick pey 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00
15 State	1000.00 10 Department of the Treasury-In 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 000050	e income tax 00.00 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loc: a Em e income tax 00.00 12a S A 12b B 12c C C C T 12d B D Suff. 12e E C C Emp Loc: a Em e income tax 00.00 12a S A 12b B 12c C C C C C C C C C C C C C C C C C C C	18 Local v	-5541 wages, tips, etc. 0.00 100.00	19 Local income tax	CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Diployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 113 Statutory Retirement Third-party sick. pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick. pay 100.00 13 Statutory Retirement Third-party sick. pay
15 State	1000.00 10 Department of the Treasury-In 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 000050	e income tax 00.00 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loc: a Em e income tax 00.00 12a S A 12b B 12c C C C T 12d B D Suff. 12e E C C Emp Loc: a Em e income tax 00.00 12a S A 12b B 12c C C C C C C C C C C C C C C C C C C C	18 Local 1000 100	-5541 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 11 Nonqualified plans 100.00	CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Diployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 113 Statutory Retirement Intro-party sick pay 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 100.00 100.00 100.00 6 Medicare tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement intro-party sick pay 100.00 10 Medicare tax withheld 100.00 10 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement intro-party sick pay 100.00 13 Statutory Retirement intro-party sick pay 100.00 100.00 100.00 100.00
15 State	1000.00	e income tax 00.00 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loc: a Em e income tax 00.00 12a S A 12b B 12c C C C T 12d B D Suff. 12e E C C Emp Loc: a Em e income tax 00.00 12a S A 12b B 12c C C C C C C C C C C C C C C C C C C C	18 Local 1000 100	-5541 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax	CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Diployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 113 Statutory Retirement Third-party side, pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 100.00 100.00 100.00 8 Allocated tips 100.00 100.00 100.00 Retirement Tax Return 2 Federal income tax withheld 100.00 100.00 Retirement Third-party side, pay 100.00 Retirement Tax Return 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and Sp. See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000050	l1	12a See instructions	3 101 DOX 12	 Wages, tips, other compensation 	n 2 Federal income tax withheld
c Employer's name, address, and ZIP code COMPANY 50			Å \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		cgd	B \$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3		-	12c ὧC \$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		c	12d D \$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Las SORT KEY THREE	t name	Suff. 1	12e E \$	100.00	9 Advance EIC payment	100.00 10 Dependent care benefits
ALAN GEBERT		ř	This information is beir	ng furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy B To Be I		100.00	employee plan sick pay
EMPLOYEE CITY UT 84321		1	Employee's FE		BOX 14 TITLE 1 BOX 14 TITLE 2	100.00
			Tax Return. a Employee's social	I security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 St	state income ta	555-55-	-5542 wages, tips, etc.	BOX 14 TITLE 4	100.00
UT 888888888888888888888888888888888888	1000.00	100.00	100	0.00 0.00		ocality name CAL1ALPHA NAME CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treasury			OMB# 1545-0		Be Filed With Employee's FEDERAL Tax Return
b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000050		12a	400.00	1 Wages, tips, other compensation 10000.00	n 2 Federal income tax withheld 10000.00
COMPANY 50		1	åA \$ 12b	100.00	3 Social security wages	4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2			∯B \$ 12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		S	[§] C \$	100.00	10000.00	100.00
		8	12a BD \$	100.00	7 Social security tips	8 Allocated tips 100.00
e Employee's first name and initial Las 0000004	st name	- 1	12e E \$	100.00	9 Advance EIC payment	10 Dependent care benefits
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	ľ	e - Ψ	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party plan sick pay
EMPLOYEE ADDRESS 2	NE GOT X		Copy 2 To Be F	-iled With	100.00	employee plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321			Employee's Sta	ate, City, or	BOX 14 TITLE 1 . BOX 14 TITLE 2 .	100.00 100.00
			Local Income T a Employee's socia			100.00
						100.00
f Employee's address and ZIP code 15 State Employee's state ID number	16 State wages, tips, etc. 17 St	State income ta	555-55 ax 18 Local		BOX 14 TITLE 4 .	
f Employee's address and ZIP code 15 State Employer's state ID number 888888888888888888888888888888888888	1000.00	State income ta 100.00	18 Local 100	-5542 wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 LOC	ocality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State	1000.00	100.00	18 Local 100 100	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 LOC	ocality name CAL1ALPHA NAME
15 State UT 88888888888888888888888888888888888	1000.00	100.00 100.00 /-Internal Re	18 Local 100 100 evenue Service	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000	19 Local income tax 100.00 LOC 100.00 LOC LOC 100.00 LO	ocality name ZAL1ALPHA NAME ZAL2ALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld
15 State UT 88888888888888888888888888888888888	1000.00 1000.00 Department of the Treasury	100.00 100.00 <i>y</i> -Internal Re	18 Local 100 100 evenue Service	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 LOC 100.00 LOC LOC 100.00 LO	ocality name CAL1ALPHA NAME CAL2ALPHA NAME oloyee's State, City, or Local Income Tax Return
15 State UT a88888888888888888888888888888888888	1000.00 1000.00 Department of the Treasury	100.00 100.00 /-Internal Re	18 Local 100 100 100 100 100 100 100 100 100 100	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000	19 Local income tax 100.00 20 LOC 100.00 LOC 100.00 LOC 100.00 LOC 100.00 LOC 100.00 1	ocality name DALTALPHA NAME DALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00
15 State	1000.00 1000.00 Department of the Treasury	100.00 100.00 Internal Re	18 Local 100 100 100 100 100 100 100 100 100 10	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 LOC 100.00 LOC Copy 2 To Be Filed With Empt 1 Wages, tips, other compensation 10000.00 3 Social security wages	ocality name DALTALPHA NAME DALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
15 State	1000.00 1000.00 Department of the Treasury	100.00 100.00 <i>r</i> -Internal Re	18 Local 100 100 100 100 100 100 100 100 100 10	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 LOC	ocality name DALIALPHA NAME DALIALPHA NAME DIoyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
15 State	1000.00 1000.00 Department of the Treasury	100.00 100.00 Internal Re	18 Local 100	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	ocality name DALTALPHA NAME DALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 Department of the Treasury	100.00 100.00 Internal Re	18 Local 100	wages, tips, etc. 0.00 5.00 OMB# 1545-000 100.00 100.00	19 Local income tax 100.00	Cocality name
15 State	1000.00 Department of the Treasury	100.00 100.00 Internal Re	18 Local 100	wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 100.00 LOC	ocality name DALTALPHA NAME DALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
15 State	1000.00 Department of the Treasury	100.00 100.00 Internal Re	18 Local 100	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00 100.00 100.00 100.00	19 Local income tax 100.00	ocality name CALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party employee plan 100.00
15 State	1000.00 Department of the Treasury	100.00 100.00 Internal Re	18 Local 100	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 100.00 11 BOX 14 TITLE 2	ocality name ALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay sick pay
15 State	Department of the Treasury 000050 t name	100.00 100.00 Internal Re	18 Local 100	wages, tips, etc. 0.00	19 Local income tax 100.00	Cocality name
15 State	t name ### SUFX 16 State wages, tips, etc. 17 St. 1000.00	100.00 100.00 Internal Re	18 Local 170	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Object 100.00 12 Object 100.00 13 Object 100.00 14 Object 100.00 15 Object 100.00 16 Object 100.00 17 Object 100.00 18 Object 100.00 19 Object 100.00 19 Object 100.00 100.	Cocality name
15 State	t name ### SUFX 16 State wages, tips, etc. 17 St. 1000.00	100.00 100.00 -Internal Re	18 Local 18 Local 17 10 10 10 10 10 10 10	wages, tips, etc. 0.00 0.00 1.00 0MB# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 19 Local income tax 100.00	Cocality name
15 State	1000.00	100.00 100.00 -Internal Re Suff. 1 Suff. 1	18 Local 100	wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 Filled With tate, City, or ax Return. 1 security number -5542 wages, tips, etc. 0.00 5.00 OMB# 1545-000	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Occupant	ocality name ALTALPHA NAME ALZALPHA NAME ALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-parry employee plan 100.00 100.00 100.00 100.00 100.00 100.00 CALTALPHA NAME
15 State	1000.00	100.00 100.00 Internal Re	18 Local 18 Local 17 10 10 10 10 10 10 10	wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 Filled With tate, City, or ax Return. 1 security number -5542 wages, tips, etc. 0.00 5.00 OMB# 1545-000	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 19 Local income tax 100.00	ocality name ALTALPHA NAME ALZALPHA NAME ALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-parry employee plan 100.00 100.00 100.00 100.00 100.00 100.00 CALTALPHA NAME
15 State	1000.00	100.00 100.00 -Internal Re	18 Local 100	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00 100.00 0.00	19 Local income tax 100.00 100.00 LOC 100.00 Social security wages	ocality name ALTALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Patiement plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2ALTALPHA NAME ALZALPHA NAME ALZALPHA NAME DALZALPHA NAME Poloyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld
15 State	1000.00	100.00 100.00 -Internal Re Suff. 1	18 Local 100	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ocality name ALTALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Pain S
15 State	1000.00	100.00 100.00 -Internal Re	18 Local 100	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00 100.00 0.00	19 Local income tax 1,00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 12 DOC 100.00 13 Social security wages 100.00 14 Other 100.00 100.00 15 Boc 100.00 100.00 16 Copy 2 To Be Filed With Em	cocality name ALTALPHA NAME ALZALPHA NAME ALZALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Interparty sick pay 100.00 100.00 100.00 100.00 100.00 2ALTALPHA NAME ALZALPHA NAME DALZALPHA NAME DALZALPHA NAME DALZALPHA NAME 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
15 State	1000.00	100.00 100.00 -Internal Re Suff. 1 Suff. 1	18 Local 100	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	ocality name ALTALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2ALTALPHA NAME ALZALPHA NAME DALTALPHA NAME DALTALPHA NAME DALTALPHA NAME DALTALPHA NAME 100.00 4 Social security tax withheld 1000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
15 State	Department of the Treasury DO0050 It name ME SUFX 16 State wages, tips, etc. 17 St 1000.00	100.00 100.00 -Internal Re Suff. 1 100.00 100.00 -Internal Re Suff. 1 100.00 -Internal Re	18 Local 100	wages, tips, etc. 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 LOC 10	ocality name ALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Pairment Third party Lick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 6 Medicare tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 100.00 100.00
15 State	Department of the Treasury DO0050 It name ME SUFX 16 State wages, tips, etc. 17 St 1000.00	100.00 100.00 -Internal Re Suff. 1 Suff. 2 Suff. 2 Suff. 3 Suff. 3 Suff. 3 Suff. 3 Suff. 4 Suff. 5 Suff. 7 Suff. 7	18 Local 100	wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 1,00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Norqualified plans 100.00 11 Local Security LE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ocality name ALTALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2ALTALPHA NAME ALZALPHA NAME DALTALPHA NAME DALTALPHA NAME DALTALPHA NAME DALTALPHA NAME 100.00 4 Social security tax withheld 1000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
15 State	Department of the Treasury DO0050 It name ME SUFX 16 State wages, tips, etc. 17 St 1000.00	100.00 100.00 -Internal Re Suff. Suff. Suff. Suff.	18 Local 100	wages, tips, etc. 0.00 0.00 1.00 0.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other 100.00 14 Other 100.00 14 Other 100.00 14 Other 100.00 15 Medicare wages and tips 100.00 100.00 11 Nonqualified plans 100.00 12 BOX 14 TITLE 1 100.00 13 BOX 14 TITLE 2 100.00 100.00	cocality name ALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory employee Returnment Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Statutory Partirement Third-party sick pay 10 Dependent care benefits 100.00
15 State	Department of the Treasury DO0050 It name ME SUFX 16 State wages, tips, etc. 17 St 1000.00	100.00 100.00 -Internal Re Suff. Suff. Suff. Suff. Suff. Suff.	18 Local 100	wages, tips, etc. 0.00 0.00 100.00	19 Local income tax 1,00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Norqualified plans 100.00 11 Local Security LE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	Cocality name
15 State	Department of the Treasury DO0050 It name ME SUFX 16 State wages, tips, etc. 17 St 1000.00	100.00 100.00 /-Internal Re Suff. Suff. Suff. Suff. Suff. Suff. Suff. Suff. Suff.	Table Service Service	wages, tips, etc. 0.00 0.00 100.00	19 Local income tax 1,00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00	cocality name 2ALTALPHA NAME 2ALZALPHA NAME 2ALZALPHA NAME 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement Third-party sick pay 100.00
15 State	Department of the Treasury DO0050 Toology Too	100.00 100.00 /-Internal Re Suff. Suff. Suff. Suff. Suff. Suff. Suff. Suff. Suff.	Is Local 100 1	wages, tips, etc. 0.00 0.00 100.00	19 Local income tax 100.00 100.00 LOC 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 LOC 100.00 LOC 100.00 LOC 11 Wages, tips, other compensation 100.00 14 Other BOX 14 TITLE 2 LOC 100.00 LOC 100.00 LOC 11 Wages, tips, other compensation 100.00 14 Other BOX 14 TITLE 4 LOC 100.00 LOC 100.00 LOC 11 Wages, tips, other compensation 100.00 15 Medicare wages and tips 10000.00 16 Copy 2 To Be Filed With Em 17 Wages, tips, other compensation 100.00 18 Copy 2 To Be Filed With Em 18 DOX 14 TITLE 1 LOC 19 Advance EIC payment 100.00 19 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 LOC 100.00 LOC 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 LOC 100.00 LOC 11 BOX 14 TITLE 2 LOC 100.00 LOC 11 BOX 14 TITLE 3 LOC 100.00 LOC 11 BOX 14 TITLE 3 LOC 100.00 LOC 11 BOX 14 TITLE 1 LOC 100.00 LOC 11 BO	cocality name ALTALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Interpretation of the party sick pay 100.00 100.00 100.00 100.00 100.00 2ALTALPHA NAME ALZALPHA NAME DALZALPHA NAME DALZALPHA NAME DALZALPHA NAME 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 Retirement Interpretation of the party sick pay 100.00 Retirement Interpretation of the party sick pay Retirement Interpretation of the party sick pay 100.00 Retirement Interpretation of the party sick pay 100.00 Retirement Interpretation of the pay 100.

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and Sp. See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

c Employer's name, address, and ZIP code COMPANY 50	050	12a See instruction:	s for box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
COMPANT 30		åA \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		B \$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3		§C \$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		12d ễD \$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last nam SORT KEY THREE	ne Suff.	12e E \$	100.00	100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
CASEY MCCAMMON		This information is beir	g furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Copy B To Be I		100.00	employee plan sick pay
EMPLOYEE CITY UT 84321		Employee's FE		14 Other BOX 14 TITLE 1 .	100.00
		Tax Return. a Employee's social	security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code 15 State Employer's state ID number 16		555-55	5543	BOX 14 TITLE 4	100.00
UT 8888888888888888888	1000.00 100.00	100	wages, tips, etc.	100.00 LOCAL	.1ALPHA NAME
NC 888888888888888888888888888888888888	1000.00 100.00 epartment of the Treasury-Internal Re		0.00 OMB# 1545-0		.2ALPHA NAME Filed With Employee's FEDERAL Tax Return.
b Employer identification number (EIN) 10-00000 c Employer's name, address, and ZIP code)50	12a		1 Wages, tips, other compensation	2 Federal income tax withheld 10000.00
COMPANY 50		⁸ A \$ 12b	100.00	10000.00 3 Social security wages	4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		§B \$ 12c	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		§C \$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
		12d .§D \$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last nam 0000005	ne Suff.	12e		100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
SORT KEY THREE	PLIEV	<u></u> ≗E \$	100.00	100.00	100.00 13 Statutory Retirement Third-party
FIRSTNAME MIDDLENAME LASTNAME S EMPLOYEE ADDRESS 2	SUFX	0 07 0 5	-1. 1.1.4.6.1	100.00	employee plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321		Copy 2 To Be F Employee's Sta		BOX 14 TITLE 1	100.00
EWI 20122 0111 01 04021		Local Income T		BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code		555-55	-5543	BOX 14 TITLE 4 .	100.00
15 State UT 88888888888888888888888888888888888	6 State wages, tips, etc. 17 State income t 1000.00 100.00 100.00	100	wages, tips, etc. 0.00 0.00		ity name 1ALPHA NAME 2ALPHA NAME
Form W-2 Wage and Tax Statement 2010 Do	epartment of the Treasury-Internal Re	evenue Service			no's State City or Local Income Tay Peturn
			OMB# 1545-000	OS Copy 2 To Be Filed With Employe	es state, only, or botal moonie has Neturn.
b Employer identification number (EIN) c Employer's name, address, and ZIP code	,	12a		1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50	,	12a \$A \$ 12b	100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages	2 Federal income tax withheld 10000.00 4 Social security tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2	,	12a ÅA \$		1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00	2 Federal income tax withheld 10000.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1	,	12a \$ \$ 12b \$ \$ \$ 12c \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00	Wages, tips, other compensation 10000.00 Social security wages 10000.00 Medicare wages and tips 10000.00	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095	050	12a	100.00	Wages, tips, other compensation 10000.00 Social security wages 10000.00 Medicare wages and tips	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE	D50 ne Suff.	12a	100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME S	D50 ne Suff.	12a \$ \$ 12b \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME S EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	D50 ne Suff.	12a S S S S S S S S S	100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2	D50 ne Suff.	12a \$A \$ \$ \$12b \$B \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement employee plan Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321	D50 ne Suff.	12a	100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 .	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME S EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code	ne Suff.	12a	100.00 100.00 100.00 100.00 100.00 100.00 illed With te, City, or ax Return. security number .5543 wages, tips, etc.	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 BOX 14 TITLE 4	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME S EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code	ne Suff.	12a	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOCAL	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	ne Suff. SUFX 6 State wages, tips, etc. 17 State income t 1000.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 Filled With te, City, or ax Return. security number .5543 wages, tips, etc00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 110.00 LOCAL 100.00	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Street S
b Employer identification number (EIN) 10-00000 c Employer's name, address, and ZIP code 10-00000 COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name and Initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 Employee's address and ZIP code 15 State Employer's state ID number UT 88888888888888888888888888888888	D50 me Suff. SUFX S State wages, tips, etc. 17 State income t 100.00 100.00 100.00 100.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 Filed With te, City, or ax Return. security number 5543 wages, tips, etc. 00 00MB# 1545-000	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCAL 100.00 8 Copy 2 To Be Filed With Employ	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement independent care benefits 100.00 100.00 100.00 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	D50 me Suff. SUFX S State wages, tips, etc. 17 State income t 100.00 100.00 100.00 100.00	12a \$A \$ \$ \$B \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 Filed With te, City, or ax Return. security number 5543 wages, tips, etc. 00 00MB# 1545-000	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 BOX 14 TITLE 5 BOX 14 TITLE 5 BOX 14 TITLE 6 BOX 14 TITLE 6 BOX 14 TITLE 7 BOX 14 TITLE 1 BOX 14 T	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory employee plan sick pay sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 12 Pame 1 ALPHA NAME 2 ALPHA NAME 2 Federal income tax withheld 10000.00
b Employer identification number (EIN)	D50 me Suff. SUFX S State wages, tips, etc. 17 State income t 100.00 100.00 100.00 100.00	12a \$A \$ \$B \$B \$C \$C \$C \$C \$C	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCAL 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	D50 me Suff. SUFX S State wages, tips, etc. 17 State income t 100.00 100.00 100.00 100.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 BOX 14 TITLE 5 BOX 14 TITLE 5 BOX 14 TITLE 6 BOX 14 TITLE 6 BOX 14 TITLE 7 BOX 14 TITLE 1 BOX 14 T	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory employee plan sick pay sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 12 Pame 1 ALPHA NAME 2 ALPHA NAME 2 Federal income tax withheld 10000.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State	D50 me Suff. SUFX S State wages, tips, etc. 17 State income t 100.00 100.00 100.00 100.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Viter BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCAL 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Plan Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2e's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	ne Suff. SUFX S State wages, tips, etc. 17 State income t 100.00 100.00 100.00 epartment of the Treasury-Internal Records	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCAL 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Plan Sick pay 100.00
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE	ne Suff. SUFX S State wages, tips, etc. 17 State income to 100.00 100.	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCAL 100.00 1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 b Employer's state ID number UT 88888888888888888 Form W-2 Wage and Tax Statement 2010 DE Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME S	ne Suff. SUFX S State wages, tips, etc. 17 State income to 100.00 100.	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 BOX 14 TITLE 5 BOX 14 TIT	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 888888888888888888888888888888888888	ne Suff. SUFX S State wages, tips, etc. 17 State income to 100.00 100.	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOCAL 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	ne Suff. SUFX S State wages, tips, etc. 17 State income to 100.00 100.	12a	100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 BOX 14 TITLE 5 BOX 14 TIT	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Palan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 ADDRESS 3 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321	ne Suff. SUFX S State wages, tips, etc. 17 State income to 100.00 100.	12a \$A \$ 12b \$B \$ 12c \$C \$ 12d \$D \$ 12e \$E \$ Copy 2 To Be F Employee's Stata Local Income T a Employee's social 555-55 ax 18 Local 100 400 evenue Service 12a See instruction \$A \$ 12b \$B \$ 12c \$C \$ 12d \$D \$ 12e \$E \$	100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	ne Suff. SUFX S State wages, tips, etc. 17 State income to 100.00 100.	12a	100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Cither BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 12 Advance EIC payment 100.00 1 Nonqualified plans 100.00	2 Federal income tax withheld

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and Sp. See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

c Employer's name, address, and ZIP code COMPANY 50		12a See instruction	0 101 DOX 12	1 Wages, tips, other compensation	2 Federal income tax withheld
		⁸ A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		B \$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3		§C \$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		12d ∮D \$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name SORT KEY THREE	Suff.	12e		100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
TRENT MUMFORD		E \$	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Internal Revenue Servi	ce.	100.00	employee plan sick pay
EMPLOYEE CITY UT 84321		Copy B To Be I Employee's FE		BOX 14 TITLE 1	100.00
		Tax Return. a Employee's socia		BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code	1 2	555-55	-5544	BOX 14 TITLE 4 .	100.00
UT 88888888888888888888888888888888888	te wages, tips, etc. 17 State income to 100.00	100	wages, tips, etc.		.1ALPHA NAME
	000.00 100.00 rtment of the Treasury-Internal Re		0.00 OMB# 1545-0		2ALPHA NAME filed With Employee's FEDERAL Tax Return
	•				
b Employer identification number (EIN) 10-0000050		12a		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code COMPANY 50		∯A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1		§B \$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3		12c C \$	100.00	5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 50 CITY NC 10538-2095		12d		10000.00 7 Social security tips	100.00 8 Allocated tips
e Employee's first name and initial Last name	Suff.	. ∯D \$ 12e	100.00	100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
0000006 SORT KEY THREE		<u>åE</u> ∣\$	100.00	100.00	100.00
FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2	·X			11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3		Copy 2 To Be F Employee's Sta		14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321		Local Income T	ax Return.	BOX 14 TITLE 2 .	100.00
f Employee's address and ZIP code		a Employee's socia 555-55		BOX 14 TITLE 3 . BOX 14 TITLE 4 .	100.00 100.00
15 State Employer's state ID number 16 State	te wages, tips, etc. 17 State income to 100.00	tax 18 Local	wages, tips, etc.		ity name 1ALPHA NAME
NC 888888888888888888888888888888888888	000.00 100.00	100	0.00	100.00 LOCAL	2ALPHA NAME
Form W-2 Wage and Tax Statement 2010 Depar	rtment of the Treasury-Internal R	evenue Service	OMB# 1545-000	OS Copy 2 To Be Filed With Employe	ee's State, City, or Local Income Tax Return
b Employer identification number (EIN) 10-0000050		12a		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code					
COMPANY 50		Å \$	100.00	10000.00	10000.00
COMPANY 50 COMPANY 50 ADDRRESS 1		12b åB ∣\$	100.00 100.00		10000.00 4 Social security tax withheld 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3		12b \$B \$ 12c	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		12b \$B \$ 12c \$C \$ 12d	100.00	10000.00 3 Social security wages 10000.00	10000.00 4 Social security tax withheld 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name	Suff.	12b \$B \$ \$ 12c \$C \$ \$ 12d \$D \$ \$ 12e \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		12b	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2		12b \$ \$ 12c \$ C \$ 12d \$ D \$ \$ 12e \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF		12b	100.00 100.00 100.00 100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		12b	100.00 100.00 100.00 100.00 Filed With	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory plan Third party sick pay
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code	x	12b	100.00 100.00 100.00 100.00 Filed With tte, City, or ax Return.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Petriment Plan Third-party sick pay 100.00 100.00 100.00 100.00 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code	x	12b	100.00 100.00 100.00 100.00 Filed With tte, City, or ax Return.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Petriment Plan Third-party sick pay 100.00 100.00 100.00 100.00 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number 15 State THE S888888888888888888888888888888888888	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 100.00 100.00 100.00 100.00 Filed With tte, City, or ax Return. I security number -5544 wages, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOCAL 100.00 LOCAL	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palm Retirement Palm Sick pay sick pay 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME 2ALPHA NAME
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number 15 State THE S888888888888888888888888888888888888	te wages, tips, etc. 17 State income t	12b	100.00 100.00 100.00 100.00 100.00 Filed With tte, City, or ax Return. I security number -5544 wages, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOCAL 100.00 LOCAL	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Sick pay 100.00 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 88888888888888888888888888888888888	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 100.00 100.00 100.00 100.00 100.00 Filled With tte, City, or ax Return. I security number -5544 wages, tips, etc. 0.00 0MB# 1545-000	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOCAL 100.00 LOCAL	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palm Retirement Palm Sick pay sick pay 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME 2ALPHA NAME
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Last name SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employeer's state ID number UT 8888888888888888888888888888888888	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 100.00 100.00 100.00 100.00 100.00 Filled With tte, City, or ax Return. I security number -5544 wages, tips, etc. 0.00 0MB# 1545-000	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Petriment Third-party slick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 12 Jamee 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 Federal income tax withheld 10000.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 10	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan Sick pay sick pay 100.00 100.00 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 Federal income tax withheld
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 100.00 100.00 100.00 100.00 100.00 Filed With te, City, or ax Return. 1 security number -5544 wages, tips, etc. 0.00 0MB# 1545-000 s for box 12 100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory part plan sick pay sick pay 100.00 100.00 100.00 100.00 100.00 ty name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Pair memerit 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State	te wages, tips, etc. 17 State income to 100.00 100.00 100.00	12b	100.00 100.00 100.00 100.00 100.00 100.00 Filed With te, City, or ax Return. 1 security number -5544 wages, tips, etc. 0.00 0MB# 1545-000 s for box 12 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Cither BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOCAL 100.00 LOCAL 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Plan Statutenent Plan Stock pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	te wages, tips, etc. 17 State income to 100.00 100.00 100.00 100.00 100.00 Suff.	12b	100.00 100.00 100.00 100.00 100.00 100.00 Filed With tte, City, or ax Return. 1 security number -5544 wages, tips, etc. 0.00 000 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOCAL 100.00 LOCAL 00.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory plan plan
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	te wages, tips, etc. 17 State income to 100.00 100.00 100.00 100.00 100.00 Suff.	12b	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Petitement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 8888888888888888888 10 NC 88888888888888888888 10 NC 90 Depar b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	te wages, tips, etc. 17 State income to 100.00 100.00 100.00 100.00 100.00 Suff.	Second S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages	10000.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	te wages, tips, etc. 17 State income to 100.00 100.00 100.00 100.00 100.00 Suff.	12b	100.00 100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory plan Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	te wages, tips, etc. 17 State income to 100.00 100.00 100.00 100.00 100.00 Suff.	12b	100.00 100.00	10000.00 3 Social security wages	10000.00
COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUF EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State	te wages, tips, etc. 17 State income to 100.00 100.00 100.00 100.00 100.00 Suff.	12b	100.00 100.00	10000.00 3 Social security wages	10000.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and Sp. See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

1 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		140.0							
b Employer identification number (EIN) c Employer's name, address, and ZIP code	00050	12a See A	instructions t	or box 12 100.00	1 Wages, tips, other composition 10000.0		2 Federal incom	ne tax withhel 0000.00	ld
COMPANY 50		12b	Ψ	100.00	3 Social security wages		4 Social security		t
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		∯B 12c	\$	100.00	10000.0		C Madiana tau	100.00	
COMPANY 50 ADDRRESS 3		iC	\$	100.00	5 Medicare wages and tips 10000.0		6 Medicare tax	100.00	
COMPANY 50 CITY NC 10538-2095		12d		400.00	7 Social security tips	10	8 Allocated tips	100.00	
e Employee's first name and initial Last	name Suff.	_	\$	100.00	100.0	00		100.00	
SORT KEY THREE		ξE	\$	100.00	9 Advance EIC payment 100.0	10	10 Dependent of	are benefits 100.00	
CHARLES HOBSON EMPLOYEE ADDRESS 2		This info	mation is being evenue Service	furnished to the	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			3 To Be Fi		100.0	00			
EMPLOYEE CITY UT 84321			yee's FED		BOX 14 TITLE 1		100.0		
		Tax Ro		ecurity number	BOX 14 TITLE 2 BOX 14 TITLE 3		100.0 100.0		
f Employee's address and ZIP code		u Emplo	555-55-5		BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State income 1000.00 100.00	tax	18 Local wa 100.	ages, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
NC 8888888888888888888	1000.00 100.00		100.		100.00	LOCAL2	ALPHA NAM	E	
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal	Revenue	Service	OMB# 1545-0	008 Cor	y B To Be File	ed With Employee	's FEDERAL	Tax Return
		_							
b Employer identification number (EIN) 10-000 c Employer's name, address, and ZIP code	00050	12a	ıdı	400.00	1 Wages, tips, other composition 10000.0		2 Federal incon	ne tax withhel 0000.00	ld
COMPANY 50		- ∦A 12b	\$	100.00	3 Social security wages	,0	4 Social securit		<u> </u>
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		§B	\$	100.00	10000.0			100.00	
COMPANY 50 ADDRRESS 3		12c	\$	100.00	5 Medicare wages and tips		6 Medicare tax		
COMPANY 50 CITY NC 10538-2095		12d			10000.0 7 Social security tips	10	8 Allocated tips	100.00	
e Employee's first name and initial Last	name Suff.	BD 12e	\$	100.00	100.0	00		100.00	
000007		E	\$	100.00	9 Advance EIC payment 100.0	10	10 Dependent of	are benefits	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	E SUFX				11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2		Conv	2 To Be Fi	od Mith	100.0	00			
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321			yee's State		BOX 14 TITLE 1		100.0		
2012 011 010 1021			ncome Ta	x Return.	BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.0 100.0		
f Employee's address and ZIP code		a Emplo	555-55-5	-	BOX 14 TITLE 4		100.0		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State income 1000.00 100.00	tax	18 Local wa 100.	ages, tips, etc.	19 Local income tax 100.00	20 Locality	name ALPHA NAM	F	
NC 888888888888888888888888888888888888	1000.00		100.		100.00		ALPHA NAM		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal			MD# 4E4E OO	00 O 0 T. D. ET. I.M.				
-	or the frequery-intellial	Revenue	Service O	MB# 1545-000	O8 Copy 2 To Be Filed W	ith Employee	's State, City, or I	ocai income	rax keturn
	· ,	12a	Service O	MB# 1545-000	.,				
b Employer identification number (EIN) c Employer's name, address, and ZIP code	· ,	12a 	\$	MB# 1545-000 100.00	OS Copy 2 To Be Filed W 1 Wages, tips, other compo	ensation	2 Federal incon		
b Employer identification number (EIN) 10-00	· ,	12a - ÅA 12b	\$	100.00	1 Wages, tips, other compound 10000.0 3 Social security wages	ensation	2 Federal incon	ne tax withhel 0000.00 y tax withheld	ld
b Employer identification number (EIN) C Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2	· ,	12a 			1 Wages, tips, other compo	ensation 00	2 Federal incon	ne tax withhel 0000.00 y tax withheld 100.00	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3	· ,	12a - A 12b - B 12c	\$	100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0	ensation 00	2 Federal incon 1 4 Social securit	ne tax withhel 0000.00 y tax withheld 100.00	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095	00050	12a 	\$ \$	100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips	ensation 10 10 10	2 Federal incon 1 4 Social securit	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	· ,	12a 	\$ \$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0	ensation 10 10 10	2 Federal incon 1 4 Social securit 6 Medicare tax	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095	name Suff.	12a 12b 12c 12c 12d	\$ \$	100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0	ensation 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 100.00 care benefits 100.00	dd d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	name Suff.	12a 	\$ \$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00 100.00 care benefits	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	name Suff.	12a 	\$ \$ \$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of medicare incomplete incompl	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan	id d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 TITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	name Suff.	12a	\$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of employee 100.0 100.0	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan	id d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321	name Suff.	12a 2A 12b 2B 12c C 12d 2D 12e 2E Emplo	\$ \$ \$ \$ \$ \$ \$ \$ \$ 2 To Be Fill the property of the p	100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return.	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of semployee 100.0 100.0 100.0	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Ratinment plan	id d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number	name Suff. E SUFX 16 State wages, tips, etc. 17 State income	12a A 12b B 12c C 12d D 12e E E Copy 2 Emplo Local a Emplo	\$ \$ \$ \$ \$ \$ 2 To Be File yee's State income Ta yee's social state income Ta 181 Local with the state of	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number i545 ages, tips, etc.	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 13 Statutory employee 100.0 100.0 100.0 100.0	ne tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 100.00 00 00	id d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	00050 name Suff. E SUFX 16 State wages, tips, etc. 17 State income 1000.00	12a A 12b B 12c C 12d D 12e E E Copy 2 Emplo Local a Emplo	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 545	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	ensation 10 10 10 10 10 10 10 10 10 10 10 10 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 13 Statutory employee 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Ratirement plan 00 00 00	id d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number	name Suff. E SUFX 16 State wages, tips, etc. 17 State income	12a A 12b B 12c C 12d D 12e E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 545 ages, tips, etc. 00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	ensation 10 10 10 10 10 10 10 10 10 10 10 10 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 13 Statutory employee 100.0 100.0 100.0 100.0 7 ALPHA NAM ALPHA NAM	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00 00 00 00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ATDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State	00050 name Suff. E SUFX 16 State wages, tips, etc. 17 State income 1000.00 100.00 100.00 100.00	12a A 12b B 12c C 12d D 12e E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 545 ages, tips, etc. 00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ensation 10 10 10 10 10 10 10 10 10 10 10 10 10	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 13 Statutory employee 100.0 100.0 100.0 100.0 7 ALPHA NAM ALPHA NAM	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00 00 00 00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 ADDRESS 3 Employee's first name and initial Last SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 888888888888888888888888888888888888	00050 name Suff. E SUFX 16 State wages, tips, etc. 17 State income 1000.00 100.00 100.00 100.00	12a SA 12b BB 12c 12d ED 12e EM Copy 2 Emploi Local a Emplo	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 ed With e, City, or x Return. ecurity number 545 3098, etc. 00 00 MB# 1545-000	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ensation 10 10 10 10 10 10 10 10 10 1	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 13 Statutory employee 100.0 100.0 100.0 100.0 7 ALPHA NAM ALPHA NAM	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00.00 00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	16 State wages, tips, etc.	12a A A 12b B 12c C 12d D 12e E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 ed With e, City, or x Return. ecurity number 545 3098, etc. 00 00 MB# 1545-000	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 1000.00	ensation 10 10 10 10 10 10 10 10 10 1	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 2 Federal incon 1	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00 00 00 Local Income ne tax withhel	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 ADDRESS 3 Employee's first name and initial Last SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 888888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 1545 ages, tips, etc. 00 MB# 1545-000 for box 12 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages	ensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 7 ALPHA NAM ALPHA NAM 2's State, City, or	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 c	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number i545 i545 i545 i545 i545 i545 i545 i545	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 1000.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 2 Federal incon 1	the tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 care benef	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888888888888888888	16 State wages, tips, etc.	12a %A 12b %B 12c Copy 2 Emploo Local a Emploo Local a Emploo Local 2 A 12b %B 12c %C %C	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 1545 ages, tips, etc. 00 MB# 1545-000 for box 12 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 2 Federal incon 1 4 Social securit	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00000000000000000000000000000000000	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888888888888888888	00050 16 State wages, tips, etc. 17 State income 1000.00 100.00 100.00 Department of the Treasury-Internal 100050	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number i545 i545 i545 i545 i545 i545 i545 i545	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips	ensation 10 10 10 10 10 10 10 10 10 1	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 100.0 2 Federal incon 1 2 Federal incon 1 4 Social securit	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 000 00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.00 9 Advance EIC payment	ansation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 2 Federal incon 1 4 Social securit	the tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 100.00 care benefits 100.00 care benefits 100.00 withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 100.0	ansation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	the tax withheld 100.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Betirement plan 100.00 between 100.00 between 100.00 y tax withheld 100.00 withheld 100.00 withheld 100.00 are benefits 100.00 are benefits 100.00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888 NC 88888888888888888	16 State wages, tips, etc.	12a See See See See See See See See See Se	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.00 9 Advance EIC payment	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	the tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 100.00 care benefits 100.00 care benefits 100.00 withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	16 State wages, tips, etc.	Local la Emplo Local	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	the tax withheld to the ta	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888 NC 88888888888888888	16 State wages, tips, etc.	12a A 12b B 12c C 12d D 12e E Copy : Emplo Local a Emplo Local	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 08 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 100.0 11 Nonqualified plans	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	the tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 are benefits 100.00 Betirement 100.00 by tax withheld 100.00 withheld 100.00 y tax withheld 100.00 withheld 100.00 withheld 100.00 Retirement 100.00 Retirement 100.00 Retirement 100.00 Betirement 100.00 are benefits 100.00 Retirement 100.00 Betirement 100.00 are benefits 100.00 Retirement 100.00 Betirement 1	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0	ne tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 Retirement 100.00 withheld 100.00 Retirement 100.00 y tax withheld 100.00 No 100.00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	16 State wages, tips, etc.	12a See A 12b B 12c Copy 2 Employ Local I a Emplo B 12c Copy 2 Employ Local I a Emplo B 12c Copy 2 Employ Local I a Emplo B 12c Copy 2 Employ B 12c Copy 2 Employ Copenity or other locoms in Survice I you penalty or other local B I	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 7 Social security tips 1000.0 11 Nonqualified plans 100.0 12 Advance EIC payment 100.0 13 Advance EIC payment 100.0 14 Other 100.0 15 Medicare wages and tips 1000.0 16 Advance EIC payment 1000.0 17 Social security tips 1000.0 18 Advance EIC payment 1000.0 19 Advance EIC payment 1000.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 12 BOX 14 TITLE 1 13 BOX 14 TITLE 2 14 BOX 14 TITLE 2 15 BOX 14 TITLE 4	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 100.0 2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0	the tax withheld to the ta	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	name Suff. E SUFX 16 State wages, tips, etc. 17 State income 1000.00 100.00 100.00 Department of the Treasury-Internal 00050 name Suff.	12a See A 12b B 12c Copy 2 Employ Local I a Emplo B 12c Copy 2 Employ Local I a Emplo B 12c Copy 2 Employ Local I a Emplo B 12c Copy 2 Employ B 12c Copy 2 Employ Copenity or other locoms in Survice I you penalty or other local B I	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 12 Social security tips 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 12 Social security tips 100.0 13 Social security tips 100.0 14 Other 100.0 15 Medicare wages and tips 100.0 16 Social security tips 100.0 17 Social security tips 100.0 18 Social security tips 100.0 19 Advance EIC payment 100.0 100.0 11 Nonqualified plans 100.0 12 Social security tips 100.0 13 Social security tips 100.0 14 Other 100.0 15 Social security tips 100.0 16 Social security tips 100.0 17 Social security tips 100.0 18 Social security tips 100.0 19 Advance EIC payment 100.0 10 Social security tips 100.0 11 Nonqualified plans 100.0	ensation 10 10 10 10 10 10 10 10 10 1	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0	the tax withheld 0000.00 y tax withheld 100.00 withheld 100.00 Retirement 100.00 y tax withheld 100.00 Retirement 100.00 y tax withheld 100.00 y tax withheld 100.00 y tax withheld 100.00 Retirement 100.00 y tax withheld 100.00 Retirement 100.00 withheld 100.00 Retirement 100.00 Ret	Third-party sick pay

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000050	12a See	instructions	for box 12	1 Wages, tips, other compens	sation	2 Federal incon	ne tax withhel	ia
c Employer's name, address, and ZIP code COMPANY 50		—— ૄA 12b	\$	100.00	10000.00 3 Social security wages		1 4 Social securit	0000.00	1
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		åB	\$	100.00	10000.00			100.00	
COMPANY 50 ADDRRESS 3		12c ૄੈC	\$	100.00	5 Medicare wages and tips 10000.00		6 Medicare tax	withheld 100.00	
COMPANY 50 CITY NC 10538-2095		12d åD	\$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Las SORT KEY THREE	st name	Suff. 12e			9 Advance EIC payment		10 Dependent of	100.00 care benefits	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	∦E This info	\$ rmation is bein	100.00	100.00 11 Nongualified plans		13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Internal F	Revenue Servic	ce.	100.00		employee	plan	sick pay
EMPLOYEE CITY UT 84321			B To Be F yee's FEI		BOX 14 TITLE 1		100.0		
		Tax R		security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .		100.0 100.0		
f Employee's address and ZIP code		·	555-55-	·5550	BOX 14 TITLE 4 .	001 1":	100.0	00	
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 17 State inc. 1000.00 100.	00	100				name ALPHA NAM		
NC 888888888888888888888888888888888888	1000.00 100. Department of the Treasury-Inter		100 Service	OMB# 1545-0			ALPHA NAM ed With Employee		Tax Return
b Employer identification number (EIN)	000050	12a			1 Wages, tips, other compens	sation	2 Federal incor		ld
c Employer's name, address, and ZIP code COMPANY 50		—— ૄૈA 12b	\$	100.00	10000.00 3 Social security wages		4 Social securit	0000.00 ty tax withheld	d
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		åB 12c	\$	100.00	10000.00			100.00	
COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		§C	\$	100.00	5 Medicare wages and tips 10000.00		6 Medicare tax	withheld 100.00	
COMPANY 50 CITY NC 10538-2095		12d åD	\$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Las 0000008	st name	Suff. 12e			9 Advance EIC payment		10 Dependent	100.00 care benefits	
SORT KEY THREE		<u></u> §E	\$	100.00	100.00		13 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX				100.00		employee	plan	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321			2 To Be F yee's Sta	filed With te, City, or	14 Other BOX 14 TITLE 1 .		100.0		
LIVII LOTEL CITT OT 04321				ax Return.	BOX 14 TITLE 2 . BOX 14 TITLE 3 .		100.0 100.0		
		u =p.c			BOX 14 TITLE 4 .		100.0		
f Employee's address and ZIP code			555-55-						
15 State	16 State wages, tips, etc. 17 State in 1000.00 100.	00	18 Local v 100	wages, tips, etc.	19 Local income tax 100.00		ALPHA NAM	IE	
15 State Employer's state ID number	16 State wages, tips, etc. 17 State in 1000.00 100. 100. 100. 100. Department of the Treasury-Inter	00 00	18 Local v 100	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 100.00 I	LOCAL2	ALPHA NAM	IE IĒ	 Tax Return
15 State UT 88888888888888888888888888888888888	1000.00 100. 1000.00 100.	00 00	18 Local v 100	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 100.00 L 100.00 L 200 Copy 2 To Be Filed With	LOCAL2 Employee	ALPHA NAM 's State, City, or I	E Local Income	
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 nal Revenue	18 Local v 100	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 L 100.00 L 208 Copy 2 To Be Filed With 1 Wages, tips, other compens 10000.00	LOCAL2 Employee	ALPHA NAM 's State, City, or I 2 Federal incon	Local Income ne tax withhel	ld
15 State	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 rnal Revenue	18 Local v 100 100 Service	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000	19 Local income tax 100.00 1 100.00 1 1 100.00 1 1 1 1 1 1 1 1 1	LOCAL2 Employee	ALPHA NAM 's State, City, or I 2 Federal incon 1 4 Social securit	Local Income ne tax withhel 0000.00 y tax withhelc 100.00	ld
15 State	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 rnal Revenue	18 Local v 100 100 Service	wages, tips, etc. 1.00 1.00 OMB# 1545-000 100.00	19 Local income tax	LOCAL2 Employee	ALPHA NAM 's State, City, or I 2 Federal incon	ne tax withhel 0000.00 y tax withhelc 100.00 withheld	ld
15 State	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 nal Revenue	18 Local v	wages, tips, etc. 1.00 0.00 0.00 0.00 100.00 100.00 100.00	19 Local income tax	Employee'	ALPHA NAM 's State, City, or I 2 Federal incon 1 4 Social securit	ne tax withhel 0000.00 y tax withheld 100.00 withheld 100.00	ld
15 State	1000.00 1000. 1000.00 1000. Department of the Treasury-Inter	00 00 12a 2A 12b 8B 12c 12d 8D Suff. 12e 12e 12d 12d 12d 12d 12e 12e	18 Local v	wages, tips, etc. 1.00 0.00 0MB# 1545-000 100.00 100.00 100.00	19 Local income tax	Employee'	2 Federal incon 1 4 Social securit 6 Medicare tax	DE Local Income the tax withhele 100.00 withheld 100.00 100.00	ld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 nal Revenue 12a A 12b B 12c C 12d D	18 Local v	wages, tips, etc. 1.00 0.00 0.00 0.00 100.00 100.00 100.00	19 Local income tax	Employee'	ALPHA NAM 's State, City, or I 2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips	DE Local Income the tax withhele 100.00 withheld 100.00 100.00	dd 1
15 State	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00	18 Local v	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.	19 Local income tax	Employee'	ALPHA NAM 's State, City, or I 2 Federal incom 1 4 Social securit 6 Medicare tax 8 Allocated tips	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 100.00 care benefits 100.00	ld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 raal Revenue 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18 Local 100	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.	19 Local income tax	Employee'	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of services and securit 13 Statutory employee 100.6	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan	id d
15 State	1000.00 100. 1000.00 100. Department of the Treasury-Inter	00 00 12a 2b 8B 12c 9C 12d 9D Suff. 12e Emplo Local	18 Local v	wages, tips, etc. 1.00 1.00 100.00 100.00 100.00 100.00 100.00 filled With te, City, or ax Return.	19 Local income tax	Employee'	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of supplying the securit 13 Statutory employee	ne tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan	id d
15 State	100.00 100. 100.00 100. Department of the Treasury-Inter 000050	00 00 12a 2A 12b 2B 12c 2C 12d 2D 2E 2E 2E 2E 2E 2E 2E	18 Local v	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00	19 Local income tax	LOCAL2	2 Federal incom 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of miles of medicare income	ne tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00 00 00	id d
15 State	100.00 100. 100.00 100. Department of the Treasury-Inter 000050 st name ME SUFX 16 State wages, tips, etc. 17 State in 1000.00 100.	00 00 12a A 12b B 12c Copy E E Copy Local a Emplo	18 Local v	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	20 Locality LOCAL 1.	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0	ne tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan	Third-party
15 State	100.00 100. 100.00 100. Department of the Treasury-Inter 000050	00 00 00 12a	18 Local v	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	20 Locality LOCAL1. LOCAL1. LOCAL2.	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0	ne tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan	Third-party sick pay
15 State	100.00 100. 100.00 100. Department of the Treasury-Inter 000050 st name ME SUFX 16 State wages, tips, etc. 17 State in 100.00 100	00 00 00 12a	18 Local v	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	20 Locality LOCAL1. LOCAL1. LOCAL2.	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 ALPHA NAM ALPHA NAM ALPHA NAM	ne tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan	Third-party sick pay
15 State	100.00 100. 100.00 100. Department of the Treasury-Inter 000050 st name ME SUFX 16 State wages, tips, etc. 17 State in 100.00 100	00 00 12a	18 Local 100	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 2 Family ALPHA NAM ALPHA NAM 2's State, City, or I	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 100.00 D0 D	Third-party sick pay
15 State	1000.00	00 00 12a A 12b B 12c C C C 12d B C C C C C C C C C C C C C C C C C C	18 Local 100	100.00 100.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 2 Family ALPHA NAM ALPHA NAM 2's State, City, or I	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 Retirement plan 100.00 Retirement plan 100.00 Local Income	Third-party sick pay
15 State	1000.00	00 00 12a A 12b B 12c C C 12d D C C C C C C C C C C C C C C C C C C	18 Local 100	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	ne tax withheld 100.00 y tax withheld 100.00 are benefits 100.00 Retirement plan DO	Third-party sick pay
15 State	1000.00	00 00 12a	18 Local v	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 14 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 2 Faderal incon 2 Federal incon 2 Federal incon 2 Federal incon 1 Table 1 Federal incon 2 Federal incon 1	ne tax withheld 100.00 y tax withheld 100.00 are benefits 100.00 Retirement plan DO	Third-party sick pay
15 State	1000.00	00 00 12a	18 Local v	100.00 100.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	ne tax withheld 100.00 y tax withheld 100.00 y tax withheld 100.00 care benefits 100.00 Retirement plan plan DO	Third-party sick pay
15 State	1000.00	00 00 12a	18 Local 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 100.0 2 Federal incon 2 Federal incon 2 Federal incon 4 Social securit 6 Medicare tax	ne tax withheld 100.00 Retirement plan plan plan plan plan plan plan plan	Third-party sick pay
15 State	1000.00	00 00 12a	18 Local v	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 2 Federal incon 1	ne tax withheld 100.00 Local Income ne tax withheld 100.00 y tax withheld 100.00 Care benefits 100.00 Retirement plan ne tax withheld 100.00 y tax withheld 100.00 Retirement plan 100.00	Third-party sick pay
15 State	1000.00	00 00 00 12a Suff. 12b Suff. 12c SE Suff. 12b Suff. 12c SE SUff. 12c SUff.	18 Local v	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00 1.00.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	ne tax withheld 100.00 y tax withheld 100.00 are benefits 100.00 Retirement plan plan plan plan plan plan plan plan	Third-party sick pay
15 State	1000.00	00 00 00 12a 12a 12b 12c 12d 12b 12c 12d	Is Local value of the control of the	100.00 100.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 1	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan plan DO	Third-party sick pay
15 State	1000.00	00 00 12a Suff. 12b 12c 12d	Is Local vi 100 100 100 100 100 100 100 100 100 10	### 100.00 100.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 100.0 100.0 100.0 2 Federal incor 10 ALPHA NAM ALPHA NA	ne tax withheld 100.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan DO DO DO DO Withheld 100.00 Retirement plan DO	Third-party sick pay
15 State	1000.00	OO OO OO Inal Revenue 12a A 12b B B 12c COpy: Employ Local a Emplo Local a Emplo Local b Local COPY:	18 Local 100	Nages, tips, etc. 1.00 1.00 1.00 1.00 1.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00.00 1.00 1.00.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2 h Employee	2 Federal incom 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0 100.0 100.0 2 Federal incom 1	ne tax withheld 100.00 withheld 100.00 Retirement 100.00 withheld 100.00 Retirement	Third-party sick pay
15 State	1000.00	00 00 12a A 12b B 12c C C 12d D 12d D 12e B E Copy: Emplo Local a Emplo Come tax 00 00 12a See A 12b B 12c Copy: Emplo Local a Emplo Come tax 00 00 12a See C A 12b B 12c C C C C C C C C C C C C C C C C C C C	18 Local 100	100.00 100.00	19 Local income tax	20 Locality LOCAL1 LOCAL1 LOCAL2 h Employee sation	2 Federal incon 1 4 Social securit 6 Medicare tax 8 Allocated tips 10 Dependent of 100.0	ne tax withheld 100.00 y tax withheld 100.00 y tax withheld 100.00 are benefits 100.00 Retirement plan 100.00 y tax withheld 100.00 Retirement plan 100.00 Retirement p	Third-party sick pay

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Faralassa idaa#Eaa#aa assabaa /FINN							
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000050	A \$	ctions for box 12 100.00	1 Wages, tips, other compo 10000.0		2 Federal income to 100	00.00
COMPANY 50 COMPANY 50 ADDRRESS 1		12b		3 Social security wages		4 Social security ta	
COMPANY 50 ADDRRESS 1		∄B \$ 12c	100.00	1000010		+	00.00
COMPANY 50 ADDRRESS 3		C \$	100.00	5 Medicare wages and tips 10000.0		6 Medicare tax with	00.00
COMPANY 50 CITY NC 10538-2095		12d	400.00	7 Social security tips		8 Allocated tips	00.00
e Employee's first name and initial Last	t name Suff.	_	100.00	100.0	00		00.00
SORT KEY THREE	AE OUEV	E \$	100.00	9 Advance EIC payment 100.0	10	10 Dependent care	benefits 00.00
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	IE SUFX	This information Internal Revenue	is being furnished to the	11 Nonqualified plans		13 Statutory R	etirement Third-party an sick pay
EMPLOYEE ADDRESS 3			Be Filed With	100.0	00		
EMPLOYEE CITY UT 84321		1 ' '	FEDERAL	14 Other BOX 14 TITLE 1		100.00	
		Tax Return	i. social security number	BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.00 100.00	
f Employee's address and ZIP code			5-55-5549	BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State income 1000.00 100.00	tax 18 L	ocal wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality	y name I ALPHA NAME	
NC 8888888888888888888	1000.00 100.00		100.00	100.00		ALPHA NAME	
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal F	Revenue Servi	ce OMB# 1545-	0008 Cop	y B To Be Fil	led With Employee's F	EDERAL Tax Retur
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000050	12a		1 Wages, tips, other compo 10000.0		2 Federal income to	
COMPANY 50		- åA \$ 12b	100.00	3 Social security wages	00	4 Social security ta	00.00 x withheld
COMPANY 50 ADDRRESS 1		åB \$	100.00		0	1	00.00
COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3		12c	400.00	5 Medicare wages and tips		6 Medicare tax with	
COMPANY 50 CITY NC 10538-2095		⁸ C \$ 12d	100.00	7 Social security tips	00	8 Allocated tips	00.00
e Employee's first name and initial Las	t name Suff.	_ <u>§D</u> \$	100.00	7 Social security tips	00	•	00.00
0000009	Sull.	12e E \$	100.00	9 Advance EIC payment		10 Dependent care	benefits
SORT KEY THREE	NE CHEY	ι- ΙΦ	100.00	100.0 11 Nonqualified plans	U	13 Statutory R	00.00 etirement Third-part
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	IE OUFA		5 Eu	100.0	00	employee pl	an sick pay
EMPLOYEE ADDRESS 3			Be Filed With State, City, or	14 Other BOX 14 TITLE 1		100.00	
EMPLOYEE CITY UT 84321		Local Incon	ne Tax Return.	BOX 14 TITLE 2		100.00	
f Employee's address and ZID ands		1 ' '	social security number 5-55-5549	BOX 14 TITLE 3 BOX 14 TITLE 4	•	100.00 100.00	
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State income		ocal wages, tips, etc.	19 Local income tax	20 Locality	y name I ALPHA NAME	
UT 888888888888888888888888888888888888	1000.00 100.00		100.00 100.00	100.00		ALPHA NAME	
-		Revenue Servi	100.00 100.00	100.00	LOCAL2	ALPHA NAME	al Income Tax Retur
NC 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal F	_	100.00 100.00	100.00 100.00 08 Copy 2 To Be Filed W	LOCAL2	ZALPHA NAME 's State, City, or Loca	
NC 888888888888888888888888888888888888	1000.00 100.00	12a	100.00 100.00 ice OMB# 1545-00	100.00 100.00 08 Copy 2 To Be Filed W	LOCAL2	2ALPHA NAME 2's State, City, or Loca 2 Federal income to	ax withheld
NC 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal F	12a - ÅA \$ 12b	100.00 100.00	100.00 100.00 08 Copy 2 To Be Filed W	LOCAL2	2ALPHA NAME 2's State, City, or Loca 2 Federal income to	ax withheld 00.00
NC 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal F	12a [§] A \$ 12b [§] B \$	100.00 100.00 ice OMB# 1545-00	100.00 100.00 100.00 100.00 100 100.00 1000.00 1000.00 1000.00 1000.00	LOCAL2 lith Employee ensation	2 Federal income to 100 4 Social security ta	ax withheld 00.00 x withheld 00.00
NC 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal F	12a - ÅA \$ 12b	100.00 100.00 ice OMB# 1545-00	100.00 100.00 08 Copy 2 To Be Filed W 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	LOCAL2 ith Employee ensation 0	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with	ax withheld 00.00 x withheld 00.00
NC 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal F	12a	100.00 100.00 ice OMB# 1545-00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 1000.00 10000.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0	LOCAL2 ith Employee ensation 0	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with	ax withheld 00.00 x withheld 00.00
NC 888888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal F	12a	100.00 100.00 ice OMB# 1545-00 100.00	100.00 100.00 100.00 100.00 100.00 1000.00 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	LOCAL2 ith Employee ensation 00	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 18 Allocated tips	ax withheld 00.00 x withheld 00.00 iheld 00.00
NC 888888888888888888888888888888888888	Department of the Treasury-Internal in 100050	12a	100.00 100.00 (ce OMB# 1545-00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 1000.00 10000.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips	LOCAL2 ith Employee ensation i0 i0 i0 i0 i0	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 18 Allocated tips 11 Dependent care	ax withheld 00.00 x withheld 00.00 iheld 00.00
NC 888888888888888888888888888888888888	Department of the Treasury-Internal in 100050	12a \$ 12b \$ B \$ \$ 12c \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 (ce OMB# 1545-00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans	ith Employee ensation 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 13 Statutory R	ax withheld 00.00 x withheld 00.00 inheld 00.00 00.00 benefits
NC 888888888888888888888888888888888888	Department of the Treasury-Internal in 100050	12a \$ \$ 12b \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0	ith Employee ensation 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 13 Statutory R	ax withheld 00.00 x withheld 00.00 sheld 00.00 00.00 benefits 00.00 Third-party
NC 888888888888888888888888888888888888	Department of the Treasury-Internal in 100050	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With State, City, or	100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	ith Employee ensation 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with 11 8 Allocated tips 11 13 Statutory Remitting 11 13 Statutory Remitting 11 100.00	ax withheld 00.00 x withheld 00.00 sheld 00.00 00.00 benefits 00.00 Third-party
NC 888888888888888888888888888888888888	Department of the Treasury-Internal in 100050	12a	100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With s State, City, or ne Tax Return.	100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other 100.00 14 Other 100.00 15 Oxen 100.00 16 Oxen 100.00 17 Oxen 100.00 18 Oxen 100.00 19 Oxen 100.00 19 Oxen 100.00 11 Ox	ith Employee ensation 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 10 Dependent care 11 13 Statutory english security and 11 13 Statutory english security and 11	ax withheld 00.00 x withheld 00.00 sheld 00.00 00.00 benefits 00.00 Third-party
NC 888888888888888888888888888888888888	Department of the Treasury-Internal F	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With State, City, or Tax Return. Social section of Science Sc	100.00 100.00 100.00 100.00 100.00 100.00 1000.00 10000.00 10000.00 10000.00 10000.00 10000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	ith Employee ensation 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 10 Dependent care 113 Statutory Remptoyee 1100.00 100.00 100.00 100.00 100.00 100.00	ax withheld 00.00 x withheld 00.00 sheld 00.00 00.00 benefits 00.00 Third-party
NC 888888888888888888888888888888888888	Department of the Treasury-Internal in 100050	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With state, City, or me Tax Return. social security number	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	ith Employee ensation 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 10 Dependent care 113 Statutory Remptoyee 1100.00 100.00 100.00 100.00 100.00 100.00	ax withheld 00.00 x withheld 00.00 sheld 00.00 00.00 benefits 00.00 Third-party
NC	1000.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00	ith Employee ensation 0 0 0 0 0 0 29 Locality LOCAL1 LOCAL1	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 13 Statutory Remitory Paris 100.00 100.00 100.00 100.00 100.00 100.00 100.00 PALPHA NAME 2ALPHA NAME	ax withheld 00.00 x withheld 00.00 vheld 00.00 vheld 00.00 vheld 00.00 vheld 00.00 vheletement value of third-part an sick pay
NC 888888888888888888888888888888888888	1000.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00	ith Employee ensation 0 0 0 0 0 0 29 Locality LOCAL1 LOCAL1	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 11 Statutory Remiderary 12 100.00 100.00 100.00 100.00 7 name ALPHA NAME	ax withheld 00.00 x withheld 00.00 vheld 00.00 vheld 00.00 vheld 00.00 vheld 00.00 vheletement value of third-part an sick pay
NC	1000.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With State, City, or ne Tax Return. social security number 5-55-5549 ocal wages, tips, etc. 100.00 100.00 ce OMB# 1545-00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ith Employee ensation 0 0 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1	2 Federal income to 100 4 Social security ta 10 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 13 Statutory Remission 100.00 100.00 100.00 100.00 100.00 100.00 V name IALPHA NAME 2ALPHA NAME e's State, City, or Locales State, Cit	ax withheld 00.00 x withheld 00.00 sheld 00.00 benefits 00.00 benefits 00.00 birement slick pay
NC	1000.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filled With State, City, or ne Tax Return. social security number 5-55-5549 ocal wages, tips, etc. 100.00 100.00 ce OMB# 1545-00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ith Employee ensation 0 0 0 0 0 0 20 Locality LOCAL1 LOCAL1 LOCAL2 vith Employee	2 Federal income to 100 4 Social security to 100 4 Social security to 100 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 11 Statutory Remptoyee plans 100.00 100.	ax withheld 00.00 x withheld 00.00 sheld 00.00 benefits 00.00 benefits 00.00 birement slick pay
NC	1000.00	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filled With State, City, or ne Tax Return. social security number 5-55-5549 ocal wages, tips, etc. 100.00 100.00 ce OMB# 1545-00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ith Employee ensation 0 0 0 0 0 0 20 Locality LOCAL1 LOCAL1 LOCAL2 vith Employee	2 Federal income to 100 4 Social security to 100 4 Social security to 100 6 Medicare tax with 11 8 Allocated tips 11 10 Dependent care 11 11 Statutory Remptoyee plans 100.00 100.	ax withheld 00.00 x withheld 00.00 sheld 00.00 benefits 00.00 elitement Third-part an sick pay al Income Tax Retu ax withheld 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 Consumer 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 3 Social security wages 1000.00 3 Social security wages	ith Employee ensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 100 6 Medicare tax with 100 Dependent care 110 Dependent care 1	ax withheld 00.00 x withheld 00.00 wheld 00.00 wheld 00.00 where the second of the sec
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other compended to the second of the sec	ith Employee ensation 0 0 0 0 0 0 0 0 1 20 Localin LOCAL1 LOCAL1 LOCAL2 vith Employee	2 Federal income to 100 4 Social security ta 100 6 Medicare tax with 10 Dependent care 110 Dependent care 11	ax withheld 00.00 x withheld 00.00 x withheld 00.00 inheld 00.00 benefits 00.00 Third-party sick pay al Income Tax Retu ax withheld 00.00 x withheld 00.00 x withheld 00.00 inheld 00.00 inheld 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other comp 100.00 1 Social security wages	ith Employee ensation 0 0 0 0 0 0 0 0 1 20 Localin LOCAL1 LOCAL1 LOCAL2 vith Employee	2 Federal income to 100 4 Social security ta 100 6 Medicare tax with 10 Dependent care 110 Dependent care 11	ax withheld 00.00 x withheld 00.00 wheld 00.00 wheld 00.00 where the second of the sec
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ith Employee ensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with 11 8 Allocated tips 10,000 100,	ax withheld 00.00 x withheld 00.00 x withheld 00.00 00.00 benefits 00.00 benefits 00.00 Third-part an ax withheld 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 believe Tax Return the Retu
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ith Employee ensation 0 0 0 0 0 0 1 20 Locality LOCAL1 LOCAL1 LOCAL1 LOCAL1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 100 B Allocated tips 100.00	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 benefits 00.00 Third-parts and income Tax Return ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 benefits 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ith Employee ensation 0 0 0 0 0 0 1 20 Locality LOCAL1 LOCAL1 LOCAL1 LOCAL1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security ta 10 Dependent care 100.00 10	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 elitement Tax Return Third-part 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 Third-part 00.00 benefits 00.00 benefits 00.00 benefits 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 100.00 100.00 11 Nonqualified plans 100.00 11 Vages, tips, other compensions of the compensions of t	ith Employee ensation 0 20 Localith LOCAL 1 LOCAL 1 LOCAL 2 Vith Employee	2 Federal income to 100 4 Social security ta 10 Dependent care 100.00 10	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 elitement Tax Return Third-part 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 Third-part 00.00 benefits 00.00 benefits 00.00 benefits 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 October 100.00	ith Employee ensation 0 20 Localith LOCAL 1 LOCAL 1 LOCAL 2 Vith Employee	2 Federal income to 100 4 Social security ta 100 B Allocated tips 110 Dependent care 100.00 1	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 elitement Tax Return Third-part 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 Third-part 00.00 benefits 00.00 benefits 00.00 benefits 00.00
NC	1000.00	12a SA S SA S SA S SA S S	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 11 Nonqualified plans 100.00	ith Employee ensation 0 20 Localith LOCAL 1 LOCAL 1 LOCAL 2 Vith Employee	2 Federal income to 100 4 Social security ta 11 6 Medicare tax with 11 10 Dependent care 11 11 Statutory Remptoves 11 11 Statutory Remptoves 11 12 Federal income to 100.00 100.00 100.00 100.00 4 Social security ta 10 2 Federal income to 100 4 Social security ta 11 6 Medicare tax with 11 10 Dependent care 100 100.00 100.00 100.00 110 Income to 100 111 Statutory Remptoves 11 113 Statutory Remptoves 11 114 Statutory Remptoves 11 115 Statutory Remptoves 11 116 Dependent care 11 117 Dependent care 11 118 Statutory Remptoves 11 119 Dependent care 11 110 Dependent care 11	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 elitement Tax Return Third-part 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 Third-part 00.00 benefits 00.00 benefits 00.00 benefits 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 11 Nonqualified plans 100.00	ith Employee ensation 0 20 Localith LOCAL 1 LOCAL 1 LOCAL 2 Vith Employee	2 Federal income to 100 4 Social security ta 100 B Allocated tips 110 Dependent care 100.00 1	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 elitement Tax Return Third-part 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 Third-part 00.00 benefits 00.00 benefits 00.00 benefits 00.00
NC	1000.00	12a	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 100.00 100.00 11 Nonqualified plans 100.00	ith Employee ensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal income to 100 4 Social security at 1 6 Medicare tax with 11 10 Dependent care 100.00 100.00 100.00 100.00 2 Federal income to 100 4 Social security at 100.00	ax withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 elitement Tax Return Third-part 00.00 x withheld 00.00 x withheld 00.00 x withheld 00.00 benefits 00.00 Third-part 00.00 benefits 00.00 benefits 00.00 benefits 00.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000050			s for box 12	 Wages, tips, other compensation 	ion 2 Federal income tax withheld
c Employer's name, address, and ZIP code COMPANY 50		—— åA 12b	\$	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		₽B	\$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3		12c ⁶ C	\$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		12d ≗D	\$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Lass SORT KEY THREE	t name	Suff. 12e	\$	100.00	9 Advance EIC payment	100.00 10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	This info	rmation is beir	ng furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Revenue Servi	ce. Filed With	100.00	employee plan sick pay
EMPLOYEE CITY UT 84321		Emplo	yee's FE		BOX 14 TITLE 1 BOX 14 TITLE 2	100.00
			teturn. oyee's social	I security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State in	ncome tax	555-55-	-5548 wages, tips, etc.	BOX 14 TITLE 4 . 19 Local income tax 20	100.00 Locality name
UT 888888888888888888888888888888888888	1000.00 100).00	100	0.00		Locality name DCAL1ALPHA NAME DCAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Inter			OMB# 1545-0		o Be Filed With Employee's FEDERAL Tax Return
b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000050	12a %A	\$	100.00	1 Wages, tips, other compensation 10000.00	ion 2 Federal income tax withheld 10000.00
COMPANY 50 COMPANY 50 ADDRRESS 1		12b			3 Social security wages	4 Social security tax withheld
COMPANY 50 ADDRRESS 2		⁸ B 12c	\$	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		℃ 12d	\$	100.00	10000.00	100.00
e Employee's first name and initial Las	st name		\$	100.00	7 Social security tips 100.00	8 Allocated tips 100.00
0000010		Surr. 12e E	\$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Сору	2 To Be F	iled With	100.00 14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321				ite, City, or ax Return.	BOX 14 TITLE 1 .	100.00
6 Fare law as land decrease and 7/D and a				I security number	BOX 14 TITLE 3 . BOX 14 TITLE 4 .	100.00 100.00
f Employee's address and ZIP code	16 State wages, tips, etc. 17 State in	ncome tax		wages, tips, etc.		Locality name DCAL1ALPHA NAME
15 State Employer's state ID number	1000 00 105, etc. 17 State ii	00	100	wayes, lips, etc.	100.00	
15 State UT	1000.00 100).00).00	100	0.00 0.00	100.00 LO	OCAL2ALPHA NAME
UT 888888888888888888888888888888888888).00).00	100	0.00 0.00	100.00 LO	OCAL2ALPHA NAME
UT	1000.00 100).00).00	100	0.00 0.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensation	DCAL2ALPHA NAME Inployee's State, City, or Local Income Tax Return Inployee's State, City, or Local Income Tax Return Inployee's State, City, or Local Income Tax Return
UT	1000.00 100 1000.00 100 Department of the Treasury-Inter	0.00 0.00 ernal Revenue	100	0.00 0.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensation 10000.00	CAL2ALPHA NAME mployee's State, City, or Local Income Tax Return
UT	1000.00 100 1000.00 100 Department of the Treasury-Inter	0.00 0.00 ernal Revenue 12a &A 12b &B	100 100 Service	0.00 0.00 OMB# 1545-000	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00	DCAL2ALPHA NAME Inployee's State, City, or Local Income Tax Return Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
UT	1000.00 100 1000.00 100 Department of the Treasury-Inter	0.00 0.00 ernal Revenue	100 100 Service	0.00 0.00 0MB# 1545-000 100.00	100.00 LC Representation of the compensation	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
UT	1000.00 100 1000.00 100 Department of the Treasury-Inter	12a A 12b B 12c	\$ \$	100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return I
UT	1000.00 100 1000.00 100 Department of the Treasury-Inter	12a	\$ \$ \$ \$	100.00 100.00 100.00 100.00	100.00 LC OB Copy 2 To Be Filed With En 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return I
UT 888888888888888888888888888888888888	1000.00 100 100.00 100 Department of the Treasury-Inter	12a \$A 12b \$B 12c \$C 12d \$D	100 100 Service \$ \$	100.00 100.00	1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	CAL2ALPHA NAME
UT	1000.00 100 100.00 100 Department of the Treasury-Inter	12a 2A 12b 8B 12c 8C 12d 8D Suff. 12e 8E 8E 8E 8E 8E 8E 8E 8	100 100 Service \$ \$ \$	100.00 100.00 100.00 100.00 100.00	100.00 LC OR Copy 2 To Be Filed With En 1 Wages, tips, other compensatire 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return Income 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
UT	1000.00 100 100.00 100 Department of the Treasury-Inter	12a 12b 12c 12d 12d 12e 12d 12e 12e	100 100	100.00 100.00 100.00 100.00 100.00	100.00 LC OR Copy 2 To Be Filed With En 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Indiceparty sick pay 100.00 100.00
UT 88888888888888888888888888888888888	1000.00 100 100.00 100 Department of the Treasury-Inter	12a 12b 8B 12c 0 C 12d 0 D 12e 12e	\$ \$ \$ \$ \$ 2 To Be Factor of Tools	100.00 100.00 100.00 100.00 100.00	100.00 LC 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security ips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return Imployee Income Tax Return Imployee Income Tax Return Imployee Income Tax Return In
UT 888888888888888888888888888888888888	1000.00 100 100.00 100 Department of the Treasury-Inter 000050	12a 2A 2A 2A 2A 2A 2A 2A	\$ \$ \$ 2 To Be Foyee's Stat Income To Pysee's Stories	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensati 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	DCAL2ALPHA NAME
UT	1000.00 100 100 Department of the Treasury-Inter 000050 It name ME SUFX 16 State wages, tips, etc. 17 State in 1000.00 100	12a 12b 12c 12d 12d 12d 12e 12d 12d 2D Suff. 12e 2E Copy Emple Local a Emple	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensating 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LC	DCAL2ALPHA NAME
UT 88888888888888888888888888888888888	1000.00 100 100.00 100 Department of the Treasury-Inter 000050	12a 2A 12b 2B 12c 2C 2C 2D 2E 2E 2E 2E 2E 2E 2E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensatire 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LC 100.00 LC	DCAL2ALPHA NAME
UT	1000.00	.00 .00 .00 srnal Revenue 12a A 12b B 12c C C 12d B D Suff. 12e E E Copy Emple Local a Emple .000 .000 srnal Revenue	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 000 100.00 100.00 000 100.00 000 100.00 000 100.00 000 0	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LC Copy 2 To Be Filed With E	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Inhird-party slick pay 100.00 100.00 100.00 100.00 100.00 Locality name DCAL1ALPHA NAME Imployee's State, City, or Local Income Tax Return
UT	1000.00	12a Parial Revenue 12a A 12b B 12c C C 12d B Copy Emple Local a Emple ncome tax .00 .00 rnal Revenue	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 000 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensatire 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LC 100.00 LC	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Inhird-party slick pay 100.00 100.00 100.00 100.00 100.00 Locality name DCAL1ALPHA NAME Imployee's State, City, or Local Income Tax Return
UT	1000.00	12a 12b 2c 2C 12d 2E 2E 2E 2E 2E 2E 2E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 LC 1 Wages, tips, other compensati	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party employee Plan 100.00 100.00 100.00 100.00 100.00 100.00 Locality name DCAL1ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld
UT	1000.00	12a 2a 2a 2a 2a 2a 2a 2a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 000 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensatire 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LC	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party employee Plan 100.00 100.00 100.00 100.00 100.00 100.00 Locality name DCAL1ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00
UT	1000.00	12a Parinal Revenue 12a Parinal Revenue 12b Parinal Revenue 12c Parinal Revenue 12d Parinal Revenue 12a Sei Parinal Revenue	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensati 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 1000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compensati 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Plan Scik pay 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00
UT	1000.00	12a 2a 2a 2a 2a 2a 2a 2a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 1 Wages, tips, other compensati	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Employee 100.00
UT	1000.00	12a 12b 12c 12d 12d	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensati	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 1000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
UT	1000.00	12a 12b 12c 12d 12d	Service S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensati 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensati 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 7 Social security wages 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
UT 88888888888888888888888888888888888	1000.00	12a 12b 12c 12d 12d	S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensating 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other 100.00 14 Other 100.00 14 Other 100.00 20 Copy 2 To Be Filed With En 100.00 1 Wages, tips, other compensating 100.00 3 Social security wages 10000.00 3 Social security tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 9 Advance EIC payment 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	DCAL2ALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 1000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 11 Dependent care benefits 100.00 13 Statutory employee 100.00 10 Dependent care benefits 100.00 11 Dependent care benefits 100.00
UT	1000.00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Service S S S S S S S	100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensati 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensati 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	DCAL2ALPHA NAME
UT	1000.00	12a Parinal Revenue 12a A 12b B 12c C C 12d D Suff. 12e E Copy Emple Local a Emple a Emple Cogy France Revenue 12a See A 12b B 12c Copy Copy Emple Local a Emple Copy France Revenue 12a See C C C C C C C C C C C C	S S S S S S S S S S S S S	100.00 100.00	100.00 LC 1 Wages, tips, other compensating 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 14 Other 100.00 14 Other 100.00 2 BOX 14 TITLE 1 100.00 100.00 LC 100.00 LC 100.00 LC 3 Social security tips 100.00 14 Other 100.00 15 Medicare wages and tips 100.00 16 Copy 2 To Be Filed With E 10000.00 17 Social security wages 10000.00 18 Copy 2 To Be Filed With E 10000.00 100.00 LC 100.00 LC	DCAL_2ALPHA NAME
UT 88888888888888888888888888888888888	1000.00	12a Servenue 12a Servenue 12a Servenue 12b Suff. 12e SE Copy Emplo Local a Emplo serve if ye pendors is to Copy Emplo Local a Emplo serve if ye pendors is to Copy Emplo a Emplo	S S S S S S S S S S S S S	100.00 100.00	100.00 LC 08 Copy 2 To Be Filed With En 1 Wages, tips, other compensati	DCAL_2ALPHA NAME

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000050		12a See	instructions	for box 12	1 Wages, tips, other compe	ensation	2 Federal incom	e tax withhel	d
c Employer's name, address, and ZIP code			åA	\$	100.00	10000.0			00.000	
COMPANY 50 COMPANY 50 ADDRRESS 1			12b	Life.	400.00	3 Social security wages	_	4 Social security		1
COMPANY 50 ADDRRESS 2			₿B 12c	\$	100.00	10000.0 5 Medicare wages and tips		6 Medicare tax v	100.00	
COMPANY 50 ADDRRESS 3			§C	\$	100.00	10000.0		• modical o tax i	100.00	
COMPANY 50 CITY NC 10538-2095			12d D	I¢.	100.00	7 Social security tips		8 Allocated tips		
	t name	Suff.	12e	\$	100.00	100.0	0		100.00	
SORT KEY THREE	AE OUEV		ξE	\$	100.00	9 Advance EIC payment 100.0	0	10 Dependent ca	are benefits 100.00	
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	IE SUFX		This inform	mation is being evenue Service	fumished to the	11 Nonqualified plans	<u> </u>	13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3				3 To Be Fi		100.0	0			
EMPLOYEE CITY UT 84321				ee's FED		BOX 14 TITLE 1		100.0		
			Tax Re		security number	BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.0 100.0		
f Employee's address and ZIP code			a Employ	555-55-5	,	BOX 14 TITLE 3		100.0		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 1000.00	State income t	ax	18 Local w 100.	ages, tips, etc.	19 Local income tax 100.00	20 Locality	/ name I ALPHA NAMI	=	
NC 8888888888888888888	1000.00	100.00		100.		100.00		ALPHA NAMI		
Form W-2 Wage and Tax Statement 2010	Department of the Treasu	ry-Internal R	evenue S	Service	OMB# 1545-0	008 Cop	y B To Be Fi	ed With Employee	's FEDERAL	Tax Return.
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000050		12a			1 Wages, tips, other compe 10000.0		2 Federal incom	e tax withhel	ld
COMPANY 50			₽A 12b	\$	100.00	3 Social security wages		4 Social security		1
COMPANY 50 ADDRRESS 1			åB	\$	100.00	10000.0	0		100.00	
COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3			12c		100.05	5 Medicare wages and tips		6 Medicare tax v		
COMPANY 50 CITY NC 10538-2095			€C 12d	\$	100.00	10000.0	0	O Allonette 111	100.00	
a Employee's first name and initi-1	t name	C#	.©D	\$	100.00	7 Social security tips 100.0	0	8 Allocated tips	100.00	
e Employee's first name and initial Las 0000011	t name	Suff.	12e å⊏	I¢	100.00	9 Advance EIC payment		10 Dependent c	are benefits	
SORT KEY THREE			<u></u> ≗E	\$	100.00	100.0	0	13 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		L			11 Nonqualified plans 100.0	0	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3				To Be Fi		14 Other BOX 14 TITLE 1		100.0	0	
EMPLOYEE CITY UT 84321				/ee's State ncome Ta		BOX 14 TITLE 1 BOX 14 TITLE 2		100.0		
					security number	BOX 14 TITLE 3	-	100.0	0	
f Employee's address and ZIP code	Transit II			555-55-5		BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 1000.00	State income t	ax	18 Local w 100.	ages, tips, etc.	19 Local income tax 100.00	20 Localit LOCAL	y name I ALPHA NAMI	Ē	
NC 888888888888888888888888888888888888	1000.00	100.00		100.		100.00		PALPHA NAMI		
Form W-2 Wage and Tax Statement 2010	Department of the Treasu	iry-Internal R	evenue :	Service C	MB# 1545-000	08 Copy 2 To Be Filed W	ith Employee	es State, City, or L	ocai income	rax Keturn.
-		iry-Internai R		Service C	OMB# 1545-000					
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000050	ry-Internal R	12a			1 Wages, tips, other composition 10000.0	ensation	2 Federal incom		
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50		ry-Internal R	12a ÅA 12b	\$	100.00	1 Wages, tips, other compe 10000.0 3 Social security wages	ensation 0	2 Federal incom	e tax withhel 0000.00 tax withheld	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code		iry-internal R	12a A 12b B			1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0	ensation 0	2 Federal incom 10 4 Social security	e tax withhel 0000.00 tax withheld 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3		iry-internai R	12a ÅA 12b	\$	100.00	1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	ensation 0	2 Federal incom	e tax withhel 0000.00 tax withheld 100.00 vithheld	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		ry-internal K	12a A 12b B 12c C 12d	\$ \$ \$	100.00 100.00 100.00	1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0	ensation 0	2 Federal incom 10 4 Social security	e tax withhel 0000.00 tax withheld 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		Suff.	12a A 12b B 12c C	\$ \$	100.00	Wages, tips, other comperation of the compensation of the com	ensation 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips	e tax withheld 100.00 withheld 100.00 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE	000050 t name		12a %A 12b %B 12c %C 12d	\$ \$ \$	100.00 100.00 100.00	1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment	ensation 0	2 Federal incom 10 4 Social security 6 Medicare tax v	e tax withhel 0000.00 v tax withheld 100.00 withheld 100.00 100.00 are benefits	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial	000050 t name		12a 12b 12c 12c 12d 12d	\$ \$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other comperations of the compensation of the comp	0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips	e tax withheld 100.00 withheld 100.00 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	000050 t name		12a 	\$ \$ \$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other comperations of the composition of the compositi	0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c	e tax withheld 100.00 vithheld 100.00 are benefits 100.00 Retirement	d i
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	000050 t name		12a A 12b B 12c C 12d D 12e E E	\$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperations of the compensation of the compe	0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.00	e tax withheld 100.00 vithheld 100.00 vithheld 100.00 are benefits 100.00 Retirement plan	d i
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	000050 t name		12a A 12b B 12c C 12d D 12e E Employ Local I	\$ \$ \$ \$ \$ \$ To Be Fire vee's State noome Ta	100.00 100.00 100.00 100.00	1 Wages, tips, other comperations of the compensation of the compe	0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete tax of the security of the securi	e tax withhel 0000.00 tax withheld 100.00 vithheld 100.00 100.00 Returement plan 0 0	d i
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	000050 t name		12a A 12b B 12c C 12d D 12e E Employ Local I	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 led With e, City, or ix Return. security number 3547	1 Wages, tips, other comperations of the compensation of the compe	0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.00	e tax withheld 100.00 vtax withheld 100.00 vithheld 100.00 100.00 Retirement plan 00 00	d i
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code	t name	Suff.	12a PA 12b PB 12c PC 12d PD 12e EE Copy 2 Employ Local I a Employ	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 led With e, City, or ix Return. security number 3547	1 Wages, tips, other comperations of the compensation of the compe	0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete tax of the security of the securi	e tax withheld 100.00 vtax withheld 100.00 vithheld 100.00 vithheld 100.00 Retirement plan 00.00 Retirement plan 00.00 0	d i
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321	t name		12a PA 12b PB 12c PC 12d PD 12e EE Copy 2 Employ Local I a Employ	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or Ix Return. security number 5547 ages, tips, etc. 00	1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	0 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete security 13 Statutory employee 100.0 100.0 100.0	e tax withhel 0000.00 tax withheld 100.00 vithheld 100.00 100.00 Retirement plan 0 0 0 0	d i
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code f Employee's address and ZIP code	t name ME SUFX 16 State wages, tips, etc. 17 1000.00	Suff. State income t 100.00 100.00	12a PA A 12b PB A 12c	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or to Return. security number 5547 ages, tips, etc. 00 00	1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete tax v 113 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAMI	e tax withhel 0000.00 tax withheld 100.00 vithheld 100.00 100.00 Returement plan 0 0 0 0 E	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00 100	Suff. State income t 100.00 100.00	12a PA A 12b PB A 12c	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or to Return. security number 5547 ages, tips, etc. 00 00	1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete tax v 113 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAMI	e tax withhel 0000.00 tax withheld 100.00 vithheld 100.00 100.00 Returement plan 0 0 0 0 E	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00 100	Suff. State income t 100.00 100.00	12a See	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or IX Return. security number 5547 000 00 MB# 1545-000 for box 12	1 Wages, tips, other comperation of the compensation of the compen	ensation 0 0 0 0 0 1 20 Localit LOCAL LOCAL LOCAL LOCAL ensation	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent co 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAMI 2 ALPHA NAMI 2 State, City, or L	e tax withhel 0000.00 tax withheld 100.00 vithheld 100.00 are benefits 100.00 Returement plan 0 0 0 cool Income	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 88888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	Suff. State income t 100.00 100.00	12a PA 12b B 12c 12d 12d 12e Employ Local I a Employ ax evenue \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or the Return. security number 5547 3698, tips, etc. 00 00 MB# 1545-000	1 Wages, tips, other comperations of the compensation of the compensations of the compensation of the comp	ensation 0 0 0 0 0 1 20 Localit LOCAL LOCAL LOCAL LOCAL ensation	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete tax v 100.00	e tax withheld 100.00 tax withheld 100.00 vithheld 100.00 100.00 Retirement plan 0 0 0 coal Income	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 8888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	Suff. State income t 100.00 100.00	12a A 12b B 12c C C C C C T 2d D 12d E D 12a E E D 12a E D 12a E E D 12a E B	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or IX Return. security number 5547 000 00 MB# 1545-000 for box 12	1 Wages, tips, other comperation of the compensation of the compen	0 0 0 0 0 0 0 20 Localiti LOCAL LOCAL LOCAL Jith Employe	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent co 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAMI 2 ALPHA NAMI 2 State, City, or L	e tax withheld 100.00 tax withheld 100.00 vithheld 100.00 100.00 Retirement plan 0 0 0 coal Income	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number 888888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	Suff. State income t 100.00 100.00	12a PA 12b B 12c 12d 12d 12d 12d 12d 12d 12d	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperation of the compensation of the compen	onsation 0 0 0 0 0 0 0 1 20 Localit LOCAL LOC	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent complete tax v 100.00	e tax withheld 100.00 tax withheld 100.00 withheld 100.00 are benefits 100.00 ele tax withheld 100.00 ele tax withheld 100.00 tax withheld 100.00 vithheld 100.00 withheld 100.00 withheld	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 8888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	Suff. State income t 100.00 100.00	12a A 12b B 12c C C C C C T 2d D 12d E D 12a E E D 12a E D 12a E E D 12a E B	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 led With e, City, or IX Return. security number 5547 ages, tips, etc. 00 00 100.00 for box 12 100.00	1 Wages, tips, other comperation of the compensation of the compen	onsation 0 0 0 0 0 0 0 1 20 Localit LOCAL LOC	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal incom 2 Federal incom 10 4 Social security 6 Medicare tax v	e tax withheld 100.00 tax withheld 100.00 itax withheld 100.00 100.00 are benefits 100.00 Retirement plan 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888888888888888888	t name ## SUFX 16 State wages, tips, etc.	State income to 100.00 100.00 ry-Internal R	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperation of the compensation of the compen	onsation 0 0 0 0 0 0 1 20 Localiti LOCAL 2 LOCAL 2 I th Employe	2 Federal incom 1(4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.0 100.0 100.0 100.0 7 name ALPHA NAMI 2 Federal incom 1(4 Social security	e tax withheld 100.00 tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 8888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	Suff. State income t 100.00 100.00	12a A 12b B 12c C C C C C C C C C C C C C C C C C C C	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperation of the compensation of the compen	onsation 0 0 0 0 0 0 1 20 Localiti LOCAL 2 LOCAL 2 I th Employe	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal incom 2 Federal incom 10 4 Social security 6 Medicare tax v	e tax withheld 100.00 tax withheld 100.00 tox withheld 100.00 are benefits 100.00 Returement plan cocal Income e tax withheld 100.00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 88888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	State income to 100.00 100.00 ry-Internal R	12a B 12c C D 12d D 12e E M 12a See B 12c See C 12d D 12e See C 12d D 12e See C 12d D 12e See C 12d See C	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperation of the compensation of the compen	20 Localiti LOCAL LOCAL LOCAL Vith Employe	2 Federal incom 1(4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee 100.0 100.0 100.0 100.0 2 ALPHA NAMI 2 Federal incom 2 Federal incom 1(4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c	e tax withheld 100.00 tax withheld 100.00 tox withheld 100.00 are benefits 100.00 Returement plan cocal Income e tax withheld 100.00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State NC 1888888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	State income to 100.00 100.00 ry-Internal R	12a See See See See See See See See See Se	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperation of the compensation of the compen	onsation 0 0 0 0 0 0 0 1 20 Localitt LOCAL LOCAL JOGAL JOGAL 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.0 100.0 100.0 100.0 100.0 100.0 2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips	e tax withheld 100.00 tax withheld 100.00 itax withheld 100.00 are benefits 100.00 Retirement plan 0 0 0 0 coal Income e tax withheld 100.00 vitax withheld 100.00 vitax withheld 100.00 vitax withheld 100.00 100.00 are benefits 100.00	Third-party sick pay
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 888888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	State income to 100.00 100.00 ry-Internal R	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperations of the compensation of the compe	onsation 0 0 0 0 0 0 0 1 20 Localitt LOCAL LOCAL JOGAL JOGAL 0 0 0 0 0	2 Federal incom 1(4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 13 Statutory employee 100.0 100.0 100.0 100.0 100.0 2 Federal incom 1(4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c	e tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 are benefits 100.00 Retirement pilm 0 coal Income e tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 Retirement pilm 0 R	Third-party Tax Return.
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State NC 1888888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	State income to 100.00 100.00 ry-Internal R	12a See See See See See See See See See Se	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comperation of the compensation of the compen	onsation 0 0 0 0 0 0 0 1 20 Localitt LOCAL LOCAL JOGAL JOGAL 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.0 100.0 100.0 100.0 100.0 2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci	e tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 are benefits 100.00 Retirement plan cocal Income e tax withheld 100.00 tax withheld 100.00 are benefits 100.00 Retirement plan 100.00 Retirement plan 100.00 Retirement plan 100.00 Retirement plan 0	Third-party Tax Return.
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State UT 888888888888888888888888888888888888	t name ME SUFX 16 State wages, tips, etc. 17 1000.00 1000.00 Department of the Treasu	State income to 100.00 100.00 ry-Internal R	12a A 12b B 12c C C C C C C C C C	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comperations of the compensation of the compe	onsation 0 0 0 0 0 0 0 1 20 Localitt LOCAL LOCAL JOGAL JOGAL 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent c 113 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	e tax withheld 100.00 tax withheld 100.00 withheld 100.00 are benefits 100.00 et ax withheld 100.00 et ax with	Third-party Tax Return.
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRRESS 3 COMPANY 50 ADDRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	16 State wages, tips, etc. 17 1000.00 Department of the Treasu 1000050	State income to 100.00 To 100.00 Try-Internal R	12a See Service # stormstore for the form in the core	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comperations of the compensation of the compe	ensation 0 0 0 0 0 0 0 0 0 1 20 Localiti LOCAL LOCAL LOCAL LOCAL OCAL OCAL OCAL	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.0	e tax withheld 100.00 tax withheld 100.00 withheld 100.00 are benefits 100.00 et ax withheld 100.00 et ax with	Third-party Tax Return.
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 50 COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2 COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321 f Employee's address and ZIP code 15 State Employer's state ID number UT 888888888888888888888888888888888888	t name ## SUFX 16 State wages, tips, etc.	State income to 100.00 100.00 ry-Internal R	12a See Service # stormstore for the form in the core	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other comperations of the compensation of the compe	ensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incom 10 4 Social security 6 Medicare tax v 8 Allocated tips 10 Dependent ci 13 Statutory employee 100.0	e tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 are benefits 100.00 Retirement plan cocal Income e tax withheld 100.00 Tax withheld 100.00 Retirement plan 100.00 Retirement plan 100.00 Tax withheld 100.00 Retirement plan 100.00	Third-party Tax Return.

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000050	12a S	e instruction:	s for box 12	1 Wages, tips, other compensation	on 2 Federal income tax withheld
c Employer's name, address, and ZIP code COMPANY 50		 ∮A 12b	\$	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		åB	\$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3		12c (C	\$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		12d D	\$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Las SORT KEY THREE	t name	Suff. 12e			100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	≝E This ir	\$ nformation is bein	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Interna	al Revenue Servi	ice.	100.00	employee plan sick pay
EMPLOYEE CITY UT 84321			y B To Be f loyee's FE		BOX 14 TITLE 1	100.00
			Return.	l security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code	1400:		555-55	-5546	BOX 14 TITLE 4	100.00
15 State	1000.00	e income tax 00.00	100	wages, tips, etc.		Locality name CAL1ALPHA NAME
NC 888888888888888888888888888888888888	1000.00 10 Department of the Treasury-Integral	00.00 nternal Revenu		0.00 OMB# 1545-0		OCAL2ALPHA NAME o Be Filed With Employee's FEDERAL Tax Return
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000050	12a			1 Wages, tips, other compensation	
COMPANY 50			\$	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 50 ADDRRESS 1 COMPANY 50 ADDRRESS 2		ੂੰB 12c	\$	100.00	10000.00	100.00
COMPANY 50 ADDRRESS 3 COMPANY 50 CITY NC 10538-2095		€C	\$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 50 CITY NC 10538-2095		12d åD	\$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Las 0000012	st name	Suff. 12e	·		100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
SORT KEY THREE	45.01.57	åE	\$	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		0 T D /	=" 13ACd	100.00	employee plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321			y 2 To Be F loyee's Sta	riled With ate, City, or	14 Other BOX 14 TITLE 1	100.00
			al Income T	ax Return.	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
					l	100.00
f Employee's address and ZIP code	14000		555-55	-5546	BOX 14 TITLE 4	100.00
15 State	1000.00	e income tax 00.00	18 Local 100	-5546 wages, tips, etc. 0.00	19 Local income tax 100.00 LO	Locality name CAL1ALPHA NAME
15 State Employer's state ID number	1000.00	00.00 00.00	18 Local 100 100	-5546 wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 LO	Locality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State UT 88888888888888888888888888888888888	1000.00 10	00.00 00.00 nternal Revenu	18 Local 100 100 100 100 100	-5546 wages, tips, etc. 0.00 5.00 OMB# 1545-000	19 Local income tax 100.00 LO 100.00 LO 20 LO 100.00 LO 20 L	Locality name CAL1ALPHA NAME CAL2ALPHA NAME nployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-Inf	00.00 00.00 nternal Revenu 12a \$A 12b	18 Local 100 100	-5546 wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 LO 100.00 LO 08 Copy 2 To Be Filed With En	Locality name CAL1ALPHA NAME CAL2ALPHA NAME nployee's State, City, or Local Income Tax Return
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-Inf	00.00 00.00 nternal Revenu	18 Local 100 100 100 100 100	-5546 wages, tips, etc. 0.00 5.00 OMB# 1545-000	19 Local income tax 20 100.00 LO	Locality name CALTALPHA NAME CALZALPHĀ NĀMĒ nployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
15 State	1000.00 10 1000.00 10 Department of the Treasury-Inf	00.00 00.00 hternal Revenu	18 Local 100 100 100 100 100 100 100 100 100 10	-5546 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 100.00 LO 100.00 LO 20	Locality name CAL1ALPHA NAME CAL2ALPHA NAME nployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld
15 State	1000.00 10 1000.00 10 Department of the Treasury-Int	00.00 00.00 hternal Revenu 12a A 12b B 12c C 12d D	18 Local 100 100 100 100 100 100 100 100 100 10	-5546 wages, tips, etc. 0.00 0.00 OMB# 1545-000 100.00	19 Local income tax 100.00 LO	Locality name CALTALPHA NAME CALTALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
15 State	1000.00 10 1000.00 10 Department of the Treasury-Inf	00.00 00.00 12a 2A 12b 8B 12c 12d 2D 12d 2D Suff. 12e 12e 12d 2D 12d 2D 12d 2D 2D 2D 2D 2D 2D 2D	18 Local 100	-5546 wages, tips, etc. 0.00 5.00 OMB# 1545-000 100.00 100.00	19 Local income tax 20 100.00 LC 100	Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 10 1000.00 10 Department of the Treasury-Int	00.00 00.00 Iternal Revenu 12a \$A 12b \$B 12c \$C 12d	18 Local	-5546 wages, tips, etc. 0.00 0.00 0.00 0.00 0.00 100.00 100.00	19 Local income tax 100.00 LO	Locality name CAL1ALPHA NAME CAL2ALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
15 State	1000.00 10 1000.00 10 Department of the Treasury-Int	00.00 00.00 12a 2A 2A 2B 12c 2C 12d 2D 2D 2D 2D 2D 2D 2D	18 Local	-5546 wages, tips, etc. 0.00 5.00 OMB# 1545-000 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LO	Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
15 State	1000.00 10 1000.00 10 Department of the Treasury-Int	00.00 iternal Revenu 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LO	Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party plan Incolored Incolor
15 State	1000.00 10 1000.00 10 Department of the Treasury-Int	00.00 iternal Revenu 12a A 12b B 12c C 12d 12b B 12c C 12d E C C D Suff.	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Patiement Third-party Juan Jin Statutory Juan Juan Jin Statutory Juan Jin
15 State	Department of the Treasury-Int 000050 st name	00.00 iternal Revenu 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loca a Em	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LO LO 100.00 LO	Locality name CALTALPHA NAME CALTALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00
15 State	Department of the Treasury-Int 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10	00.00 iternal Revenu 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loc; a Em;	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LOC 10	Locality name
15 State	Department of the Treasury-Int 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10	00.00 00.00 iternal Revenu 12a A 12b B 12c C C 12d D Suff. 12e E E Cop Emp Loc a Em, 00.00	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 LO	Locality name CALTALPHA NAME CALTALPHA NAME INCALTALPHA NAME Inployee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00
15 State	1000.00	00.00 iternal Revenu 12a A 12b B 12c Cop Emp Loc; a Em; e income tax 00.00 iternal Revenu iternal Revenu	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax 100.00 LOC 10	Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Interparty plan Incomplete
15 State	Department of the Treasury-Int 000050 It name ME SUFX 16 State wages, tips, etc. 17 State 1000.00 10 10 10 10 10 10 10 10 10 10 10 10 1	00.00 iternal Revenu 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loca a Em e income tax 00.00 outernal Revenu 12a S A	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax 100.00 LO LO 100.00 LO	Locality name CALTALPHA NAME CALZALPHA NAME Imployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 Locality name CALTALPHA NAME ICALZALPHA NAME IMPloyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00
15 State	1000.00	00.00 iternal Revenu 12a A 12b B 12c C 12d Suff. 12e E Cop Emp Loc: a Em; e income tax 00.00 iternal Revenu	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax 100.00 LO	Locality name CALTALPHA NAME CALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Plan Third-party Incompleyee Plan 100.00 100.00 100.00 100.00 100.00 Locality name CALTALPHA NAME Incompleyee's State, City, or Local Income Tax Return 2 Federal income tax withheld
15 State	1000.00	00.00 internal Revenu 12a A 12b B 12c Cop 12d E Cop Locc a Emp Locc a Emp Locc we income tax 00.00 internal Revenu 12a S A 12b B 12c Cop Emp Loca a Emp Loca b Emp Loca a Emp Loca b Emp Loca b Emp Loca a Emp Loca b Emp Loca b Emp Loca a Emp Loca b E	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALZALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party plan Incomplete In
15 State	1000.00	00.00 iternal Revenu 12a A 12b B 12c C 12d D Suff. 12e E Cop Emp Loca a Em e income tax 00.00 iternal Revenu 12a S A 12b B 12c Cop Emp Loca a Em e income tax 00.00 12a S A 12b B 12c C 12d C 12d	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Indicated tips Indicat
15 State	1000.00	00.00 12a 12b 12b 12c 12b 12c 12b 12c 12c	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALZALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Plan Sick pay plan 100.00 100.00 100.00 100.00 100.00 100.00 Locality name ICALTALPHA NAME ICALTALPHA NAME ICALTALPHA NAME ICALTALPHA NAME ICALTALPHA NAME 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 8 Allocated tips 100.00
15 State	1000.00	00.00 12a 12b 12b 12c 12d 12b 12c 12d 12d	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALZALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Plan 100.00 100.00 100.00 100.00 100.00 Locality name CALTALPHA NAME CALTALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00
15 State	1000.00	00.00 12a 12b 12c 12b 12c 12c	18 Local 100	-5546 wages, tips, etc. 0.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME INTO INTO INTO INTO INTO INTO INTO INTO
15 State	1000.00	12a	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 1.00.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Inployee's State, City, or Local Income Tax Return on 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pey Incomplete State, City, or Local Income Tax Return on 100.00 Locality name CALTALPHA NAME CALTALPHA NAME INCALZALPHA NAME INCALZALPHA NAME INCALZALPHA NAME ON 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Statutory Retirement Third-party sick pey Incomplete State
15 State	1000.00	12a 12b 12c 12d	18 Local 100	-5546 wages, tips, etc. 0.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory plan 100.00 100.00 100.00 100.00 100.00 Locality name CALTALPHA NAME CALZALPHA NAME Income Tax Return on 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 13 Statutory plan 100.00 10 Dependent care benefits 100.00 13 Statutory plan 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00
15 State	1000.00	12a 12b 12c 12d	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00	19 Local income tax 100.00 11 Nonqualified plans 100.00	Locality name CALTALPHA NAME CALZALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Indicate State S
15 State	1000.00	12a 12b 12c 12d	18 Local 100	-5546 wages, tips, etc. 0.00 0.00 100.00	19 Local income tax	Locality name CALTALPHA NAME CALZALPHA NAME INCALZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 13 Statutory Retirement Third-party sick pay 100.00 13 Statutory Retirement Third-party sick pay 100.00 13 Statutory Retirement Sick pay 100.00 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-0000020	12a See	instructions f	or box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	åΑ	\$	100.00	10000.00	10000.00
COMPANY 20	12b	ĮΦ		3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1	åB	 \$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2	12c	IΨ		5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	įC	\$	100.00	10000.00	100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d	IΨ		7 Social security tips	8 Allocated tips
FOREIGN COUNTRY	βD	\$	100.00	100.00	100.00
e Employee's first name and initial Last name Suff.	12e			9 Advance EIC payment	100.00 10 Dependent care benefits
SORT KEY THREE	ξE	\$	100.00	100.00	100.00
FIRSTNAME MIDDLENAME LASTNAME SUFX	This infor	mation is being	furnished to the	11 Nonqualified plans	13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2	Internal R	Revenue Service		100.00	employee plan sick pay
EMPLOYEE ADDRESS 3	Copy E	3 To Be Fil	led With	14 Other BOX 14 TITLE 1 .	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	Employ	yee's FED	ERAL		100.00
FOREIGN COUNTRY	Tax Re	eturn.		BOX 14 TITLE 2 .	100.00
	a Employ		ecurity number	BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code		555-55-5		BOX 14 TITLE 4 .	100.00
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income 100.00 100.00	tax	18 Local wa 100.0		19 Local income tax 100.00 20 Locality LOCAL1	name ALPHA NAME
UT 888888888888888888888888888888888888		100.0			ALPHA NAME
Form W-2 Wage and Tax Statement 2010 Department of the Treasury-Internal R	evenue '		OMB# 1545-0		ed With Employee's FEDERAL Tax Return.
	I12a		1040	1 Wages, tips, other compensation	2 Federal income tax withheld
b Employer identification number (EIN) c Employer's name, address, and ZIP code	I.Zu	 \$	100.00	10000.00	10000.00
COMPANY 20	12b			3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1	₿B	\$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	ic	\$	100.00	10000.00	100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12d			7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name Suff.	- <u> iD</u>	\$	100.00	100.00	100.00
0000013 SORT KEY THREE	12e ≗E	\$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00

c Employer's name, address, and ZIP code	00020		g v	I.C	100.00	10000.00	0	100	00.00	
COMPANY 20			12b	Φ	100.00	3 Social security wages	_	4 Social security ta		
COMPANY 20 ADDRRESS 1			B	 \$	100.00	10000.00	n	,	00.00	
COMPANY 20 ADDRRESS 2			12c	Ψ	.00.00	5 Medicare wages and tips		6 Medicare tax with		
COMPANY 20 ADDRRESS 3	DEION DOCTAL		ic.	\$	100.00	10000.00		1	00.00	
COMPANY 20 CITY FOREIGN STATE FOR FOREIGN COUNTRY	REIGN POSTAL		12d			7 Social security tips		8 Allocated tips	00.00	
	name	Suff.	ID .	\$	100.00	100.00	0	1	00.00	
0000013			12e ≗⊏	I.C	100.00	9 Advance EIC payment		10 Dependent care	e benefits	
SORT KEY THREE			ěE	Φ	100.00	100.00	0		00.00	
FIRSTNAME MIDDLENAME LASTNAMI	E SUFX					11 Nonqualified plans		13 Statutory F employee p	Retirement olan	Third-party sick pay
EMPLOYEE ADDRESS 2						100.00	0			
EMPLOYEE ADDRESS 3				To Be Filed		14 Other BOX 14 TITLE 1		100.00		
EMPLOYEE CITY FOREIGN STATE FO	REIGN POSTAL			ee's State, (ncome Tax F	• •	BOX 14 TITLE 2		100.00		
FOREIGN COUNTRY				ee's social seci		BOX 14 TITLE 3		100.00		
f Employee's address and ZIP code			' '	555-55-551	9	BOX 14 TITLE 4		100.00		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wage 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME		
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Trea	asury-Internal R	evenue S	Service OME	3# 1545-000	OS Copy 2 To Be Filed Wi	th Employee's	s State, City, or Loc	al Income T	ax Return.

b Employer identification number (EIN) c Employer's name, address, and ZIP code	00020		12a [§] A	\$	100.00	1 Wages, tips, other compe 10000.0		2 Federal incom	ne tax withhe	ld
COMPANY 20 COMPANY 20 ADDRRESS 1			12b B	\$	100.00	3 Social security wages	0	4 Social securit	y tax withheld	1
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3			12c C	\$	100.00	5 Medicare wages and tips 10000.0		6 Medicare tax		
COMPANY 20 CITY FOREIGN STATE FOREIGN COUNTRY			12d åD	\$	100.00	7 Social security tips	-	8 Allocated tips		
SORT KEY THREE	name	Suff.	12e ∮E	\$	100.00	9 Advance EIC payment 100.0		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	IE SUFX					11 Nonqualified plans 100.0		13 Statutory employee	Retirement	Third-party sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN COUNTRY	OREIGN POSTAL		Employ Local I	? To Be Filed yee's State, ncome Tax yee's social sec	City, or Return.	14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3		100.0 100.0 100.0	00	
f Employee's address and ZIP code			u zmpio)	555-55-55	•	BOX 14 TITLE 4		100.0	00	
15 State	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wag 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

L Faralance identification and a (FIN)		10- 0	:	h 40					
b Employer identification number (EIN) c Employer's name, address, and ZIP code	2	12a See	instructions for		1 Wages, tips, other comper		2 Federal incon		ld
COMPANY 20	ě	A	\$	100.00		,		0000.00	
COMPANY 20 ADDRRESS 1	11	12b			3 Social security wages		4 Social securit	•	1
COMPANY 20 ADDRRESS 2		В	\$	100.00	10000.00)		100.00	
COMPANY 20 ADDRRESS 2	1	12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		С	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	1	12d			7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	D	\$	100.00	100.00)	·	100.00	
SORT KEY THREE	Jun. 1	12e		400.00	9 Advance EIC payment		10 Dependent	care benefits	
	ē	E	\$	100.00	100.00)		100.00	
FIRSTNAME MIDDLENAME LASTNAME SUFX	s	Service. If you	n is being furnished to the are required to file a tax	return, a negligence	11 Nonqualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2			r sanction may be impose ble and you fail to report i		100.00)	employee	plan	sick pay
EMPLOYEE ADDRESS 3		Copy C	For EMPLO	OYEE'S	14 Other BOX 14 TITLE 1				
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		RECO	RDS. (See N	otice to		•	100.0		
FOREIGN COUNTRY		Employe	ee on back.)		BOX 14 TITLE 2		100.0	00	
	1	a Employ	ee's social sec	urity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code			555-55-55	19	BOX 14 TITLE 4		100.0	00	
15 State	17 State income ta: 100.00	х	18 Local wage 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 888888888888888888888888888888888888	100.00		100.00		100.00		ĀLPHĀ NĀM		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but hearn sample account. Report of windows, when a roam paracount is provided in box 1.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000020		12a See	instructions	for box 12	1 Wages, tips, other comper	nsation	2 Federal income tax withheld	1
c Employer's name, address, and ZIP code		åΑ	\$	100.00	10000.00		10000.00	
COMPANY 20		12b	Ψ	100.00	3 Social security wages		4 Social security tax withheld	
COMPANY 20 ADDRRESS 1		å₿	 \$	100.00	10000.00	`	100.00	
COMPANY 20 ADDRRESS 2		12c	IΨ	100.00	5 Medicare wages and tips	,	6 Medicare tax withheld	
COMPANY 20 ADDRRESS 3		[§] C	\$	100.00				
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		12d	ĮΨ		7 Social security tips)	100.00 8 Allocated tips	
FOREIGN COUNTRY		βD	\$	100.00	, ,	`		
e Employee's first name and initial Last name	Suff.	12e			100.00)	100.00 10 Dependent care benefits	
SORT KEY THREE		ξE	\$	100.00	9 Advance EIC payment 100.00	1	10 Dependent care benefits	
FIRSTNAME MIDDLENAME LASTNAME SUFX		This infor	mation is bein	g furnished to the	11 Nongualified plans		13 Statutory Retirement	Third-party
EMPLOYEE ADDRESS 2		Internal R	Revenue Service	če.	100.00	١	employee plan	sick pay
EMPLOYEE ADDRESS 3		Copy	3 To Be F	iled With	14 Other BOX 14 TITLE 1	,		
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			yee's FEI	DERAL		•	100.00	
FOREIGN COUNTRY		Tax R			BOX 14 TITLE 2	•	100.00	
		a Employ	yee's social	security number	BOX 14 TITLE 3	•	100.00	
f Employee's address and ZIP code			555-55-	5520	BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 16 State wages, tips,		ax		wages, tips, etc.	19 Local income tax	20 Locality	name ALPHA NAME	
MS 888888888888888888888888888888888888	100.00		100		100.00 100.00		ALPHA NAME	
	Treasury-Internal R	ovonuo		OMB# 1545-0			ALPHA INAIVIE ed With Employee's FEDERAL 1	Fox Boturn
To the W-2 wage and Tax Statement 2010 Department of the	rreasury-internario	evenue	OCI VICE	OIII D# 1343-0	СОРУ	D TO De Till	ed With Employee's I EDENAL	iax Netuili.
b Employer identification number (EIN) 10-000020		12a			1 Wages, tips, other comper	nsation	2 Federal income tax withhele	1
c Employer's name, address, and ZIP code		åA	\$	100.00	10000.00		10000.00	_ [
COMPANY 20		12b	Φ	100.00	3 Social security wages		4 Social security tax withheld	
COMPANY 20 ADDRRESS 1		B	\$	100.00	10000.00	1	100.00	
COMPANY 20 ADDRRESS 2		12c	Ψ	100.00	5 Medicare wages and tips	,	6 Medicare tax withheld	
COMPANY 20 ADDRRESS 3		ic.	\$	100.00				
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		12d	φ	100.00	10000.00)	100.00	

L Familiary identification and a (FIN)			40-							
b Employer identification number (EIN) 10-000	00020		12a			1 Wages, tips, other compe		2 Federal incor		ld
c Employer's name, address, and ZIP code			₿A	\$	100.00	10000.00	J	1	0000.00	
COMPANY 20			12b			3 Social security wages		4 Social securit	y tax withheld	d
COMPANY 20 ADDRRESS 1			₿B	\$	100.00	10000.00)		100.00	
COMPANY 20 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOI	DEICNI DOCTAL		ic.	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	REIGIN POSTAL		12d			7 Social security tips		8 Allocated tips		
	name	Suff.	<u>₽D</u>	\$	100.00	100.00)		100.00	
0000014	idilio	Guii.	12e ≗_	Left.		9 Advance EIC payment		10 Dependent	care benefits	
SORT KEY THREE			₫ L	\$	100.00	100.00)		100.00	
FIRSTNAME MIDDLENAME LASTNAM	F SUFX					11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2	_ 00.70					100.00)			Cick pay
EMPLOYEE ADDRESS 3				To Be Filed		14 Other BOX 14 TITLE 1		100.0)O	
EMPLOYEE CITY FOREIGN STATE FO	REIGN POSTAL			/ee's State, C		BOX 14 TITLE 1	•	100.0		
FOREIGN COUNTRY				ncome Tax F			•			
			a Emplo	ee's social secu	,	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code				555-55-552	20	BOX 14 TITLE 4	-	100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wage: 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality	name ALPHA NAM	F	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) c Employer's name, address, and ZIP code	00020		12a [§] A	\$	100.00	1 Wages, tips, other compe 10000.0		2 Federal incom	ne tax withhe	ld
COMPANY 20 COMPANY 20 ADDRRESS 1			12b B	I\$	100.00	3 Social security wages	0	4 Social securit	y tax withheld	t
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3			12c C	I\$	100.00	5 Medicare wages and tips	-	6 Medicare tax	withheld	
COMPANY 20 CITY FOREIGN STATE FOREIGN COUNTRY			12d D	\$	100.00	7 Social security tips	-	8 Allocated tips	100.00	
SORT KEY THREE	name	Suff.	12e ≗E	\$	100.00	9 Advance EIC payment 100.0		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	IE SUFX					11 Nonqualified plans 100.0		13 Statutory employee	Retirement	Third-party sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN COUNTRY	OREIGN POSTAL		Employ Local I	? To Be Filed yee's State, ncome Tax yee's social sec	City, or Return.	14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	-	100.0 100.0 100.0	00	
f Employee's address and ZIP code			u zmpio)	555-55-55	•	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wag 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		

Form W-2 Wage and Tax Statement 2010

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-0000020		12a See	instructions for b	ox 12	1 Wages, tips, other comper	nsation	2 Federal incon	ne tax withhe	ld
c Employer's name, address, and ZIP code		Ã	1\$	100.00	10000.00)	1	00.000	
COMPANY 20		12b	17		3 Social security wages		4 Social security	y tax withheld	i
COMPANY 20 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 20 ADDRRESS 2		12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		įC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY		12d Տ_			7 Social security tips		8 Allocated tips		$\overline{}$
e Employee's first name and initial Last name	Suff.	₽D	\$	100.00	100.00)		100.00	
SORT KEY THREE		12e ⋴⊏	ι¢	100.00	9 Advance EIC payment		10 Dependent of	care benefits	
FIRSTNAME MIDDLENAME LASTNAME SUFX		This information	n is being furnished to the		100.00)		100.00	
EMPLOYEE ADDRESS 2		Service. If you	are required to file a tax re r sanction may be imposed	turn, a negligence	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			ole and you fail to report it.		100.00				
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			For EMPLC RDS. (See No	YEE'S	14 Other BOX 14 TITLE 1 .		100.0	00	
FOREIGN COUNTRY			ee on back.)	lice to	BOX 14 TITLE 2		100.0	00	
			ee's social secu	rity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code			555-55-552	0	BOX 14 TITLE 4 .		100.0	00	
15 State	State income to	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	ALPHA NAM	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but hearn sample account. Report of windows, when a roam paracount is provided in box 1.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000020	12a Se	e instructions	for box 12	1 Wages, tips, other compensa	tion 2 Federal income tax withheld
c Employer's name, address, and ZIP code	§A	 \$	100.00	10000.00	10000.00
COMPANY 20	12b	ΙΨ		3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1	åB	\$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	ic.	\$	100.00	10000.00	100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d	1.		7 Social security tips	8 Allocated tips
FOREIGN COUNTRY	åD	\$	100.00	100.00	100.00
	Suff. 12e			9 Advance EIC payment	10 Dependent care benefits
SORT KEY THREE	įΕ	\$	100.00	100.00	100.00
FIRSTNAME MIDDLENAME LASTNAME SUFX	This inf	ormation is being	furnished to the	11 Nongualified plans	13 Statutory Retirement Third-pa
EMPLOYEE ADDRESS 2	Internal	Revenue Service	э.	100.00	employee plan sick pa
EMPLOYEE ADDRESS 3	Сору	B To Be F	iled With	14 Other BOX 14 TITLE 1 .	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	Emplo	oyee's FED	ERAL		100.00
FOREIGN COUNTRY	Tax F	Return.		BOX 14 TITLE 2 .	100.00
	a Empl		security number	BOX 14 TITLE 3 .	100.00
Employee's address and ZIP code		555-55-5		BOX 14 TITLE 4 .	100.00
5 State Employer's state ID number 16 State wages, tips, etc. 17 State inc 1000.00 100.0		18 Local w 100.	ages, tips, etc.	19 Local income tax 100.00 L0	D Locality name OCAL1ALPHA NAME
UT 888888888888888888888888888888888888		100.			OCALIALPHA NAME
orm W-2 Wage and Tax Statement 2010 Department of the Treasury-Interr			OMB# 1545-0		To Be Filed With Employee's FEDERAL Tax Ret
			-	Law e a	
	12a			1 Wages, tips, other compensa	
Employer's name, address, and ZIP code	12a ≨A	\$	100.00	1 wages, tips, other compensa 10000.00	10000.00
Employer's name, address, and ZIP code COMPANY 20	c	\$	100.00		
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1	—— åA 12b åB	\$ \$	100.00	10000.00	10000.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2	12b B 12c			10000.00 3 Social security wages	10000.00 4 Social security tax withheld
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	#A 12b #B 12c #C			10000.00 3 Social security wages 10000.00	10000.00 4 Social security tax withheld 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	#A 12b #B 12c #C 12d	\$ \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	#A 12b #B 12c #C 12d	\$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name	#A 12b #B 12c #C 12d #D Suff. 12e	\$ \$	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name S 0000015	#A 12b #B 12c #C 12d	\$ \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name SORT KEY THREE	#A 12b #B 12c #C 12d #D Suff. 12e	\$ \$	100.00 100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-p
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name 10-000020 10-000020 LONG LONG LONG LONG LONG LONG LONG LONG	#A 12b #B 12c #C 12d #D Suff. 12e	\$ \$	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00

Copy 2 To Be Filed With

Employee's State, City, or

Local Income Tax Return.

a Employee's social security number 555-55-5518

18 Local wages, tips, etc. 100.00

100.00

4 Other BOX 14 TITLE 1

BOX 14 TITLE 2

BOX 14 TITLE 3

BOX 14 TITLE 4

Form W-2 Wage and Tax Statement 2010

f Employee's address and ZIP code

EMPLOYEE ADDRESS 3
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL
FOREIGN COUNTRY

Department of the Treasury-Internal Revenue Service OMB# 1545-0008

17 State income tax 100.00 100.00

16 State wages, tips, etc. 1000.00 1000.00

19 Local income tax 100.00 100.00 LOCALZALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

20 Locality name LOCAL1ALPHA NAME

100.00

100.00

100.00

100.00

b Employer identification number (EIN) c Employer's name, address, and ZIP code	12a [§] A	\$ 100.00	1 Wages, tips, other compens 10000.00		2 Federal income	tax withhel	d
COMPANY 20 COMPANY 20 ADDRRESS 1	12b		3 Social security wages		4 Social security		i
COMPANY 20 ADDRRESS 2	≗B 12c	ıψ	10000.00 5 Medicare wages and tips		6 Medicare tax wi	100.00 ithheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	∯C 12d	\$ 100.00	10000.00			100.00	
FOREIGN COUNTRY e Employee's first name and initial Last name		\$ 100.00	7 Social security tips 100.00		8 Allocated tips	100.00	
SORT KEY THREE	Suii. 12e	\$ 100.00	9 Advance EIC payment 100.00	Ì	10 Dependent ca		
FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			11 Nonqualified plans 100.00			Retirement	Third-party sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	Employ Local li	? To Be Filed With ree's State, City, or ncome Tax Return.	14 Other BOX 14 TITLE 1 . BOX 14 TITLE 2 . BOX 14 TITLE 3 .	•	100.00 100.00 100.00)	
f Employee's address and ZIP code	u z.iipio)	555-55-5518	BOX 14 TITLE 4 .		100.00)	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in 1000.00 100	ncome tax 0.00	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality r LOCAL1A	name ALPHA NAME		
UT 888888888888888888888888888888888888).00	100.00	100.00	LOCAL2/	ALPHA NAME		

L Faralance identification and a (FINI)		40- 0	:	h10					
b Employer identification number (EIN) 10-0000020		12a See	instructions for		1 Wages, tips, other comper		2 Federal incor		ld
c Employer's name, address, and ZIP code		₿A	\$	100.00)		0000.00	
COMPANY 20		12b			3 Social security wages		4 Social securit	ty tax withhel	d
COMPANY 20 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 20 ADDRRESS 2		12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3		įC	 \$	100.00	10000.00	、 I		100.00	
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		12d			7 Social security tips	,	8 Allocated tips		
FOREIGN COUNTRY		Ď	\$	100.00			6 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e			100.00)		100.00	
SORT KEY THREE		ĚΕ	1\$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUFX			n is being furnished to th		100.00)	01-1-1	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2			are required to file a tax er sanction may be impos		11 Nonqualified plans		13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3			ble and you fail to report		100.00)			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			For EMPL	JYEE'S	14 Other BOX 14 TITLE 1		100.0	20	
FOREIGN COUNTRY			RDS. (See N	otice to	BOX 14 TITLE 2	-	100.0		
FOREIGN COUNTRY		. ,	ee on back.)			•			
		a Employ	ee's social sec	,	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code			555-55-55	18	BOX 14 TITLE 4		100.0		
15 State Employer's state ID number 16 State wages, tips, etc. MN 88888888888888888888 1000.00	17 State income to 100.00	ax	18 Local wage 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
UT	100.00		100.00		100.00	LOCAL2	ALPHA NAM	IĒ.	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but hearn sample account. Report of windows, when a roam paracount is provided in box 1.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000020	12a S	ee instructions	for box 12	1 Wages, tips, other comper	nsation	2 Federal inco	me tax withheld	1
c Employer's name, address, and ZIP code	§A	\$	100.00	10000.00			10000.00	
COMPANY 20	12b	ĮΨ	100.00	3 Social security wages			ity tax withheld	
COMPANY 20 ADDRRESS 1	å₿	\$	100.00	, ,	`		100.00	
COMPANY 20 ADDRRESS 2	12c	ĮΨ	100.00	5 Medicare wages and tips	,	6 Medicare tax		
COMPANY 20 ADDRRESS 3	åC	\$	100.00			o Medicare tax		
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d	ĮΨ	100.00	10000.00)		100.00	
FOREIGN COUNTRY	åD	\$	100.00	7 Social security tips	_	8 Allocated tip:		
e Employee's first name and initial Last name S	Suff. 12e	ĮΨ		100.00)		100.00	
SORT KEY THREE	åΕ	 \$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUFX				100.00)	01-1-1	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2	I his ii Interna	nformation is being al Revenue Servic	turnished to the	11 Nonqualified plans		13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3	0	. D.T. D. C	:I = -I \A/:4I-	100.00)			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		y B To Be F		14 Other BOX 14 TITLE 1	_	100.	00	
FOREIGN COUNTRY		loyee's FED	PERAL	BOX 14 TITLE 2	-	100.		
TOKEIGN COONTICT		Return.	security number	BOX 14 TITLE 2	•	100.		
45 to 1 to 170 to	a Emp	555-55-55-55-		BOX 14 TITLE 3	•	100.		
f Employee's address and ZIP code 15 State Employee's state ID number 16 State wages, tips, etc. 17 State income.	ome tov			19 Local income tax				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incc MI 888888888888888888888888888888888888	00 tax	100	00 lps, etc.	100.00	LOCAL1	name ALPHA NAN	ΛE	
UT 8888888888888888888 1000.00 100.0	00	100	55	100.00				
						ALPHA NAN		
Form W-2 Wage and Tax Statement 2010 Department of the Treasury-Intern	al Revenu		OMB# 1545-0			ALPHA NAM		Гах Return.
	al Revenu				B To Be File		e's FEDERAL 1	
b Employer identification number (EIN) 10-000020	12a	e Service	OMB# 1545-0	008 Сору	B To Be File	ed With Employe	e's FEDERAL 1	
b Employer identification number (EIN) 10-000020				008 Copy 1 Wages, tips, other comper	B To Be File	2 Federal inco	ee's FEDERAL 1	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code	12a ὧA	e Service	OMB# 1545-0	1 Wages, tips, other comper 10000.00 3 Social security wages	B To Be File	2 Federal inco	me tax withheld to tax withheld to tax withheld to tax withheld	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2	12a &A 12b	e Service	OMB# 1545-0 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00	B To Be File	2 Federal inco	me tax withheld 10000.00 ity tax withheld 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12a A 12b B 12c	\$	100.00 100.00	1 Wages, tips, other comper 10000.0(3 Social security wages 10000.0(5 Medicare wages and tips	B To Be File	2 Federal inco	me tax withheld 10000.00 ity tax withheld 100.00 c withheld	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 ADDRRESS 3	12a A 12b B	e Service	OMB# 1545-0 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	B To Be File	2 Federal inco 4 Social secur 6 Medicare tax	me tax withheld 10000.00 ity tax withheld 100.00 c withheld 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 COMPANY	12a A 12b B 12c C 12d	\$ \$	100.00 100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	B To Be File	2 Federal inco	me tax withheld 100.00 ity tax withheld 100.00 k withheld 100.00 s	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial Last name S	12a A 12b B 12c C 12d	\$	100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	B To Be File	2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip	me tax withheld 10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 COTY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12a %A 12b %B 12c %C 12d	\$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	nsation)	2 Federal inco 4 Social secur 6 Medicare tax	me tax withheld 100.00 with tax withheld 100.00 withheld 100.00 s 100.00 care benefits	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial Last name S	12a \$A 12b \$B 12c \$C 12d \$D 12e	\$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	B To Be File nsation))	2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip	me tax withheld 10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	B To Be File nsation))	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory	me tax withheld 100.00 ity tax withheld 100.00 k withheld 100.00 s 100.00 care benefits 100.00 Retirement plan	d Third-party
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial 0000016 SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX	12a	\$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	B To Be File nsation))	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100.	me tax withheld 10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 care benefits 100.00 Retirement plan	d Third-party
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial 0000016 SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	12a	\$ \$ \$ \$ \$ y 2 To Be Filoyee's Statal Income Ta	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	B To Be File nsation))	2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100.	me tax withheld 10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00	d Third-party
Employer identification number (EIN) Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name S 0000016 SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	12a	\$ \$ \$ \$ \$ y 2 To Be Filoyee's Statal Income Ta	100.00 100.00 100.00 100.00 100.00 100.00 100.00 x Return.	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	B To Be File nsation))	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100.	me tax withheld 10000.00 ity tax withheld 100.00 c withheld 100.00 c are benefits 100.00 Retirement plan 00 00 00	d Third-pari

f Employee's address and ZIP code

Department of the Treasury-Internal Revenue Service OMB# 1545-0008

17 State income tax 100.00 100.00

16 State wages, tips, etc. 1000.00

1000.00

19 Local income tax 100.00 100.00 LOCAL2ALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

20 Locality name LOCAL1ALPHA NAME

100.00

BOX 14 TITLE 4

b Employer identification number (EIN) c Employer's name, address, and ZIP code	12 a [§] A	\$ 100.00	1 Wages, tips, other compensa 10000.00	tion 2 Federal income tax withheld 10000.00
COMPANY 20 COMPANY 20 ADDRRESS 1	12b åB		3 Social security wages 10000.00	4 Social security tax withheld 100.00
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12c ૄ૾C	\$ 100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial Last name	12d §D Suff. 42-	\$ 100.00	7 Social security tips	8 Allocated tips
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX	Suii. 12e <u>§E</u>	\$ 100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		•	11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	Employ Local I	To Be Filed With ree's State, City, or ncome Tax Return. ree's social security number	14 Other BOX 14 TITLE 1 . BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00 100.00
f Employee's address and ZIP code		555-55-5517	BOX 14 TITLE 4 .	100.00
15 State Employer's state ID number 16 State wages, tips, etc. 17 MI 888888888888888888888888888888888888	State income tax 100.00	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00 L0	0 Locality name OCAL1ALPHA NAME
UT 888888888888888888888888888888888888	100.00	100.00	100.00 L	OCAL2ALPHA NAME

555-55-5517

18 Local wages, tips, etc. 100.00 100.00

Form W-2 Wage and Tax Statement 2010

Department of the Treasury-Internal Revenue Service OMB# 1545-0008

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

b Employer identification number (EIN) 10-000020		12a See instructions for box 12			1 Wages, tips, other comper	sation	2 Federal incom	ne tax withhe	d
c Employer's name, address, and ZIP code		åΑ	I\$	100.00	10000.00			0000.00	
COMPANY 20		12b	JΨ		3 Social security wages		4 Social security	y tax withheld	withheld
COMPANY 20 ADDRRESS 1	₿B	\$	100.00	10000.00)		100.00		
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12c			5 Medicare wages and tips		6 Medicare tax	withheld		
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	ic.	\$	100.00	10000.00)		100.00		
FOREIGN COUNTRY	12d	I dh	100.00	7 Social security tips		8 Allocated tips			
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		Ε	I\$	100.00	9 Advance EIC payment		10 Dependent care benefits		
FIRSTNAME MIDDLENAME LASTNAME SUFX		This information is being furnished to the Internal Revenue			100.00		100.00 13 Statutory Retirement Third-party		
EMPLOYEE ADDRESS 2		penalty or other	i are required to file a tax re er sanction may be imposed ble and you fall to report it.		11 Nonqualified plans 100.00	employee	plan	sick pay	
EMPLOYEE ADDRESS 3			For EMPLC	YEE'S		'			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			ECORDS. (See Notice to		14 Other BOX 14 TITLE 1 .		100.0	0	
FOREIGN COUNTRY		Employe	ee on back.)		BOX 14 TITLE 2 .		100.00		
		a Employ	/ee's social secu	,	BOX 14 TITLE 3		100.0	-	
f Employee's address and ZIP code			555-55-551		BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 16 State wages, tips, etc. 1	7 State income to 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 88888888888888888888 1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAM	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but hearn sample account. Report of windows, when a roam paracount is provided in box 1.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000	20020		12a See	instructions	for box 12	1 Wages, tips, other compe	ensation	2 Federal incom	ne tay withhel	d
c Employer's name, address, and ZIP code	00020		åA	\$	100.00	10000.0		10000.00		
COMPANY 20			12b	\$	100.00	3 Social security wages		4 Social security tax withheld		
COMPANY 20 ADDRRESS 1			B	 \$	100.00	10000.0	4 Cociai Scoaiii	100.00	·	
COMPANY 20 ADDRRESS 2			12c	ļΦ	100.00	5 Medicare wages and tips	6 Medicare tax			
COMPANY 20 ADDRRESS 3			C	I de	100.00			o Medicare tax		
COMPANY 20 CITY FOREIGN STATE FO	REIGN POSTAL		12d	\$	100.00	10000.0	10		100.00	
FOREIGN COUNTRY			D D	\$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last	name	Suff.	12e	ļψ	100.00	100.0	00		100.00	
SORT KEY THREE			ξE	\$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAM	E SUFX		Ü			100.0	0		100.00	
EMPLOYEE ADDRESS 2			This infor	mation is being Revenue Service	furnished to the	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3				B To Be F		100.0	0			
	EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL					14 Other BOX 14 TITLE 1 .		100.0	00	
FOREIGN COUNTRY				yee's FED	DERAL	BOX 14 TITLE 2	•	100.00		
				eturn.	security number	BOX 14 TITLE 2	•	100.0		
(5)) (1) (3D) (9ee's social : 555-55-5	,	BOX 14 TITLE 3	•			
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income	lev		ages, tips, etc.	19 Local income tax	I 20 L applit	100.0)()	
MA 888888888888888888888888888888888888	100.00	10.00	lax	100.	00 lps, etc.	100.00	20 Localit LOCAL	1ALPHA NAM	ΙE	
UT 888888888888888888888888888888888888	1000.00	100.00		100.	.ōō	100.00	LOCAL	ŽĀLPHĀ NĀM	Ē	
b Employer identification number (EIN) c Employer's name, address, and ZIP code	Department of the Tre	sasury-internal ix	12a	\$	OMB# 1545-0	1 Wages, tips, other compo	ensation	2 Federal incor		
COMPANY 20			12b	Ψ	100.00	3 Social security wages		4 Social securit	v tax withheld	i
COMPANY 20 ADDRRESS 1			B	\$	100.00	10000.0	ın		100.00	
COMPANY 20 ADDRRESS 2			12c	IΨ	.00.00	5 Medicare wages and tips		6 Medicare tax		
COMPANY 20 ADDRRESS 3			lic	\$	100.00			o Medicare tax		
COMPANY 20 CITY FOREIGN STATE FO	REIGN POSTAL		12d	Ψ	100.00	10000.0	10		100.00	
FOREIGN COUNTRY			βD	\$	100.00	7 Social security tips	_	8 Allocated tips		
	name	Suff.	12e	ĮΨ	100.00	100.0	00		100.00	
0000017			ξE	\$	100.00	9 Advance EIC payment		10 Dependent		
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2						100.0 11 Nonqualified plans 100.0		13 Statutory employee	100.00 Retirement	Third-party sick pay
EMPLOYEE ADDRESS 3				2 To Be Fi		14 Other BOX 14 TITLE 1	_	100.0	00	
EMPLOYEE CITY FOREIGN STATE FO	REIGN POSTAL			yee's Stat		BOX 14 TITLE 1 .		100.00		
FOREIGN COUNTRY				Income Ta		BOX 14 TITLE 2	•	100.0		
45 J.			a Emplo	•	security number	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code				555-55-	0010	BUX 14 IIILE 4	•	100.0	<i>J</i> U	

17 State income tax 10.00 100.00 18 Local wages, tips, etc. 100.00 100.00 Department of the Treasury-Internal Revenue Service OMB# 1545-0008

16 State wages, tips, etc. 100.00

1000.00

19 Local income tax 100.00 100.00 20 Locality name LOCAL1ALPHA NAME LOCAL2ALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) c Employer's name, address, and ZIP code		12a [§] A	\$	100.00	1 Wages, tips, other compe 10000.0		2 Federal incom	ld		
COMPANY 20 COMPANY 20 ADDRRESS 1				100.00	3 Social security wages	0	4 Social security tax withheld 100.00			
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3			12c C	\$ \$	100.00	3		6 Medicare tax withheld		
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial Last name			12d D	\$	100.00	7 Social security tips		100.00 8 Allocated tips 100.00		
SORT KEY THREE	Suff.	12e ≗E	\$	100.00	9 Advance EIC payment 100.0		10 Dependent care benefits 100.00			
FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY						11 Nonqualified plans 100.0		13 Statutory employee	Retirement	Third-party sick pay
			Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. a Employee's social security number			14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	. 100.00 . 100.00 . 100.00			
f Employee's address and ZIP code			u zmpio)	555-55-55	•	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 100.00	17 State income t 10.00	ax	18 Local wage 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		

Form W-2 Wage and Tax Statement 2010

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

L F		40- 0	:tt f	h 40					
b Employer identification number (EIN) 10-0000020		12a See	instructions for		1 Wages, tips, other comper		2 Federal incor		ld
c Employer's name, address, and ZIP code		₿A	\$	100.00)		0000.00	
COMPANY 20		12b			3 Social security wages		4 Social security tax withheld		
COMPANY 20 ADDRRESS 1	₿B	\$	100.00	10000.00)		100.00		
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips		6 Medicare tax	withheld		
COMPANY 20 ADDRRESS 3		įC	 \$	100.00	10000.00	, l	100.00		
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		12d			7 Social security tips		8 Allocated tips		
FOREIGN COUNTRY		Ď	\$	100.00		,	6 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e			100.00)		100.00	
SORT KEY THREE		ĚΕ	1\$	100.00	9 Advance EIC payment	,	10 Dependent care benefits		
FIRSTNAME MIDDLENAME LASTNAME SUFX			n is being furnished to th		100.00		100.00 142 Statutory Retirement Third-par		
EMPLOYEE ADDRESS 2		penalty or other	vice. If you are required to file a tax return, a negligence alty or other sanction may be imposed on you if this		11 Nonqualified plans		13 Statutory employee	plan	Third-party sick pay
EMPLOYEE ADDRESS 3			ble and you fail to report		100.00)			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			For EMPL	JYEE'S	14 Other BOX 14 TITLE 1		100.0	20	
FOREIGN COUNTRY			RDS. (See N	otice to	BOX 14 TITLE 2	•	100.0		
FOREIGN COUNTRY			ee on back.)		- • · · · · · · ·	•			
		a Employ	ee's social sec	•	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code			555-55-55	16	BOX 14 TITLE 4		100.0		
15 State Employer's state ID number 16 State wages, tips, etc. MA 88888888888888888888 100.00	17 State income tax 10.00		18 Local wage 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
UT	100.00		100.00		100.00	LOCAL2	ALPHA NAM	IĒ.	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but hearn sample account. Report of windows, when a roam paracount is provided in box 1.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

Employer identification number (EIN) Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STA	10-0000020		12a See	instructions fo			
COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3			c			1 Wages, tips, other compensation	2 Federal income tax withheld
COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3			åA	\$	100.00	10000.00	10000.00
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3			12b			3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 3			₿B	\$	100.00	10000.00	100.00
			12c			5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 CITY FORFIGN STA			įC	\$	100.00	10000.00	100.00
	TE FOREIGN POSTAL		12d			7 Social security tips	8 Allocated tips
FOREIGN COUNTRY			Ď۵	\$	100.00	100.00	100.00
Employee's first name and initial	Last name	Suff.	12e	•			
SORT KEY THREE			ξE	\$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
FIRSTNAME MIDDLENAME LAS	TNAME SUFX		This infor	rmation is being fu	mished to the	11 Nonqualified plans	13 Statutory Retirement Third-pa
EMPLOYEE ADDRESS 2				Revenue Service.	moned to the		employee plan sick par
EMPLOYEE ADDRESS 3			Conv	B To Be File	d With	100.00 14 Other	
EMPLOYEE CITY FOREIGN STA	TE FOREIGN POSTAL		Employee's FEDERAL Tax Return. a Employee's social security number			BÖX 14 TITLE 1 .	100.00
FOREIGN COUNTRY						BOX 14 TITLE 2 .	100.00
						BOX 14 TITLE 3	100.00
Employee's address and ZIP code			u Emplo	555-55-55	,	BOX 14 TITLE 4 .	100.00
5 State Employer's state D number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00 1000.00	17 State income t 100.00	ax	18 Local was 100.0	jes, tips, etc.	19 Local income tax 100.00 20 Localit LOCAL	y name 1ALPHA NAME 2ALPHA NAME
	10-0000020	easury-Internal R	evenue	Service C	MB# 1545-0	1 Wages, tips, other compensation	2 Federal income tax withheld
Employer's name, address, and ZIP code			₿A	\$	100.00	10000.00	10000.00
COMPANY 20			12b	•		3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1			₿B	\$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2			12c			5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	TE FOREIGN POSTAL		₿C	\$	100.00	10000.00	100.00
COMPANY 20 CITY FOREIGN STA FOREIGN COUNTRY	TE FOREIGN POSTAL		12d			7 Social security tips	8 Allocated tips
			Ď	\$	100.00	100.00	100.00
Employee's first name and initial	Last name	Suff.	12e ≗⊏			9 Advance EIC payment	10 Dependent care benefits

b Employer identification number (EIN) c Employer's name, address, and ZIP code	00020		12a å^	I C	100.00	1 Wages, tips, other compe 10000.0		2 Federal income	tax withheld	t
COMPANY 20			12b	\$	100.00	3 Social security wages		4 Social security		
COMPANY 20 ADDRESS 1				\$	100.00	10000.0)		100.00	
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3		12c			5 Medicare wages and tips		6 Medicare tax w	thheld		
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY			€C 12d	\$	100.00	10000.0)		\perp	
			IID	\$	100.00	7 Social security tips		8 Allocated tips		
	name	Suff.	12e	ļΨ	100.00	100.0)		100.00	
0000018			ĔΕ	\$	100.00	9 Advance EIC payment 100.0)	10 Dependent ca	re benefits	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2						11 Nonqualified plans 100.0		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3				To Be Filed	With	14 Other BOX 14 TITLE 1		100.00		
EMPLOYEE CITY FOREIGN STATE FO FOREIGN COUNTRY	REIGN POSTAL		Employee's State, City, or Local Income Tax Return.			BOX 14 TITLE 2		100.00		
TOREIGN GOONTRY			a Employ	/ee's social secu	urity number			100.00		
f Employee's address and ZIP code				555-55-551	•	BOX 14 TITLE 4		100.00		
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income tax 100.00		18 Local wage 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	lity name _1ALPHA NAME		
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAME		
Form W-2 Wage and Tax Statement 2010										

b Faralassa idaatifaatiaa assabaa (FIN)			12a			4.147 22 21		05 1 1:		
b Employer identification number (EIN) c Employer's name, address, and ZIP code	0020		8 .	1.00		1 Wages, tips, other compe- 10000.00		2 Federal incon	ne tax withne 0000.00	ia
COMPANY 20			₿Α 12b	\$	100.00					
COMPANY 20 ADDRRESS 1			c	Life.	100.00	3 Social security wages	•	4 Social security tax withheld		1
COMPANY 20 ADDRRESS 2		åB 12c	\$	100.00	10000.00)	0.14 11 1	100.00		
COMPANY 20 ADDRRESS 3		iC	1¢	100.00	5 Medicare wages and tips		6 Medicare tax	withheid		
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY				\$	100.00	10000.00		100.00		
				\$	100.00	7 Social security tips	_	8 Allocated tips		
e Employee's first name and initial Last na	ame	Suff.	12e	Ψ		100.00)		100.00	
SORT KEY THREE				\$	100.00	9 Advance EIC payment	,	10 Dependent care benefits		
FIRSTNAME MIDDLENAME LASTNAME	SUFX			17		100.00		100.00 13 Statutory Retirement		Third-party
EMPLOYEE ADDRESS 2						11 Nonqualified plans 100.00	1	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3			Copy 2 To Be Filed With			14 Other				
EMPLOYEE CITY FOREIGN STATE FOR	REIGN POSTAL		Copy 2 To Be Filed With Employee's State, City, or			BOX 14 TITLE 1		100.0	00	
FOREIGN COUNTRY				ncome Tax		BOX 14 TITLE 2		100.0	00	
	a Employee's social security number			BOX 14 TITLE 3		100.0	00			
f Employee's address and ZIP code				555-55-55	15	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 1 1 1 1 1 1 1 1 1	16 State wages, tips, etc. 1000.00	17 State income tax 100.00		18 Local wages, tips, etc. 100.00		19 Local income tax 100.00	20 Locality name LOCAL1ALPHA N		E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ĀLPHĀ NĀM	Ē	

Form W-2 Wage and Tax Statement 2010

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

	1.2.0							
b Employer identification number (EIN) 10-0000020	12a See	instructions for	box 12	1 Wages, tips, other compen		2 Federal incon		ld
c Employer's name, address, and ZIP code	A	\$	100.00	10000.00		1	0000.00	
COMPANY 20	12b			3 Social security wages		4 Social securit	t	
COMPANY 20 ADDRRESS 1	₿B	\$	100.00	10000.00	100.00			
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	[C	\$	100.00	10000.00			100.00	
FOREIGN COUNTRY	12d			7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff. 40-	\$	100.00	100.00			100.00	
SORT KEY THREE	Suii. 12e	Life.	100.00	9 Advance EIC payment		10 Dependent	care benefits	
•••••	2□	\$		100.00		100.00		
FIRSTNAME MIDDLENAME LASTNAME SUFX	Service. If y	ion is being furnished to the su are required to file a tax r	eturn, a negligence	11 Nonqualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2		ner sanction may be impose able and you fail to report it		100.00		employee	plan	sick pay
EMPLOYEE ADDRESS 3	Copy	C For EMPLO	YEE'S	14 Other BOX 14 TITLE 1 .				
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		RDS. (See N	otice to	BOX 14 TITLE 1 .		100.0	00	
FOREIGN COUNTRY		ee on back.)		BOX 14 TITLE 2 .		100.0	00	
	a Emplo	yee's social secu	urity number	BOX 14 TITLE 3 .	. 100.00			
f Employee's address and ZIP code		555-55-551	5	BOX 14 TITLE 4 .	. 100.00			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State 1000.00 17 State 1000.00 17 State 17 State 1000.00 18 State 1000.00 18 State 1000.00 18 State 18 State	State income tax 100.00	ax 18 Local wages, tips, etc. 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 888888888888888888888888888888888888	100.00	100.00		100.00	LOCAL2	ĀLPHĀ NĀM	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but hearn sample account. Report of windows, when a roam paracount is provided in box 1.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1.

It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-0000020	12a See	instructions	for box 12	1 Wages, tips, other compensati	on 2 Federal income tax withheld
Employer's name, address, and ZIP code	- åA	 \$	100.00	10000.00	10000.00
COMPANY 20	12b	ĮΨ	100.00	3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1	åB	\$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	₿C	\$	100.00	10000.00	100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d			7 Social security tips	8 Allocated tips
FOREIGN COUNTRY		\$	100.00	100.00	100.00
Employee's first name and initial Last name Suff SORT KEY THREE	126			9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAME SUFX	ĕΕ	\$	100.00	100.00	100.00
	This info	rmation is being	furnished to the	11 Nonqualified plans	13 Statutory Retirement Third-pa
EMPLOYEE ADDRESS 2	Internal F	Revenue Service	e.	100.00	employee plan sick pa
EMPLOYEE ADDRESS 3	Copy	B To Be F	led With	14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		yee's FED	ERAL		
FOREIGN COUNTRY	Tax R			BOX 14 TITLE 2 .	100.00
	a Emplo		security number	BOX 14 TITLE 3 .	100.00
Employee's address and ZIP code		555-55-5		BOX 14 TITLE 4	100.00
5 State Employer's state ID number 16 State wages, tips, etc. 17 State incom 100.00 100.00	e tax	18 Local w	ages, tips, etc.	19 Local income tax 100.00 LC	Locality name ICAL1ALPHA NAME
UT 888888888888888888888888888888888888		100.	00		CALZALPHA NAME
orm W-2 Wage and Tax Statement 2010 Department of the Treasury-Internal	Revenue	Service	OMB# 1545-0	008 Copy B To	o Be Filed With Employee's FEDERAL Tax Ret
Employer identification number (EIN) 10-000020	12a			1 Wages, tips, other compensati	
10-0000020		1.46		10000.00	10000.00
Employer's name, address, and ZIP code	—åA	\$	100.00		
Employer's name, address, and ZIP code COMPANY 20	12b			3 Social security wages	4 Social security tax withheld
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1	12b ⋴̂B	\$ \$	100.00	3 Social security wages 10000.00	4 Social security tax withheld 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2	12b ∮B 12c	\$	100.00	3 Social security wages	4 Social security tax withheld
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12b B 12c C			3 Social security wages 10000.00	4 Social security tax withheld 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12b B 12c C 12d	\$ \$	100.00	3 Social security wages 10000.00 5 Medicare wages and tips	4 Social security tax withheld 100.00 6 Medicare tax withheld
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12b B 12c C 12d	\$	100.00	3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name Suff	12b B 12c C 12d D 12e	\$ \$ \$	100.00 100.00	3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12b B 12c C 12d	\$ \$	100.00	Social security wages	4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name Suff SORT KEY THREE	12b B 12c C 12d D 12e	\$ \$ \$	100.00 100.00	3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
Employer's name, address, and ZIP code COMPANY 20 COMPANY 20 ADDRRESS 1 COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY Employee's first name and initial Last name Suff	12b B 12c C 12d D 12e	\$ \$ \$	100.00 100.00 100.00 100.00	Social security wages	4 Social security tax withheld

Form W 2 Wags and Tay Statement 2010									
UT	88888888888888888								
ME	Employer's state ID number 888888888888888888888888888888888888								
45.01.1	E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1 Employee's address and Eli code									

f Employee's address and ZIP code

EMPLOYEE ADDRESS 3
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL
FOREIGN COUNTRY

17 State income tax 100.00 100.00 Department of the Treasury-Internal Revenue Service OMB# 1545-0008

16 State wages, tips, etc. 1000.00 1000.00

19 Local income tax 100.00 100.00 LOCALZALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

20 Locality name LOCAL1ALPHA NAME

100.00

100.00

100.00

100.00

b Employer identification number (EIN) c Employer's name, address, and ZIP code	12a ≗A	\$ 100.00	1 Wages, tips, other compens 10000.00		2 Federal income 10	tax withhel	d
COMPANY 20 COMPANY 20 ADDRRESS 1	12b B		3 Social security wages		4 Social security		I
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12c	IΨ	5 Medicare wages and tips		6 Medicare tax w	100.00 ithheld	
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	∯C 12d	\$ 100.00	10000.00			100.00	
FOREIGN COUNTRY e Employee's first name and initial Last name	Suff. 40-	\$ 100.00	7 Social security tips 100.00		8 Allocated tips	100.00	
SORT KEY THREE	12e E	\$ 100.00	9 Advance EIC payment 100.00		10 Dependent ca	re benefits 100.00	
FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			11 Nonqualified plans 100.00	Ī	13 Statutory employee	Retirement	Third-party sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	Employ Local li	To Be Filed With ree's State, City, or ncome Tax Return.	14 Other BOX 14 TITLE 1 . BOX 14 TITLE 2 . BOX 14 TITLE 3 .	•	100.00 100.00 100.00)	
f Employee's address and ZIP code	a Employ	555-55-5514	BOX 14 TITLE 4 .		100.00		
	income tax 0.00	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality I LOCAL1A	name ALPHA NAME		
UT 888888888888888888888888888888888888	0.00	100.00		LOCAL2	ALPHA NAME		

Copy 2 To Be Filed With

Employee's State, City, or

Local Income Tax Return.

a Employee's social security number

555-55-5514

100.00

18 Local wages, tips, etc. 100.00

4 Other BOX 14 TITLE 1

BOX 14 TITLE 2

BOX 14 TITLE 3

BOX 14 TITLE 4

b Employer identification number (EIN) 10-000020		122 500	instructions for	hov 12	4 Wages tips other company	anation	2 Federal incor	na tawwiithha	ld
b Employer identification number (EIN) 10-0000020 c Employer's name, address, and ZIP code		Δ	1¢	100.00	1 Wages, tips, other comper 10000.00			0000.00	.u
COMPANY 20		12b	ļΦ	100.00	3 Social security wages		4 Social securit		t
COMPANY 20 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 20 ADDRRESS 2		12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		iC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY		12d	I ch	400.00	7 Social security tips		8 Allocated tips		$\neg \neg$
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		Ε	I\$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUFX		This informatio	n is being furnished to the are required to file a tax	e Internal Revenue	100.00 11 Nonqualified plans)	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2		penalty or other	er sanction may be import ble and you fail to report	ed on you if this	100.00)	employee	plan	sick pay
EMPLOYEE ADDRESS 3		Copy C	For EMPL	OYEE'S	14 Other BOX 14 TITLE 1 . 100.00				
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		RECORDS. (See Notice to					100.0		
FOREIGN COUNTRY		' '	ee on back.)		BOX 14 TITLE 2		100.0		
		a Employ	ee's social sec 555-55-55	•	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code	la n o			• •	BOX 14 TITLE 4		100.0)()	
15 State	17 State income t 100.00	ax	18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
UT 8888888888888888888 1000.00	100.00	~~		100.00	LOCAL2	ALPHA NAM	Ē		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-0000020	12a	See instruc	tions for box 12	1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code	åA	\$	100.0		10000.00		
COMPANY 20	12b		100.0	3 Social security wages	4 Social security tax withheld		
COMPANY 20 ADDRRESS 1	å₿	\$	100.0		100.00		
COMPANY 20 ADDRRESS 2	12c		100.0	5 Medicare wages and tips	6 Medicare tax withheld		
COMPANY 20 ADDRRESS 3	åC	\$	100.0	, ·			
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d		100.0	10000.00	100.00		
FOREIGN COUNTRY	åD	\$	100.0	7 Social security tips	8 Allocated tips		
e Employee's first name and initial Last name Su			100.0	100.00	100.00		
SORT KEY THREE	έE	\$	100.0	Advance EIC payment	10 Dependent care benefits		
FIRSTNAME MIDDLENAME LASTNAME SUFX				100.00	100.00 12 Statutory Retirement Third-party		
EMPLOYEE ADDRESS 2	Inte	s information is emal Revenue s	s being furnished to the Service.	11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay		
EMPLOYEE ADDRESS 3	_	D.T. F	5 E'' 1147'''	100.00			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		1 7	Be Filed With	14 Other BOX 14 TITLE 1 .	100.00		
FOREIGN COUNTRY		Inployee's FEDERAL BOY 44 TITLE 0			100.00		
I OKLIGIT COOKTICT		x Return.	ocial security numb	-	100.00		
45 J.	a Ei		ociai security numb -55-5513	BOX 14 TITLE 4 .	100.00		
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State incore	me tov		ocal wages, tips, etc				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incor LA 888888888888888888888888888888888888		10 10	100.00	100.00 LOCA	ality name AL1ALPHA NAME		
UT 888888888888888888888888888888888888			100.00		ALZALPHA NAME		
Form W-2 Wage and Tax Statement 2010 Department of the Treasury-Interna	l Rever	nue Servic	e OMB# 1545	-0008 Copy B To Be	Filed With Employee's FEDERAL Tax Return.		
T. F. J. 11 (7) C. J. (5)	140						
b Employer identification number (EIN) 10-0000020	12a	l		1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code	—_₿A	\$	100.0		10000.00		
COMPANY 20	12b)		3 Social security wages	4 Social security tax withheld		
COMPANY 20 ADDRRESS 1	₿B	\$	100.0	0 10000.00	100.00		
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips	6 Medicare tax withheld		
COMPANY 20 ADDRRESS 3	IIC	\$	100.0	10000.00	100.00		
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12d			7 Social security tips	8 Allocated tips		
	\šD	\$	100.0	100.00	100.00		
e Employee's first name and initial Last name Su 0000020	.ff. 12e)		9 Advance EIC payment	10 Dependent care benefits		
	ĕΕ	\$	100.0	0 100.00	100.00		
SORT KEY THREE				11 Nonqualified plans	13 Statutory Retirement Third-party		
FIRSTNAME MIDDLENAME LASTNAME SUFX				100.00	employee plan sick pay		
EMPLOYEE ADDRESS 2	Co	ny 2 To F	Be Filed With				
EMPLOYEE ADDRESS 3			State, City, or	14 Other BOX 14 TITLE 1 .	100.00		
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY			e Tax Return.	BOX 14 TITLE 2 .	100.00		
FUNEIGIN COUNTRY			ocial security numb	BOX 14 TITLE 3 .	100.00		

Form W-2 Wage and Tax Statement 2010

f Employee's address and ZIP code

17 State income tax 100.00 100.00 Department of the Treasury-Internal Revenue Service OMB# 1545-0008

16 State wages, tips, etc. 1000.00 1000.00

19 Local income tax 100.00 100.00 20 Locality name LOCAL1ALPHA NAME LOCAL2ALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

100.00

100.00

BOX 14 TITLE 4

b Employer identification number (EIN) c Employer's name, address, and ZIP code	12a ÅA	\$ 100.00	1 Wages, tips, other comper 10000.00		2 Federal income 10	e tax withhel 0000.00	d		
COMPANY 20	12b		3 Social security wages		4 Social security	tax withheld			
COMPANY 20 ADDRRESS 1	₿B	\$ 100.00	10000.00)		100.00			
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12c		5 Medicare wages and tips		6 Medicare tax w	vithheld			
COMPANY 20 ADDRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	įC	\$ 100.00	10000.00)		100.00			
FOREIGN COUNTRY	12d	100.00	7 Social security tips		8 Allocated tips				
e Employee's first name and initial Last name Suff.	12e	\$ 100.00	100.00)		100.00			
SORT KEY THREE	iF	I\$ 100.00	9 Advance EIC payment		10 Dependent ca				
FIRSTNAME MIDDLENAME LASTNAME SUFX	e -	φ 100.00	100.00)		100.00			
EMPLOYEE ADDRESS 2			11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay		
EMPLOYEE ADDRESS 3		T D E" 11400	100.00)					
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	1		14 Other BOX 14 TITLE 1		100.00	า			
FOREIGN COUNTRY		ee's State, City, or ncome Tax Return.	BOX 14 TITLE 2		100.00				
		ree's social security number	BOX 14 TITLE 3		100.00)			
f Employee's address and ZIP code	. ,	555-55-5513	BOX 14 TITLE 4		100.00)			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income 1000.00 100.00	tax	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME	<u> </u>			
UT 888888888888888888888888888888888888		100.00	100.00	LOCAL2	ALPHA NAME				
Form W-2 Wage and Tax Statement 2010 Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State. City. or Local Income Tax Return.									

a Employee's social security number

555-55-5513

18 Local wages, tips, etc. 100.00 100.00

	1:2 2							
b Employer identification number (EIN) 10-0000020	12a See	instructions for	box 12	1 Wages, tips, other compen		2 Federal incon		ld
c Employer's name, address, and ZIP code	\A	\$	100.00	10000.00		1	00.000	
COMPANY 20	12b			3 Social security wages		4 Social securit	y tax withheld	t
COMPANY 20 ADDRRESS 1	₿B	\$	100.00	10000.00			100.00	
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	[C	\$	100.00	10000.00			100.00	
FOREIGN COUNTRY	12d			7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff. 40-	\$	100.00	100.00			100.00	
SORT KEY THREE	Sull. 12e	Life.	100.00	9 Advance EIC payment		10 Dependent	are benefits	
***************************************	8⊏	\$		100.00			100.00	
FIRSTNAME MIDDLENAME LASTNAME SUFX	Service. If you	n is being furnished to the are required to file a tax	return, a negligence	11 Nonqualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2		er sanction may be impos ble and you fail to report		100.00		employee	plan	sick pay
EMPLOYEE ADDRESS 3	Copy C	For EMPL	OYEE'S	14 Other BOX 14 TITLE 1 .				
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		RDS. (See N	lotice to	BOX 14 TITLE 1 .		100.0	0	
FOREIGN COUNTRY		ee on back.)		BOX 14 TITLE 2 .		100.0	0	
	a Employ	ee's social sec	urity number	BOX 14 TITLE 3 .		100.0	0	
f Employee's address and ZIP code		555-55-55	13	BOX 14 TITLE 4 .		100.0		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in 1000.00 100		18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	ity name _1ALPHA NAME		
UT 88888888888888888888 1 1000.00 100	100.00)			ĀLPHĀ NĀM		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000020	12a Se	e instructions fo	r box 12	1 Wages, tips, other compe	nsation	2 Federal income tax wit	nheld
c Employer's name, address, and ZIP code	ΔåΑ	\$	100.00	10000.0		10000.0	0
COMPANY 20	12b	ĮΨ	100.00	3 Social security wages		4 Social security tax with	
COMPANY 20 ADDRRESS 1	βB	\$	100.00	10000.0	0	100.0	
COMPANY 20 ADDRRESS 2	12c	ĮΨ	100.00	5 Medicare wages and tips		6 Medicare tax withheld	<u> </u>
COMPANY 20 ADDRRESS 3	įC	\$	100.00				
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d	19	100.00	10000.0	0	100.0	0
FOREIGN COUNTRY	"D	\$	100.00	7 Social security tips		8 Allocated tips	
e Employee's first name and initial Last name	Suff. 12e	ĺφ	100.00	100.0	0	100.0	0
SORT KEY THREE	E E	\$	100.00	9 Advance EIC payment		10 Dependent care bene	
FIRSTNAME MIDDLENAME LASTNAME SUFX	e			100.0	0	100.0	
EMPLOYEE ADDRESS 2	This in	formation is being fu Il Revenue Service.	mished to the	11 Nonqualified plans		13 Statutory Retireme	nt Third-party sick pay
EMPLOYEE ADDRESS 3				100.0	0		
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		/ B To Be File		14 Other BOX 14 TITLE 1		100.00	
FOREIGN COUNTRY		oyee's FEDE	RAL	BOX 14 TITLE 1	•	100.00	
FOREIGN COUNTRY		Return.		BOX 14 TITLE 2 BOX 14 TITLE 3	•		
	a Emp	loyee's social se			•	100.00	
f Employee's address and ZIP code		555-55-55		BOX 14 TITLE 4		100.00	
	ncome tax 0.00	18 Local was 100.0	es, tips, etc.	19 Local income tax 100.00	20 Localit	y name 1ALPHA NAME	
UT 8888888888888888888 1000.00 100		100.0		100.00		ZALPHA NAME	
Form W-2 Wage and Tax Statement 2010 Department of the Treasury-Inte		e Service C	MB# 1545-0			led With Employee's FEDEF	
b Employer identification number (EIN) 10-0000020	12a			1 Wages, tips, other compe		2 Federal income tax wit	
c Employer's name, address, and ZIP code	—— š́A	\$	100.00	10000.0	0	10000.0	
COMPANY 20	12b			3 Social security wages		4 Social security tax with	held
COMPANY 20 ADDRRESS 1	₿B	\$	100.00	10000.0	0	100.0	0
COMPANY 20 ADDRRESS 2	12c			5 Medicare wages and tips		6 Medicare tax withheld	
COMPANY 20 ADDRRESS 3	li€C	\$	100.00	10000.0	Λ	100.0	Ω
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12d			7 Social security tips		8 Allocated tips	0
	jD	\$	100.00	100.0	0	100.0	0
e Employee's first name and initial Last name	Suff. 12e			9 Advance EIC payment	U	100.0	_
0000021	l⁵E	\$	100.00	9 Advance EIC payment 100.0	0	100.0	
SORT KEY THREE				11 Nonqualified plans	U	13 Statutory Retireme	
FIRSTNAME MIDDLENAME LASTNAME SUFX				11 Nonqualified plans	0	employee plan	sick pay
EMPLOYEE ADDRESS 2	Con	/ 2 To Be File	d \Mith	100.0 14 Other	U		
EMPLOYEE ADDRESS 3		ovee's State.		BÖX 14 TITLE 1		100.00	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	I. IIIP	oyees state,	City, Oi	BOY 14 TITLE 2		100.00	

Form W-2 Wage and Tax Statement 2010

EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY

f Employee's address and ZIP code

17 State income tax 100.00 100.00 18 Local wages, tips, etc. 100.00 100.00 Department of the Treasury-Internal Revenue Service OMB# 1545-0008

16 State wages, tips, etc. 1000.00 1000.00

19 Local income tax 100.00 100.00 LOCALZALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

20 Locality name LOCAL1ALPHA NAME

BOX 14 TITLE 2

BOX 14 TITLE 3

BOX 14 TITLE 4

100.00

100.00

100.00

b Employer identification number (EIN) c Employer's name, address, and ZIP code	12a [§] A	\$ 100.00	1 Wages, tips, other compens 10000.00	sation 2 F	ederal income tax wit 10000.0	
COMPANY 20 COMPANY 20 ADDRRESS 1	12b		3 Social security wages	4 8	Social security tax with	
COMPANY 20 ADDRRESS 2	≗B 12c	ΙΨ	10000.00 5 Medicare wages and tips	6 N	100.0 Medicare tax withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	≗C 12d	\$ 100.00	10000.00		100.0	0
FOREIGN COUNTRY	åD.	\$ 100.00	7 Social security tips 100.00	8 A	Allocated tips 100.0	0
e Employee's first name and initial Last name SORT KEY THREE	Suff. 12e	\$ 100.00	9 Advance EIC payment 100.00	10	Dependent care bene 100.0	efits
FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			11 Nonqualified plans 100.00	13	Statutory Retireme employee plan	-
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	Employ Local Ir	To Be Filed With ee's State, City, or ncome Tax Return.	14 Other BOX 14 TITLE 1 . BOX 14 TITLE 2 . BOX 14 TITLE 3 .	•	100.00 100.00 100.00	
f Employee's address and ZIP code	u 2p.o)	555-55-5512	BOX 14 TITLE 4 .		100.00	
	ate income tax 100.00	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality nam LOCAL1ALF	ne PHA NAME	
UT 888888888888888888888888888888888888	100.00	100.00	100.00 l	LOCAL2ALI	PHA NAME	

Local Income Tax Return.

a Employee's social security number 555-55-5512

b Employer identification number (EIN) 10-0000020		12a See i	nstructions for	box 12	1 Wages, tips, other comper		2 Federal incor		ld
c Employer's name, address, and ZIP code	500	Α	 \$	100.00	10000.00		1	0000.00	
COMPANY 20	1	12b			3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 20 ADDRRESS 1		В	\$	100.00	10000.00	1		100.00	
COMPANY 20 ADDRRESS 2	[1	12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 20 ADDRRESS 3 COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL		С	\$	100.00	10000.00	1		100.00	
FOREIGN COUNTRY	1	12d			7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	D	\$	100.00	100.00	1		100.00	
SORT KEY THREE	5	12e ⊏	ι¢	100.00	9 Advance EIC payment		10 Dependent	care benefits	
FIRSTNAME MIDDLENAME LASTNAME SUFX	<u> </u>	<u></u>	\$		100.00			100.00	
		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence			11 Nonqualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2			r sanction may be impos ile and you fail to report		100.00		employee	plan	sick pay
EMPLOYEE ADDRESS 3	- F	Copy C	For EMPL	OYEE'S					
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			RDS. (See N	lotice to	14 Other BOX 14 TITLE 1 .		100.0	00	
FOREIGN COUNTRY			e on back.)	.01.00 10	BOX 14 TITLE 2		100.0	00	
	1	a Employ	ee's social sec	urity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code			555-55-55	12	BOX 14 TITLE 4		100.0		
15 State Employer's state ID number 16 State wages, tips, etc. 17 1000.00 17 17 17 18 18 18 18 18	7 State income ta 100.00	х	18 Local wage 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality name LOCAL1ALPHA NAME		1E	
UT 88888888888888888888 1000.00	100.00						ĀLPHĀ NĀN		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000020	12a Se	ee instruction	s for box 12	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	μåΑ	\$	100.00	10000.00	10000.00
COMPANY 20	12b	ĮΨ	100.00	3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1	å₿	\$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2	12c	ļΨ		5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	įC	\$	100.00	ů .	
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d	ĮΨ	100.00	10000.00	100.00
FOREIGN COUNTRY	βD	\$	100.00	7 Social security tips	8 Allocated tips
	uff. 12e	ΙΨ		100.00	100.00
SORT KEY THREE	åΕ	\$	100.00	9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAME SUFX	This is	formation is boi	ng furnished to the	100.00	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2		Il Revenue Serv		11 Nonqualified plans	employee plan sick pay
EMPLOYEE ADDRESS 3	Con	/ B To Be	Filed With	100.00	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	1 3	loyee's FE		14 Other BOX 14 TITLE 1 .	100.00
FOREIGN COUNTRY		Return.	DEITHE	BOX 14 TITLE 2 .	100.00
			I security number	BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code		555-55		BOX 14 TITLE 4 .	100.00
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incc 1000.00 1000.00		18 Local 100	wages, tips, etc.	19 Local income tax 100.00 20 Local LOCA	ality name L1ALPHA NAME
TUT 88888888888888888888888888888888888	0	100	0.00		LZALPHA NAME
Form W-2 Wage and Tax Statement 2010 Department of the Treasury-Interna-	al Revenu	e Service	OMB# 1545-0	0008 Сору В То Ве	Filed With Employee's FEDERAL Tax Return.
b Employer identification number (EIN) 10-0000020 c Employer's name, address, and ZIP code	12a åA	\$	100.00	1 Wages, tips, other compensation 10000.00	2 Federal income tax withheld 10000.00
COMPANY 20	12b	1.7		3 Social security wages	4 Social security tax withheld
COMPANY 20 ADDRRESS 1	li̇́́B	\$	100.00	10000.00	100.00
COMPANY 20 ADDRRESS 2	12c	17		5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 20 ADDRRESS 3	lic	\$	100.00	10000.00	100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL	12d	ĮΨ		7 Social security tips	8 Allocated tips
FOREIGN COUNTRY	lib	\$	100.00	· ' '	·
	uff. 12e	1.		100.00	100.00
0000022	lε	\$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2				11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EINFLOTEE ADDRESS 2		0 T D I	-1. 134711	100.00	

Form W-2 Wage and Tax Statement 2010

EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL

EMPLOYEE ADDRESS 3

f Employee's address and ZIP code

FOREIGN COUNTRY

16 State wages, tips, etc. 1000.00 1000.00 17 State income tax 100.00 100.00 Department of the Treasury-Internal Revenue Service OMB# 1545-0008

19 Local income tax 100.00 100.00 LOCAL2ALPHA NAME Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

20 Locality name LOCAL1ALPHA NAME

100.00

100.00

100.00

100.00

b Employer identification number (EIN) c Employer's name, address, and ZIP code	12a [§] A	\$ 100.00	1 Wages, tips, other compensation 10000.00	tion 2 Federal income tax withheld 10000.00
COMPANY 20 COMPANY 20 ADDRRESS 1	12b	\$ 100.00	3 Social security wages 10000.00	4 Social security tax withheld 100.00
COMPANY 20 ADDRRESS 2 COMPANY 20 ADDRRESS 3	12c ૄੈC	\$ 100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY e Employee's first name and initial Last name	12d [§] D Suff. 42-	\$ 100.00	7 Social security tips	8 Allocated tips
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX	Suii. 12e	\$ 100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		,	11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	Emplo Local	2 To Be Filed With yee's State, City, or ncome Tax Return. yee's social security number	14 Other BOX 14 TITLE 1 . BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00 100.00
f Employee's address and ZIP code		555-55-5511	BOX 14 TITLE 4 .	100.00
15 State Employer's state ID number 16 State wages, tips, etc. 17 KS 8888888888888888888 1000.00 17	7 State income tax 100.00	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00 LC	Locality name DCAL1ALPHA NAME
UT 888888888888888888888888888888888888	100.00	100.00	100.00 LC	DCAL2ALPHA NAME

Copy 2 To Be Filed With

Employee's State, City, or

Local Income Tax Return.

a Employee's social security number 555-55-5511

18 Local wages, tips, etc. 100.00

100.00

4 Other BOX 14 TITLE 1

BOX 14 TITLE 2

BOX 14 TITLE 3

BOX 14 TITLE 4

Form W-2 Wage and Tax Statement 2010

Department of the Treasury-Internal Revenue Service OMB# 1545-0008

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

			-			
b Employer identification number (EIN) 10-0000020	12a See	instructions for box 12	1 Wages, tips, other comper		ncome tax withhe	eld
c Employer's name, address, and ZIP code	A	\$ 100.0	0 10000.00		10000.00	
COMPANY 20	12b		3 Social security wages	4 Social se	curity tax withhel	d
COMPANY 20 ADDRRESS 1	₽B	\$ 100.0	0 10000.00)	100.00	
COMPANY 20 ADDRRESS 2	12c		5 Medicare wages and tips	6 Medicare	tax withheld	
COMPANY 20 ADDRRESS 3	[C	\$ 100.0	10000.00	.	100.00	
COMPANY 20 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY	12d		7 Social security tips	8 Allocated		
e Employee's first name and initial Last name	Suff. 40-	\$ 100.0	0 100.00		100.00	
SORT KEY THREE	Suii. 12e	ı\$ 100.0	9 Advance EIC payment	10 Depend	ent care benefits	
•••••	8⊏	17	100 00		100.00	
FIRSTNAME MIDDLENAME LASTNAME SUFX	Service. If you	n is being furnished to the Internal Revenu are required to file a tax return, a neglige		13 Statutor		Third-party
EMPLOYEE ADDRESS 2		r sanction may be imposed on you if this ble and you fail to report it.	100.00	employe	e plan	sick pay
EMPLOYEE ADDRESS 3	Copy C	For EMPLOYEE'S	14 Other BOX 14 TITLE 1			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		RDS. (See Notice to	BOX 14 TITLE 1	. 10	00.00	
FOREIGN COUNTRY		ee on back.)	BOX 14 TITLE 2	. 10	00.00	
	a Employ	ee's social security numb	BOX 14 TITLE 3	. 10	00.00	
f Employee's address and ZIP code		555-55-5511	BOX 14 TITLE 4		00.00	
	ate income tax 100.00	18 Local wages, tips, etc 100.00	. 19 Local income tax 100.00	20 Locality name LOCAL1ALPHA N	AME	
UT 888888888888888888888888888888888888	100.00	100.00		LOCALZALPHA N		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-0000010		12a See instructions f		1 Wages, tips, other compensation	•
c Employer's name, address, and ZIP code COMPANY 10		ễF \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 10 ADDRRESS 1		G \$	100.00	• •	·
COMPANY 10 ADDRRESS 2		12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 10 ADDRRESS 3		åН \$	100.00	10000.00	100.00
COMPANY 10 CITY NC 10538-2095		12d		7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	Suff.		100.00	100.00	100.00
SORT KEY THREE		åK ∣\$	100.00	9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAME SUFX		This information is being		100.00	100.00 Tag Statutory Retirement Third-party
EMPLOYEE ADDRESS 2		Internal Revenue Service		11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3		Copy B To Be Fil	ed With	14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321-1234		Employee's FED	ERAL		100.00
		Tax Return. a Employee's social s		BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code		555-55-5		BOX 14 TITLE 4 .	100.00
15 State Employer's state ID number 16 State wages, tips, etc. 17	State income t	ax 18 Local wa	ages, tips, etc.		ocality name CAL1ALPHA NAME
AZ 88888888888888888888888888888888888	100.00	100.0			ZAL1ALPHA NAME CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010 Department of the Treasu			OMB# 1545-0		Be Filed With Employee's FEDERAL Tax Return.
Tomat I rage and rax oldionion 2010 Department of the Treasu	ny mitorinarit	001100	01111211 1040 0	оору д то	De Filed With Employee 37 EDERAL Tax Neturn.
b Employer identification number (EIN) 10-0000010		12a		1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code COMPANY 10		∯F \$	100.00	10000.00	10000.00
COMPANY 10 ADDRRESS 1		12b G \$	100.00	3 Social security wages	4 Social security tax withheld
COMPANY 10 ADDRRESS 2		12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 10 ADDRRESS 3		åH ∣\$	100.00	10000.00	100.00
COMPANY 10 CITY NC 10538-2095		12d		7 Social security tips	8 Allocated tips
e Employee's first name and initial Last name	Suff.	. ŠJ \$	100.00	100.00	100.00
0000023	Juii.	12e K \$	100.00	9 Advance EIC payment	10 Dependent care benefits
SORT KEY THREE		er \ D	100.00	100.00	100.00 13 Statutory Retirement Third-party
FIRSTNAME MIDDLENAME LASTNAME SUFX				11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Copy 2 To Be Fil	ed With	14 Other	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234		Employee's State		BOX 14 TITLE 1 .	100.00
E.W. 20122 0111 01 01021 1201		Local Income Ta		BOX 14 TITLE 2 .	100.00
5 Family and address and 7ID and		a Employee's social s	-	BOX 14 TITLE 3 . BOX 14 TITLE 4 .	100.00 100.00
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17	State income t	555-55-5 ax 18 Local wa	ages, tips, etc.		
AZ 88888888888888888888888888888888888	100.00	100.0	00		ocality name CAL1ALPHA NAME
UT 888888888888888888888888888888888888	100.00	100.0			CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010 Department of the Treasu	iry-Internal R	evenue Service O	MB# 1545-000	J8 Copy 2 To Be Filed With Em	ployee's State, City, or Local Income Tax Return.
b Employer identification number (EIN) 10-0000010		12a		1 Wages, tips, other compensation	
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 10		[§] F \$	100.00	10000.00	10000.00
c Employer's name, address, and ZIP code		åF \$ 12b		10000.00 3 Social security wages	10000.00 4 Social security tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2		[§] F \$	100.00	10000.00 3 Social security wages 10000.00	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3		%F \$ 12b %G \$ 12c %H \$		10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2		#F \$ 12b #G \$ 12c #H \$ 12d	100.00	10000.00 3 Social security wages 10000.00	10000.00 4 Social security tax withheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	Suff.	#F \$ 12b #G \$ 12c #H \$ 12d #J \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	Suff.	\$\frac{1}{2}F	100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX	Suff.	#F \$ 12b #G \$ 12c #H \$ 12d #J \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2	Suff.	\$\frac{1}{2}F	100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	Suff.	\$\frac{1}{2}F	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other	10000.00 4 Social security tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2	Suff.	F \$ 12b G \$ 12c H \$ 12d J \$ 12e K \$ Copy 2 To Be Fil Employee's State	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	10000.00 4 Social security tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	Suff.	S	100.00 100.00 100.00 100.00 ed With	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	10000.00 4 Social security tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	Suff.	S	100.00 100.00 100.00 100.00 ed With exp. City, or x Return. ecurity number	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Independent Sick pay 100.00 100.00 100.00 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17	' State income t	F \$ 12b G \$ 12c H \$ 12d J \$ 12e K \$ Copy 2 To Be Fil Employee's State Local Income Ta a Employee's social s 555-55-5 ax 18 Local w	100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 gges, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	10000.00 4 Social security tax withheld
C Employer's name, address, and ZIP code	'State income t 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With e, City, or x Return. ecurity number 502 goes, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 20 11 Possible of the plans of	10000.00 4 Social security tax withheld
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With b, City, or x Return. ecurity number 502 100 100 100 100 100 100 100 100 100 1	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 00cality name CALTALPHA NAME CALZALPHA NAME
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With b, City, or x Return. ecurity number 502 100 100 100 100 100 100 100 100 100 1	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00	10000.00 4 Social security tax withheld
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 100.00 MB# 1545-000	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 00cality name CAL1ALPHA NAME CAL2ALPHĀ NAME ployee's State, City, or Local Income Tax Return.
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	F \$ 12b G \$ 12c H \$ 12d J \$ I2e K \$ Employee's State Local Income Ta a Employee's social s 555-55-5 ax 18 Local was 100.0	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 100 100 100 100 100 100 100	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Copy 2 To Be Filed With En	10000.00
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 100.00 MB# 1545-000	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 201 LOC 100.00 1 Wages, tips, other compensatic 10000.00	10000.00
CEMPloyer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 100 100 100 100 100 100 100	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wight before the compensation of the compensation	10000.00
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 502 loges, tips, etc. 00 00 MB# 1545-000 or box 12 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 201 LOC 100.00 1 Wages, tips, other compensatic 10000.00	10000.00
CEMPloyer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 502 loges, tips, etc. 00 00 MB# 1545-000 or box 12 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 LOcal income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 coality name CALTALPHA NAME CALZALPHA NAME DALZALPHA NAME DALZALPHA NAME DALZALPHA NAME DALZALPHA NAME 10000.00 4 Social security tax withheld 10000.00
C Employer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 00 MB# 1545-000 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Social security wages 10000.00 5 Medicare wages and tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Remement plan sick pay 100.00 100.00 100.00 100.00 100.00 coality name CALTALPHA NAME CALZALPHĀ NĀMĒ ployee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
CEMPloyer's name, address, and ZIP code	State income t 100.00 - 100.00	S	100.00 100.00 100.00 100.00 100.00 ed With p, City, or x Return. ecurity number 502 gges, tips, etc. 00 00 MB# 1545-000 for box 12 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Copy 2 To Be Filed With Endition 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	S	100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 00 MB# 1545-000 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wight of the Eich of the	10000.00
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compensatic 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 coality name CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	S	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 502 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Reterement plan stock pay stock pay 100.00 100.00 100.00 100.00 00ality name CALTALPHA NAME CALTALPHA NAME DALZALPHĀ NĀMĒ ployee's State, City, or Local Income Tax Return. 1 Security tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	S	100.00 100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 502 iges, tips, etc. 00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 EOTO 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Paterment plan plan plan plan plan plan plan plan
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	F S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 ed With expective control of the	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan statutory statu
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	F \$ 12b G \$ 12c H \$ 12d J \$ 12e K \$ 100.6 100.6 100.6 100.6 100.6 12e Evenue Service O 12e Copy 2 To Be Fill Employee's State Local Income Ta a Employee's social s 555-55-5 ax 18 Local was 100.6 100.6 Evenue Service O 12a See instructions i F \$ 12b G \$ 12c H \$ 12c K \$ 12c K \$ 12e K \$ 1	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Copy 2 To Be Filed With En 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee 100.00 100
CEMPloyer's name, address, and ZIP code	'State income t 100.00 100.00 ry-Internal R	F S S S S S S S S S	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensatic 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3	10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
CEMPloyer's name, address, and ZIP code	State income to 100.00	F S S S S S S S S S	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wight of the Eich of the	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee 100.00 1
© Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 © Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AZ 8888888888888888888888888888888888	State income to 100.00 100.00 100.00 Suff.	F \$ 12b G \$ 12c H \$ 12d J \$ 12e K \$ 12e	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensatic 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other 100.00 15 Medicare wages and tips 10000.00 16 Social security tips 100.00 17 Social security tips 100.00 18 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 1 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 20 LOCAL SOCIAL SOCI	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan plan
CEMPloyer's name, address, and ZIP code	State income to 100.00 100.00 Invident and the state income to 100.00 100.00	F S S S S S S S S S	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensatic 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 3 BOX 14 TITLE 4 LOCAL BOX 14 TITLE 1 BOX 14 TITLE 4 LOCAL BOX 14 TITLE 1	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee 100.00 1

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

1.5 1. (5.1)		140 0							
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000010	12a See	instructions f	100.00	1 Wages, tips, other compo 10000.0		2 Federal incor	ne tax withhel	ld
COMPANY 10		12b	Ψ	100.00	3 Social security wages		4 Social securi		d
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2		∄M 12c	\$	100.00	10000.0			100.00	
COMPANY 10 ADDRRESS 3		⁸ N	\$	100.00	5 Medicare wages and tips		6 Medicare tax		
COMPANY 10 CITY NC 10538-2095		12d			7 Social security tips	10	8 Allocated tips	100.00	
e Employee's first name and initial Las	t name Suff.	_	\$	100.00	100.0	00	·	100.00	
SORT KEY THREE		Q	\$	100.00	9 Advance EIC payment 100.0	10	10 Dependent	care benefits 100.00	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	This info	mation is being t	furnished to the	11 Nonqualified plans	10	13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Revenue Service	! \\\':4!-	100.0	0	employee	plan	sick pay
EMPLOYEE CITY UT 84321-1234			B To Be Fil yee's FEDI		BOX 14 TITLE 1		100.0	00	
		Tax R	eturn.		BOX 14 TITLE 2	•	100.0		
f Employee's address and ZIP code		a Employ	yee's social s 555-55-5	ecurity number	BOX 14 TITLE 3 BOX 14 TITLE 4	•	100.0 100.0		
15 State Employer's state ID number	16 State wages, tips, etc. 17 State income	tax	18 Local wa	iges, tips, etc.	19 Local income tax	20 Locality	name ALPHA NAM		
AR 888888888888888888888888888888888	1000.00 100.00		100.0		100.00		ALPHA NAM		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal R	evenue		OMB# 1545-0			ed With Employe		Tax Return.
b Employer identification number (EIN) 10-00	000010	12a			1 Wages, tips, other compo	ensation	2 Federal inco	ne tax withhe	ld
c Employer's name, address, and ZIP code		g_	\$	100.00	10000.0			0000.00	
COMPANY 10 COMPANY 10 ADDRRESS 1		12b			3 Social security wages		4 Social securi		d
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2		βM 12c	\$	100.00	10000.0		6 Medicare tax	100.00	
COMPANY 10 ADDRRESS 3		§N	\$	100.00	5 Medicare wages and tips 10000.0		• wedicare tax	100.00	
COMPANY 10 CITY NC 10538-2095		12d			7 Social security tips		8 Allocated tips		
	st name Suff.	_	\$	100.00	100.0	0		100.00	
0000024		Q	\$	100.00	9 Advance EIC payment 100.0	10	10 Dependent	care benefits 100.00	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUEX				11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2	ME 661 X	0	2 T- D- E	! \\/:4 -	100.0	0	employee	Dian	SICK Pay
EMPLOYEE ADDRESS 3			2 To Be Fil yee's State		14 Other BOX 14 TITLE 1		100.0	00	
EMPLOYEE CITY UT 84321-1234		Local	Încome Ta:	x Return.	BOX 14 TITLE 2	•	100.0		
f Employee's address and ZIP code		a Emplo	yee's social s 555-55-5	ecurity number	BOX 14 TITLE 3 BOX 14 TITLE 4	•	100.0 100.0		
15 State Employer's state ID number	16 State wages, tips, etc. 17 State income	tax	18 Local wa	ges, tips, etc.	19 Local income tax	20 Locality	name ALPHA NAM		
AR 8888888888888888888888888888888888	1000.00		100.0		100.00		ALPHA NAM		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal F	Revenue	Service O	MR# 15/5_000	Q Conv 2 To Be Filed W		's State, City, or		Tax Return.
			00.1100	WID# 1343-000	Copy 2 To be Filed W	itii Eilipioyee			
			00.7100	WID# 1343-000	o Copy 2 To be Filed W	itii Employee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	000010	12a			1 Wages, tips, other compo	ensation	2 Federal incor		
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 10	000010	- ogL	\$	100.00	1 Wages, tips, other compo	ensation	2 Federal incor	0000.00	ld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1	000010	12a □입L 12b			1 Wages, tips, other compo	ensation 00	2 Federal incor	0000.00	ld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	000010	12b M 12c	\$ \$	100.00	Wages, tips, other compute 10000.0 Social security wages	ensation 00	2 Federal incor	0000.00 ty tax withheld 100.00	ld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1	000010	- 월L 12b 월M	\$	100.00	Wages, tips, other computed 10000.0 Social security wages 10000.0 Medicare wages and tips 10000.0	ensation 10	2 Federal incor 1 4 Social securi 6 Medicare tax	ty tax withheld 100.00 withheld 100.00	ld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095		12b 9M 12c N	\$ \$	100.00	1 Wages, tips, other comproduced to 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips	ensation 10 10 10	2 Federal incor 1 4 Social securi	0000.00 ty tax withheld 100.00 withheld 100.00	ld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Las	D00010 t name Suff.	12b 12c 12c 12d 12d	\$ \$ \$	100.00 100.00 100.00	Wages, tips, other computed 10000.0 Social security wages 10000.0 Medicare wages and tips 10000.0	ensation 10 10 10	2 Federal incor 1 4 Social securi 6 Medicare tax	ty tax withheld 100.00 withheld 100.00	ld d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	t name Suff.	12b 12c 12c 5N 12d	\$ \$	100.00 100.00 100.00	1 Wages, tips, other composition 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0	ensation 00 00 00 00	2 Federal incor 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent	ty tax withheld 100.00 withheld 100.00 in 100.00 care benefits 100.00	d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	t name Suff.	12b 12c 12c 12d 12d	\$ \$ \$	100.00 100.00 100.00	1 Wages, tips, other comprise 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips	ty tax withheld 100.00 withheld 100.00 100.00 care benefits	ld d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	t name Suff.	12b 12b 11c 11c 11c 11c 11c 11c 11c 11c 11c 11	\$ \$ \$ \$ \$	100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incor 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory emidoyee	ty tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan	ld d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name Suff.	12b 12b 12c 12c N 12d 12d 12e 2Q Copy 2 Emploi	\$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other comproduced 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incor 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent	ty tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan	ld d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	t name Suff.	12b 12b 12c 12c 12c 12d 12d 12d 12e 12e 12e 12e 12e 12e 12e 12e	\$ \$ \$ \$ \$ 2 To Be Fillyee's State	100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number	1 Wages, tips, other composition of the composition	ensation 100 100 100 100 100 100 100 100 100 10	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.1 100.1	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 00 00	ld d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	t name Suff. ∕IE SUFX	12b M 12c M 12d M 12e M	\$ \$ \$ \$ \$ 2 To Be File yee's State Income Ta: 555-55-5	100.00 100.00 100.00 100.00 100.00 ed With t, City, or x Return. eccurity number	1 Wages, tips, other computonoon.03 Social security wages 10000.05 Medicare wages and tips 10000.07 Social security tips 100.009 Advance EIC payment 100.0011 Nonqualified plans 100.014 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	ensation 00	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.1 100.1 100.1	0000.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Ratirement Jun 00 00 00 00	ld d
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 888888888888888888888888888888888888	t name Suff. ### SUFX ### In the state wages, tips, etc. 17 State income	12b M 12c M 12d M 12e M	\$ \$ \$ \$ \$ 2 To Be Fillyee's State Income Ta: yee's social s 555-55-5 18 Local wa 100.0	100.00 100.00 100.00 100.00 100.00 ed With c, City, or x Return. ecurity number 503 100.00	1 Wages, tips, other composition of the composition	0 0 0 0 0 0 0 0	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.0 100.0 100.0 100.0 7 name ALPHA NAM	0000.00 ty tax withheld 100.00 withheld 100.00 100.00 Retirement plan 00 00 00 00 01 IE	ld d
C Employer's name, address, and ZIP code	t name Suff. ### SUFX ### 16 State wages, tips, etc. 100.00 100.00 100.00 100.00	12b M 12c M 12d M	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 503 100.00 100.00	1 Wages, tips, other composition of the composition	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.0 100.0 100.0 100.0 ALPHA NAMALPHA NAMALPH	0000.00 ty tax withheld 100.00 withheld 100.00 100.00 Retirement plan 00 00 00 00 01 IE	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDOLENAME LASTNAME	t name Suff. ### SUFX ### In the superaction of t	12b M 12c M 12d M	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 503 100.00 100.00	1 Wages, tips, other composition of the composition	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.0 100.0 100.0 100.0 ALPHA NAMALPHA NAMALPH	0000.00 ty tax withheld 100.00 withheld 100.00 100.00 Retirement plan 00 00 00 00 01 IE	d Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR	t name Suff. ## SUFX 16 State wages, tips, etc.	12b M 12c N 12d P 12d Q Copy 2 Emplo Local a Emplo tax	\$ \$ \$ \$ \$ 2 To Be Fill yee's State Income Ta. yee's social s 555-55-5 18 Local wa 100.6 100.6 Service Of	100.00 100.00 100.00 100.00 100.00 ed With the control of the cont	1 Wages, tips, other composition of the composition	ensation 0 0 0 0 0 0 0 0 0 0 1 20 Locality LOCAL1 LOCAL2	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.0 100.0 100.0 7 name ALPHA NAM ALPHA NAM 2's State, City, or	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 00 00 00 00 00 LE LE Local Income	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR	t name Suff. ### SUFX ### 16 State wages, tips, etc. 100.00 100.00 100.00 100.00	12b M 12c N 12d P 12d Q Copy 2 Emplo Local a Emplo tax	\$ \$ \$ \$ \$ \$ \$ \$ \$ 2 To Be Fill yee's State Income Ta. yee's social so	100.00 100.00 100.00 100.00 100.00 ed With the control of the cont	1 Wages, tips, other composition of the composition	ensation 0 0 0 0 0 0 0 1 20 Locality LOCAL1 LOCAL2 LOCAL	2 Federal incon 4 Social securi 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.0 100.0 100.0 100.0 2 Fala NAM ALPHA NAM State, City, or	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 00 00 00 00 00 LE LE Local Income	Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 888888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	12b MM 12c MM 12d P 12d P 12e MM 12e	\$ \$ \$ \$ \$ \$ \$ 2 To Be Filiple \$ yee's State Income Tai yee's social so	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 503 uges, tips, etc. 00 00 mB# 1545-000 or box 12 100.00	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incon 4 Social securi 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.0 100.0 100.0 100.0 2 Fala NAM ALPHA NAM State, City, or	0000.00 ly tax withheld 100.00 withheld 100.00 care benefits 100.00 Ratirement juin 00 00 00 LE Local Income me tax withheld 0000.00 ly tax withheld	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR B88888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	12b M 12c M 12d M	\$ \$ \$ \$ \$ \$ \$ \$ \$ 2 To Be Fill yee's State Income Ta. yee's social so	100.00 100.00 100.00 100.00 100.00 100.00 ed With b, City, or x Return. ecurity number 503 gues, tips, etc. 00 MB# 1545-000	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incor 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory embeyore 100.1 100.1 100.0 100.1 100.1 7 name ALPHA NAM ALPHA NAM o's State, City, or 2 Federal incor 14 Social securi	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 00 00 00 00 00 00 the care benefits 000 00 00 00 00 the care benefits 000 00 00 00 00 00 00 00 00 00 00 00 0	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR AR B88888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	12b M 12c N 12d P 12e Q 12e Emplo Local a Emplo Local 12a See	\$ \$ \$ \$ \$ \$ \$ 2 To Be Filiple \$ yee's State Income Tai yee's social so	100.00 100.00 100.00 100.00 100.00 100.00 ed With e., City, or x Return. ecurity number 503 uges, tips, etc. 00 00 mB# 1545-000 or box 12 100.00	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.1 100.1 2 Federal incon 2 Federal incon 1	0000.00 ly tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 000 00 00 00 00 00 the care benefits 000 00 00 00 00 the care benefits 000 00 00 00 00 00 00 00 00 00 00 00 0	Third-party sick pay
© Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 © Employee's first name and initial ESORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE CITY UT 84321-1234 FEMPLOYEE ADDRESS 3 FORM W-2 Wage and Tax Statement 2010 FEMPLOYEE ADDRESS 3 FORM W-2 Wage and Tax Statement 2010 FEMPLOYEE ADDRESS 3 FORM W-2 Wage and Tax Statement 2010 FEMPLOYEE ADDRESS 3 FORM W-2 Wage and Tax Statement 2010 FEMPLOYEE ADDRESS 3 FORM W-2 WAGE AND WAGE ADDRESS 3 FORM W-3 WAGE AND WAGE ADDRESS 3 FORM W-3 WAGE AND WAGE ADDRESS 3 FORM W-3 WAGE AND W	t name Suff. ## SUFX 16 State wages, tips, etc.	12b M 12c N 12d P 12e Q 12e M	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incor 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory embeyore 100.1 100.1 100.0 100.1 100.1 7 name ALPHA NAM ALPHA NAM o's State, City, or 2 Federal incor 14 Social securi	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 000 00 00 the control of the contr	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 Employer's state ID number AR B88888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	12b M 12c N 12d P 12e Q 12e Emplo Local a Emplo Local 12a See	\$ \$ \$ \$ \$ \$ \$ \$ \$ 2 To Be Fill yee's State Income Ta: yee's social s 555-55-55 - 100.0 Service Olimitativations fill \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With the City, or x Return. ecurity number 503 gges, tips, etc. 00 100.00 mB# 1545-000 100.00	1 Wages, tips, other composition of the composition	ensation 0 0 0 0 0 0 0 0 1 20 Locality LOCAL1 LOCAL2 LOCAL2 Vith Employer ensation 0 0 0	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory 100.1 100.1 100.1 100.1 100.1 2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 00 00 00 00 the Lecal Income re tax withhel 100.00 by tax withheld 100.00 it 100.00 it 100.00 it 100.00 it 100.00 it 100.00	Third-party sick pay
© Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 © Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 88888888888888888 UT 8888888888888888 UT 8888888888	t name Suff. ME SUFX 16 State wages, tips, etc. 17 State income 100.00 100.00 Department of the Treasury-Internal F	12b 12c 12d	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ 2 To Be Fill yee's State Income Ta. yee's social s 555-55-55 - 18 Local war 100.6 - 100.6 \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 ed With a, City, or x Return. ecurity number 503 gges, tips, etc. 00 100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incor 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory 100.1 100.1 100.1 100.1 2 Federal incor 2 Federal incor 1 4 Social securi 6 Medicare tax	y tax withheld 100.00 withheld 100.00 are benefits 100.00 Ratirement John 00 00 00 UE LE Local Income 100.00 withheld 100.00 withheld 100.00 withheld 100.00 withheld 100.00 care benefits	Third-party sick pay
© Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 © Employee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 888888888888888888888888888888888888	t name Suff. ME SUFX 16 State wages, tips, etc. 17 State income 100.00 100.00 Department of the Treasury-Internal F	Tabelle Copy 2 Copy 2 Emplo Local I a Emplo tax 12a See I 12b I I I I I I I I I I I I I I I I I I I	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory 100.1 100.1 100.1 100.1 100.1 2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory	y tax withheld 100.00 withheld 100.00 care benefits	Third-party Tax Return Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR AR B88888888888888888888888888888888	t name Suff. ME SUFX 16 State wages, tips, etc. 17 State income 100.00 100.00 Department of the Treasury-Internal F	Tabe of the service o	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	20 Locality LOCAL1 LOCAL2 Vith Employee LOCAL2	2 Federal incor 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory embeyore 100.1 100.1 100.1 100.1 7 name ALPHA NAM ALPHA NAM e's State, City, or 2 Federal incor 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 00 00 00 00 00 00 00 00 00 00 00 00 0	Third-party sick pay
© Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 © Employee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 888888888888888888888888888888888888	t name Suff. ME SUFX 16 State wages, tips, etc. 17 State income 100.00 100.00 Department of the Treasury-Internal F	12b 12b 12d	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	20 Locality LOCAL1 LOCAL2 Vith Employee LOCAL2	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory 100.1 100.1 100.1 100.1 100.1 2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory	0000.00 y tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan DO 00 00 00 00 00 00 00 00 00 00 vitheld 100.00 track withheld 100.00 withheld 100.00 withheld 100.00 Retirement plan 100.00	Third-party Tax Return Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 88888888888888888888888888888888888	t name Suff. ME SUFX 16 State wages, tips, etc. 17 State income 100.00 100.00 Department of the Treasury-Internal F	Tab M 12d M	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other composition of the composition	20 Locality LOCAL1 LOCAL2 Vith Employee LOCAL2	2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory 100.1 100.1 100.1 100.1 2 Federal incon 2 Federal incon 1 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1 100.1	0000.00 by tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan DO 00 00 00 00 00 00 00 00 00 00 00 00 00	Third-party Tax Return Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number AR 888888888888888888888888888888888888	t name Suff. ME SUFX 16 State wages, tips, etc. 17 State income 100.00 100.00 Department of the Treasury-Internal Resource 100.00 10	Tab M 12d M	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other composition of the composition	20 Locality LOCAL1 LOCAL2 Vith Employee LOCAL2	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.1 100.1 100.1 2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 10 Dependent 13 Statutory employee 10 Dependent 13 Opendent 10 Dependent 10 Dependent 10 Dependent	0000.00 by tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 100.00 by tax withheld 100.00 by tax withheld 100.00 withheld 100.00 Retirement plan 100.00	Third-party
CEMPloyer's name, address, and ZIP code	It name Suff. ## SUFX 16 State wages, tips, etc.	Tab being part of the part of	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other composition of the composition	ansation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 Federal incor 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory embloyee 100.1 100.1 100.1 100.1 2 Federal incor 4 Social securi 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory embloyee 10 Dependent 13 Statutory embloyee 10 Dependent 10 Dependent 10 Dependent 10 Dependent 10 Dependent	0000.00 y tax withheld 100.00 withheld 100.00 Ratirement 000 00 00 00 IE Local Income 100.00 withheld 100.00 Ratirement 000 00 00 00 00 00 00 00 00 00 00 00 0	Third-party Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LAS	It name Suff. ## SUFX 16 State wages, tips, etc.	Tab being part of the part of	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other composition of the composition	20 Locality LOCAL1 LOCAL2 LOCAL	2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.1 100.1 100.1 100.1 2 Federal incon 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 10 Dependent 13 Statutory employee 10 Dependent 13 Opendent 10 Dependent 10 Dependent 10 Dependent	0000.00 ly tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan benefits 100.00 lt Local Income to aw withheld 100.00 withheld 100.00 lt Local Income 100.00 Retirement plan 100.00	Third-party Third-party

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000010		6_	tions for box 12	1 Wages, tips, other compe		2 Federal income tax withhe	eld
COMPANY 10			⁸ R ∣\$ 12b	100.00	10000.0 3 Social security wages	0	10000.00 4 Social security tax withhele	d
COMPANY 10 ADDRRESS 1			S \$	100.00		0	100.00	u
COMPANY 10 ADDRRESS 2			12c	100.00	10000.0 5 Medicare wages and tips		6 Medicare tax withheld	
COMPANY 10 ADDRRESS 3			åT ∣\$	100.00	10000.0		100.00	
COMPANY 10 CITY NC 10538-2095			12d		7 Social security tips	0	8 Allocated tips	
e Employee's first name and initial Las	t name	Suff.	.§V \$	100.00	100.0	0	100.00	
SORT KEY THREE	. Trains	- Cuiii	12e %W \$	100.00	9 Advance EIC payment		10 Dependent care benefits	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX			s being furnished to the	100.0	0	100.00 13 Statutory Retirement	Third-party
EMPLOYEE ADDRESS 2			Internal Revenue	Service.	11 Nonqualified plans 100.0	0	13 Statutory Retirement plan	sick pay
EMPLOYEE ADDRESS 3			Copy B To E	Be Filed With	14 Other BOX 14 TITLE 1	U		
EMPLOYEE CITY UT 84321-1234			Employee's	FEDERAL		•	100.00	
			Tax Return.		BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.00 100.00	
f Employee's address and ZIP code				ocial security number -55-5504	BOX 14 TITLE 3	•	100.00	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income t		ocal wages, tips, etc.	19 Local income tax	20 Locality		
CO 888888888888888888888888888888888888	1000.00	100.00		100.00	100.00		/ name I ALPHA NAME	
UT 888888888888888888888888888888888888	1000.00 Department of the Treas	100.00		100.00 e OMB# 1545-0	100.00		2ALPHA NAME ed With Employee's FEDERAL	Tay Baturn
Tom W-2 Wage and Tax Statement 2010	Department of the freat	sui y-internai it	evenue oei vie	e OHID# 1343-0	ооо сор	y B TO BE TIM	ed With Employee's I EDENAL	. Tax Neturn.
			lia					
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000010		12a	400.00	1 Wages, tips, other compe 10000.0		2 Federal income tax withhe 10000.00	eld
COMPANY 10			₽R \$ 12b	100.00	3 Social security wages	<u> </u>	4 Social security tax withhe	d
COMPANY 10 ADDRRESS 1			S \$	100.00	10000.0	0	100.00	-
COMPANY 10 ADDRRESS 2			12c	.00.00	5 Medicare wages and tips	<u> </u>	6 Medicare tax withheld	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095			ξT \$	100.00	10000.0	0	100.00	
COMPAINT TO CITTING 10538-2095			12d	100.55	7 Social security tips		8 Allocated tips	
e Employee's first name and initial Las	st name	Suff.		100.00	100.0	0	100.00	
0000025			W \$	100.00	9 Advance EIC payment	0	10 Dependent care benefits	
SORT KEY THREE	15 OUE)/		Ψ.	100.00	100.0 11 Nonqualified plans	U	100.00 13 Statutory Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				100.0	0	employee plan	sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy 2 To E	Be Filed With	14 Other	<u> </u>	100.00	
EMPLOYEE CITY UT 84321-1234				State, City, or	BOX 14 TITLE 1	•	100.00	
				e Tax Return.	BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.00 100.00	
f Employee's address and ZIP code			1	ocial security number -55-5504	BOX 14 TITLE 3	•	100.00	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income		ocal wages, tips, etc.	19 Local income tax	20 Locality		
CO 888888888888888888888888888888888888	1000.00	100.00		100.00	100.00		y name I ALPHA NAME	
UT 888888888888888888888888888888888888	1000.00 Department of the Treas	100.00		100.00	100.00		2ALPHA NAME e's State, City, or Local Income	T D
Tom W-2 Wage and Tax Statement 2010	Department of the frea-	sui y-internarit	evenue oei vie	.e OMD# 1343-001	Copy 2 10 Be 1 lieu W	itii Employee	es state, only, or Local income	rax Neturn.
b Employer identification number (EIN) 10-00			12a	-	4 W tinth		0.5-41:	14
c Employer's name, address, and ZIP code	000010		g .	100.00	1 Wages, tips, other compe 10000.0		2 Federal income tax withhe 10000.00	iiu
COMPANY 10			∦R \$ 12b	100.00	3 Social security wages		10000.00	
COMPANY 10 ADDRRESS 1							4 Social security tax withhe	d
COMPANY 10 ADDRRESS 2			§S \$	100.00		0	4 Social security tax withhe 100.00	d
			§S \$ 12c	100.00	10000.00 5 Medicare wages and tips		4 Social security tax withhe 100.00 6 Medicare tax withheld	d
COMPANY 10 ADDRRESS 3			12c 	100.00	10000.0		100.00 6 Medicare tax withheld	d
			12c 	100.00	10000.00 5 Medicare wages and tips		100.00	d
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	st name	Suff.	12c \$ \$ 12d \$ \$ \$ \$ \$ \$ \$ \$ \$		10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	st name	Suff.	12c	100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM		Suff.	12c	100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2		Suff.	12c	100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Suff.	12c	100.00 100.00 100.00 Be Filed With	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan	Third-party
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2		Suff.	12c S T S S S S S S S S	100.00 100.00 100.00 3e Filed With State, City, or	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00	Third-party
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Suff.	12c S T S S S S S S S S	100.00 100.00 100.00 Be Filed With State, City, or le Tax Return.	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan	Third-party
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Suff.	12c S T S 12d S V S S W S Copy 2 To E Employee's Local Incom a Employee's S Employee's S S S S S S S S S S	100.00 100.00 100.00 3e Filed With State, City, or	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan 100.00 100.00	Third-party
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state D number	ME SUFX	17 State income	12c S T S S S S S S S S	100.00 100.00 100.00 100.00 Be Filed With State, City, or In Tax Return. Ocial security number -55-5504 In Tax Wages, tips, etc.	10000.0 5 Medicare wages and tips	0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory emptoyee plan 100.00 100.00 100.00 100.00 100.00	Third-party
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 888888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00	17 State income : 100.00	12c S T S 12d S V S S S S S S S S	100.00 100.00 100.00 100.00 Be Filed With State, City, or the Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	0 0 0 	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 7 name ALPHA NAME	Third-party
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state D number	ME SUFX	17 State income (100.00 - 100.00 - 100.00	12c S T S 12d S V S S S S S S S S	100.00 100.00 100.00 100.00 3e Filed With State, City, or le Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00 100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory emptoyee plan 100.00 100.00 100.00 100.00 100.00	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 • Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 • Employee's address and ZIP code • Employee's state ID number CO 88888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00	17 State income (100.00 - 100.00 - 100.00	12c S T S 12d S V S S S S S S S S	100.00 100.00 100.00 100.00 3e Filed With State, City, or le Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00 100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2ALPHA NAME	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number S888888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00	17 State income (100.00 - 100.00 - 100.00	12c	100.00 100.00 100.00 100.00 3e Filed With State, City, or le Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00 100.00	10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 1 1 20 Locality LOCAL1 LOCAL2 LOCAL2 th Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2ALPHA NAME	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number COME 888888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income (100.00 - 100.00 - 100.00	12c	100.00 100.00 100.00 100.00 Be Filed With State, City, or le Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00 100.00 Be OMB#1545-000	10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compe	0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2ALPHA NAME e's State, City, or Local Incom	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 88888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income (100.00 - 100.00 - 100.00	12c \$ \$ 12d \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 3e Filed With State, City, or ne Tax Return. ocial security number -55-5504 ocal wages, tips, etc. 100.00 te OMB# 1545-000 titions for box 12	10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compe 10000.00 3 Social security wages	0 0 0 0 0 0 1 20 Locality LOCAL1 LOCAL2 LOCAL2 ith Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheles State, City, or Local Income 2 Federal income tax withheles Social security tax withheles	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 88888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income (100.00 - 100.00 - 100.00	12c	100.00 100.00 100.00 100.00 Be Filed With State, City, or le Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00 100.00 te OMB#1545-000	10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compe 10000.00 3 Social security wages	0 0 0 0 1 20 Locality LOCAL1 LOCAL2 LOCAL2 ith Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withhe 10000.00 4 Social security tax withhe 100.00	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 88888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income (100.00 - 100.00 - 100.00	12c	100.00 100.00 100.00 100.00 Be Filed With State, City, or le Tax Return. local security number -55-5504 local wages, tips, etc. 100.00 100.00 e OMB# 1545-000 titions for box 12 100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 1 20 Locality LOCAL1 LOCAL2 LOCAL2 ith Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Pain 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withhel 10000.00 4 Social security tax withhel 100.00 6 Medicare tax withheld	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 8888888888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income (100.00 - 100.00 - 100.00	12c	100.00 100.00 100.00 100.00 3e Filed With State, City, or ne Tax Return. ocial security number -55-5504 ocal wages, tips, etc. 100.00 te OMB# 1545-000 titions for box 12	10000.0 5 Medicare wages and tips	0 0 0 0 1 20 Locality LOCAL1 LOCAL2 LOCAL2 ith Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 6 Medicare tax withheld 100.00	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE AID RESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00 100.00 100.00 Be Filed With State, City, or le Tax Return. local security number -55-5504 local wages, tips, etc. 100.00 100.00 e OMB# 1545-000 titions for box 12 100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 1 1 20 Locality LOCAL1 LOCAL2 The Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME e's State, City, or Local Incom 2 Federal income tax withhe 10000.00 4 Social security tax withhe 100.00 6 Medicare tax withheld 100.00 8 Allocated tips	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 88888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	17 State income (100.00 - 100.00 - 100.00	12c	100.00 100.00 100.00 100.00 100.00 3e Filed With State, City, or se Tax Return. ocial security number -55-5504 cal wages, tips, etc. 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 1 1 20 Locality LOCAL1 LOCAL2 The Employee	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 6 Medicare tax withheld 100.00	Third-party sick pay sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 8888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.001000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00 100.00 100.00 100.00 Re Filed With State, City, or le Tax Return. ocial security number 55-5504 call wages, tips, etc. 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withhel 10000.00 4 Social security tax withhel 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00	Third-party sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 8888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.001000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00 100.00 100.00 3e Filed With State, City, or lee Tax Return. ocial security number -55-5504 ocal wages, tips, etc. 100.00 100.00 100.00 100.00 100.00 100.00	10000.00 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Plan 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withhel 1000.00 4 Social security tax withhel 100.00 6 Medicare tax withhel 100.00 8 Allocated tips 100.00 10 Dependent care benefits	Third-party sick pay sick pay
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 888888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.001000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00	Third-party sick pay e Tax Return.
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number 888888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.001000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00	Third-party sick pay e Tax Return.
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO	ME SUFX 16 State wages, tips, etc. 1000.001000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00	10000.00 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 113 Statutory employee 100.00 13 Statutory employee 100.00 13 Retirement plan 100.00 10 Dependent care benefits 100.00 110 Dependent care benefits 100.00 110 Dependent care benefits	Third-party sick pay e Tax Return.
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 88888888888888888888888888888888888	ME SUFX 16 State wages, tips, etc. 1000.001000.00 Department of the Trease	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c	100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Plan 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 11 Statutory employee Plan 100.00 12 Federal income tax withheld 100.00 13 Statutory employee Plan 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits	Third-party sick pay e Tax Return.
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code f State Employer's state ID number CO 8888888888888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	In State wages, tips, etc. 1000.00	17 State income 100.00 100.00 sury-internal R	12c	100.00 100.00	10000.00 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Retirement plan	Third-party sick pay e Tax Return.
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number CO 8888888888888888888888888888888888	In State wages, tips, etc. 1000.00	17 State income 1 100.00 100.00 100.00 sury-Internal R	12c T S T S	100.00 100.00	10000.0 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Retirement plan	Third-party sick pay e Tax Return.
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State CO 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00 1000.00 Department of the Treat	17 State income (100.00 100.00 Sury-Internal R	12c	100.00 100.00	10000.00 5 Medicare wages and tips	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 2 Federal income tax withhel 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Statutory Retirement plan 100.00 11 Dependent care benefits 100.00	Third-party sick pay e Tax Return.

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000010		12a See instru	JULIONS IOI DOX 12	1 vvages	s, tips, other comp		2 Federal inco		
c Employer's name, address, and ZIP code COMPANY 10			ễΥ \$ 12b	100		10000.	00	4 Social secur	10000.00 ity tax withhele	d
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2			[§] Z ∣\$	3 100	.00	10000.0			100.00	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095			åAA \$	100		are wages and tip 10000.0		6 Medicare tax	x withheld 100.00	
COMPANT TO CITTING 10536-2095			12d BB \$	5 100	.00 7 Social	security tips		8 Allocated tip	s	
e Employee's first name and initial Last SORT KEY THREE	t name	Suff.	12e CC \$		9 Advan	100.0 ce EIC payment	00	10 Dependent	100.00 care benefits	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		This information	n is being furnished to the		100.0 qualified plans	00	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Conv. P. To	Be Filed With		100.0	00	employee	plan	sick pay
EMPLOYEE CITY UT 84321-1234			Employee's	s FEDERAL	1	14 TITLE 1		100.		
			Tax Return a Employee's	n. social security nun		14 TITLE 2 14 TITLE 3		100. 100.		
f Employee's address and ZIP code 15 State Employee's state ID number	16 State wages, tips, etc.	17 State income to		5-55-5505 Local wages, tips, 6	_	14 TITLE 4	20 Locality	100.	.00	
CT 888888888888888888888888888888888888	1000.00 1000.00	100.00		100.00 100.00	10	0.00	LOCAL1	ALPHA NAN		
Form W-2 Wage and Tax Statement 2010	Department of the Trea		evenue Servi					led With Employe		Tax Return
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000010		12a		-	s, tips, other comp 10000.		2 Federal inco	me tax withhe	ld
COMPANY 10			² Υ \$ 12b	100		security wages	00	4 Social secur		d
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2			½Z \$ 12c	100	_	10000.0		C Madiana An	100.00	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095			åAA \$	100		are wages and tip 10000.0		6 Medicare ta	x withheld 100.00	
			12d BB \$	100	.00 7 Social	security tips		8 Allocated tip	S	
e Employee's first name and initial Las 0000026	st name	Suff.	12e		9 Advan	100.0 ce EIC payment	UU	10 Dependent	100.00 t care benefits	
SORT KEY THREE	4E 011EV		<u>\$CC \$</u>	100		100.0	00	13 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		0 0 7	D 51 114/71		100.0	00	employee	plan	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234				Be Filed With s State, City, or		14 TITLE 1		100.		
EWI EGTEE GITT GT 04021 1204				me Tax Return		14 TITLE 2 14 TITLE 3		100. 100.		
			1	-		14 TITLE 4	_	100.		
f Employee's address and ZIP code		1		5-55-5505			· · · · · ·			
15 State	16 State wages, tips, etc. 1000.00	17 State income 100.00		Local wages, tips, 6	tc. 19 Local	income tax 0.00		y name IALPHA NAM		
15 State Employer's state ID number	16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	100.00 100.00	tax 18 L	Local wages, tips, 6 100.00 100.00	etc. 19 Local 10	income tax	LOCAL2	2ALPHA NAN	ИĒ	Tax Return.
15 State	1000.00	100.00 100.00	evenue Servi	Local wages, tips, 6 100.00 100.00 rice OMB# 1545	19 Local 10 10 1-0008 Co	income tax 0.00 0.00 py 2 To Be Filed V s, tips, other comp	LOCAL2 With Employee	2ALPHA NAMe's State, City, or	ME Local Income	
15 State Employer's state ID number S88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	evenue Servi	Local wages, tips, 6 100.00 100.00 rice OMB# 1545	19 Local 10 10 10 10 10 10 10 10 10 10 10 10 10	income tax 0.00 0.00 0.00 py 2 To Be Filed V	LOCAL2 With Employee	2ALPHA NAMe's State, City, or	ME Local Income ome tax withhe 10000.00	ld
15 State Employer's state ID number CT 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	18 L 18 L	Local wages, tips, 6 100.00 100.00 100.00 rice OMB# 1545	1 Wages 3 Social	income tax 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000.0 security wages 10000.0	LOCAL2 With Employee Densation 00	2 Federal inco	Local Income ome tax withher 10000.00 rity tax withhele 100.00	ld
15 State Employer's state ID number CT 88888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	18	Local wages, tips, 6 100.00 100.00 100.00 100.00 100.00 100 1	1 Wages 3 Social 5 Medica	0.00 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000.0	Nith Employee Densation 00 00	2ALPHA NAM 2's State, City, or 2 Federal inco	Local Income ome tax withher 10000.00 rity tax withhele 100.00	ld
15 State	1000.00 1000.00 Department of the Tree	100.00 100.00 asury-Internal R	18	Local wages, tips, 6 100.00 10	1 Wages 3 Social	income tax 0.00 0.00 0.00 s, tips, other comp 10000.0 security wages 10000.0 are wages and tip 10000.4 security tips	Densation 00 00 00 00 00	2 Federal inco	Local Income tax withher 10000.00 ity tax withher 100.00 x withheld 100.00 s	ld
15 State	1000.00 1000.00 Department of the Trea	100.00 100.00	18	Local wages, tips, 6 100.00	1 Wages .00 1 Wages .00 7 Social .00 9 Advan	income tax 0.00 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000. security wages 10000. are wages and tip 10000. security to the comp 10000. security to the comp 10000. security to the comp 10000.	DOCAL2 With Employee Densation 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta:	ome tax withhe 100.00 x withheld 100.00 s 100.00 care benefits	ld d
15 State	Department of the Tree	100.00 100.00 asury-Internal R	18	Local wages, tips, 6 100.00	1 Wages .00 1 Wages .00 5 Medici .00 7 Social .00 9 Advan	income tax 0.00 2.00 2.00 2.00 2.00 2.00 2.00 2.0	DOCAL2 With Employee Densation 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent	when tax withher too too too too too too too too too to	ld d
15 State	Department of the Tree	100.00 100.00 asury-Internal R	18	Local wages, tips, 6 100.00	1 Wages .00 1 Wages .00 2 Social .00 7 Social .00 2 Advan	income tax 0.00 0.00 0.00 0.00 s, tips, other comp 10000. security wages 10000. are wages and tip 10000. security tips 100.0 ce EIC payment 100.0 qualified plans 100.0	DOCAL2 With Employee Densation 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip	to the local	ld d
15 State	Department of the Tree	100.00 100.00 asury-Internal R	18	Local wages, tips, 6 100.00 -	1 Wages .00 1 Wages .00 5 Medici .00 7 Social .00 11 Nonc .00 14 Other BOX	income tax 0.00 0.00 0.00 0.00 s, tips, other comp 10000. security wages 10000. are wages and tip 10000. security tips 100. ce EIC payment 100. jualified plans 100. 14 TITLE 1	DOCAL2 With Employee Densation 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100.	ome tax withhel 100.00 x withheld 100.00 tare benefits 100.00 Retirement plan	ld d
15 State	Department of the Tree	100.00 100.00 asury-Internal R	18 L	Local wages, tips, 6 100.00	1 Wages .00 1 Wages .00 3 Social .00 7 Social .00 11 None 14 Other BOX BOX	income tax 0.00 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000.0 security wages 10000.0 are wages and tip 10000.0 security tips 100.0 ce EIC payment 100.0 qualified plans 100.0	DOCAL2 With Employee Densation 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory	ome tax withhel 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan	ld d
15 State	Department of the Tree	asury-Internal R	18	Local wages, tips, 6 100.00 10	1 Wages .00 1 Wages .00 2 Social .00 2 Social .00 3 Social .00 3 Social .00 4 Other .00 11 None .00 14 Other .00 BOX .	income tax 0.00 0.00 0.00 0.00 s, tips, other comp 10000.0 security wages 10000.0 are wages and tip 1000.0 security tips 100.0 ce EIC payment 100.0 qualified plans 100.0 14 TITLE 1 14 TITLE 2 14 TITLE 3	DOCAL2 With Employee Densation 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100.	Drie tax withher t	ld d
15 State	Department of the Tree DO0010 Tournell of the Tree DO0010 Tournell of the Tree DO0010 Tournell of the Tree DO0010	100.00 100.00 asury-Internal R Suff.	18	Local wages, tips, 6 100.00 100.00 100 100 100 100 100 100 1	1 Wages .00 1 Wages .00 2 Social .00 2 Social .00 3 Social .00 7 Social .00 11 Nonc 14 Other BOX	income tax 0.00 0.00 0.00 0.00 s, tips, other comp 10000. security wages 10000. are wages and tip 10000. security tips 100. ce EIC payment 100. qualified plans 100. 14 TITLE 1 14 TITLE 2 14 TITLE 3 14 TITLE 4 income tax 0.00	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Stautory emptoyee 100. 100. 100. 100. 100. 100. 100. 10	Documents of the second of the	ld d
15 State	Department of the Tree	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	18	Local wages, tips, 6 100.00 100.00 100 100 100 100 100 100 1	1 Wages .00 1 Wages .00 2 Social .00 7 Social .00 11 None .00 11 Valent .00 14 Other BOX	income tax 0.00 0.00 0.00 0.00 s, tips, other comp 10000.0 security wages 10000.1 are wages and tip 10000.0 security tips 100.0 ce EIC payment 100.0 ualified plans 100.0 14 TITLE 1 14 TITLE 2 14 TITLE 3 14 TITLE 4 income tax	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Stautory emptoyee 100. 100. 100. 100. 100. 100. 100. 10	me tax withher 10000.00 ity tax withheld 100.00 s 100.00 Retirement plan 100.00 Action benefits 100.00 ME	d Third-party sick pay
15 State	1000.00 1000.00 Department of the Treatment of the Trea	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	evenue Serv 12a	Local wages, tips, 6 100.00 100.00 100 100 100 100 100 100 1	1 Wages .00 1 Wages .00 2 Social .00 3 Social .00 7 Social .00 11 None 14 Other BOX	income tax 0.00 0.00 0.00 0.00 s, tips, other comp 10000. security wages 10000. are wages and tip 10000. security tips 100. ce EIC payment 100. jualified plans 100. 14 TITLE 1 14 TITLE 2 14 TITLE 3 14 TITLE 3 100.00 0.00 0.00 ppy 2 To Be Filed 1	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 100. 100. 10	ome tax withher ta	Third-party sick pay
15 State	1000.00 1000.00 Department of the Treatment of the Trea	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	12a	Local wages, tips, 6 100.00 100.00 100 100 100 100 100 100 1	1 Wages .00 1 Wages .00 2 Social .00 3 Social .00 7 Social .00 11 None .00 14 Other BOX	income tax 0.00 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000. security wages 10000. are wages and tip 100.0 security in 100.0 security tips 100.0 security t	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 ALPHA NAN e's State, City, o	ome tax withhel 100.00 s withheld 100.00 s 100.00 care benefits 100.00 ex withheld 100.00 from tax withheld 100.00 from tax withheld 100.00 from tax withheld 10000.00 from tax withheld 10000.00	Third-party sick pay
15 State	1000.00 1000.00 Department of the Treatment of the Trea	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	12a	Local wages, tips, 6 100.00 100.00 100.00 100 100 100 100 10	1 Wages .00 1 Wages .00 2 Social .00 3 Social .00 3 Social .00 11 None .00 14 Other BOX	income tax 0.00 0.00 0.00 s, tips, other comp 10000. security wages 10000. are wages and tip 1000. security are wages 10000. security are wages 10000. security are wages 10000. security are wages 10000. security are wages 100.00 14 TITLE 1 14 TITLE 2 14 TITLE 3 14 TITLE 4 income tax 0.00 0.00 ppy 2 To Be Filed 10000. security wages	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 3 Allocated tip 10 Dependent 13 Statutory emptoyee 100. 100. 100. 100. 2ALPHA NAN 2ALPHA NAN e's State, City, or	me tax withher to the tax withher tax withher to the tax withher	Third-party sick pay
15 State	1000.00 1000.00 Department of the Treatment of the Trea	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	evenue Servi 12a \$\frac{1}{2}Y	Local wages, tips, e	1 Wages 1 One of the control of the	income tax 0.00 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000. security wages 10000. are wages and tip 100.0 security in 100.0 security tips 100.0 security t	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 ALPHA NAN e's State, City, o	The control of the co	Third-party sick pay
15 State	1000.00 1000.00 Department of the Treatment of the Trea	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	12a	Local wages, tips, e 100.00	1 Wages .00 1 Wages .00 2 S Medica .00 1 None .00 1 Wages .00 2 S Medica .00 1 None .00 1 Wages .00 2 S Medica .00 1 Wages .00 2 S Medica .00 1 Wages .00 1 Wages .00 1 Wages .00 2 S Medica .00 2 S Medica .00 3 Social .00 3 Social .00 7 Social	income tax 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 1000. 1000. 1000. 1000. 2 Federal inco 4 Social secur 4 Social secur 6 Medicare ta:	ome tax withhel 100.00 Retirement plan 10	Third-party sick pay
15 State	1000.00 1000.00 Department of the Treatment of the Trea	100.00 100.00 asury-Internal R Suff. 17 State income 100.00 100.00 100.00	18 L	Local wages, tips, e 100.00	1 Wages .00 1 Wages .00 2 Social .00 3 Social .00 7 Social .00 11 None 14 Other BOX	income tax 0.00 0.00 0.00 0.00 0.00 0.00 0.00 s, tips, other comp 10000.0 security wages 10000.0 security tips 100.0 ce EIC payment 100.0 security tips 100.0 14 TITLE 1 14 TITLE 2 14 TITLE 3 14 TITLE 3 14 TITLE 4 income tax 0.00 0.00 0.00 ppy 2 To Be Filed 1 10000.0 security wages 10000.0 security tips 10000.0	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory emptoyee 100. 100. 100. 100. 2 Federal inco 100. 2 Federal inco 4 Social secur 4 Social secur 5 State, City, o	In the second of	Third-party sick pay
15 State	1000.00 Department of the Treatment of the SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Treatment of	100.00 100.00 asury-Internal R Suff. 17 State income 1 100.00 100.00 asury-Internal R	18	Local wages, tips, e	1 Wages .00 1 Value .00 1 Value .00 1 Value .00 1 Value .00 2 Social .00 2 Advan .00 11 Value .00 14 Other BOX	income tax 0.00 0.00 0.00 0.00 0.00 0.00 0.00 security wages 10000. security tips 100.0 security wages 10000. security wages 10000. security wages 10000. security tips	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 1000. 1000. 1000. 1000. 2 Federal inco 4 Social secur 4 Social secur 6 Medicare ta:	In the second of	Third-party sick pay
15 State	1000.00 Department of the Treatment of the SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Treatment of	100.00 100.00 asury-Internal R Suff. 17 State income 1 100.00 100.00 asury-Internal R	18	Local wages, tips, 6	1 Wages .00 1 Vacial .00 2 Social .00 3 Social .00 3 Social .00 7 Social .00 11 None .00 14 Other BOX	income tax 0.00 00	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory emptoyee 100. 100. 100. 100. 2 Federal inco 100. 2 Federal inco 4 Social secur 4 Social secur 5 State, City, o	Done tax withhel 100.00 s withheld 100.00 s are benefits 100.00 s s 100.00 s	Third-party sick pay
15 State	1000.00 Department of the Treatment of the SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Treatment of	100.00 100.00 asury-Internal R Suff. 17 State income 1 100.00 100.00 asury-Internal R	evenue Servi 12a \$\frac{1}{2}Y	Local wages, tips, 6	1 Wages .00 1 Vages .00 2 Social .00 3 Social .00 3 Social .00 11 Nanga .00 14 Other BOX	income tax 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee	In the second section of the section	Third-party
15 State	1000.00 Department of the Treatment of the SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Treatment of	100.00 100.00 asury-Internal R Suff. 17 State income 1 100.00 100.00 asury-Internal R	evenue Servi 12a \$\frac{1}{2}Y	Local wages, tips, 6	1 Wages .00 1 Value .00 1 Value .00 2 Value .00 3 Social .00 2 Value .00 3 Social .00 14 Other BOX	income tax 0.00 0.00 0.00 py 2 To Be Filed V s, tips, other comp 10000. security wages 10000. are wages and tip 1000. ce EIC payment 100. qualified plans 100. f14 TITLE 1 14 TITLE 2 14 TITLE 3 14 TITLE 4 income tax 0.00 0.00 py 2 To Be Filed V security wages 10000. security tips 100.00 ce EIC payment 100.00 ce EIC payment 10000. security tips 10000. security tips 10000. security tips 1000. ce EIC payment 1000. security tips 1000. ce EIC payment	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 100. 100. 2 Federal inco 4 Social secur 4 Social secur 5 Medicare ta: 8 Allocated tip 10 Dependent	The control of the co	Third-party sick pay
15 State	1000.00 Department of the Treatment of the SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Treatment of	100.00 100.00 asury-Internal R Suff. 17 State income 1 100.00 100.00 asury-Internal R	evenue Servi 12a \$\frac{1}{2}Y	Local wages, tips, e	1 Wages .00 1 Value .00 1 Value .00 2 Social .00 2 Advan .00 11 Vages .00 10 10 -0008 10 10 -000 11 Vages .00 .00 11 Vages .00 .00 11 Vages .00 .00 11 Vages .00 .00 .00 11 Vages .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	income tax 0.00 0.00 0.00 0.00 9py 2 To Be Filed V 10000.0 security wages 10000.4 TITLE 1 14 TITLE 4 income tax 0.00 0.00 9py 2 To Be Filed V 10000.0 security wages 1000.0 1000.0 9py 2 To Be Filed V 10000.0 9py 2 To Be Filed V 10000.0 100	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 14 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 11 Statutory employee 11 ODependent 13 Statutory employee 11 ODependent 13 Statutory employee 11 ODependent 13 ODependent 10 Dependent 11 ODependent 11 ODependent 11 ODependent	In the second of	Third-party
15 State	1000.00 Department of the Treatment of the SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Treatment of	100.00 100.00 asury-Internal R Suff. 17 State income 1 100.00 100.00 asury-Internal R	evenue Servi 12a \$\frac{1}{2}Y	Local wages, tips, 6	1 Wages .00 1 Vacal .00 2 Section 10 2 Octoor 10 3 Social .00 2 Section 11 None .00 1 Wages .00 1 Vacal .00 1 Vaca	income tax 0.00 0.00 0.00 py 2 To Be Filed V 10000. security wages 10000. are wages and tip 1000. ce EIC payment 100. de EIC p	DOCAL2 With Employee Densation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 100. 100. 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare ta: 8 Allocated tip 10 Dependent 13 Statutory employee 10 Dependent 11 Statutory employee 11 Opendent 12 Federal inco 13 Statutory employee 10 Dependent 11 Opendent 11 Opendent	me tax withher 100.00 s withheld 100.00 s 100.00	Third-party

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000010		g	structions for		1 Wages, tips, other compe		2 Federal inco		ld
c Employer's name, address, and ZIP code COMPANY 10			∦AA 12b	\$	100.00	10000.0	0	+	10000.00	
COMPANY 10 ADDRRESS 1			BB	\$	100.00	3 Social security wages	.0	4 Social secur	•	1
COMPANY 10 ADDRRESS 2			12c	Φ	100.00	10000.0 5 Medicare wages and tips		6 Medicare tax	100.00	
COMPANY 10 ADDRRESS 3			ic.	\$	100.00			6 Medicare tax		
COMPANY 10 CITY NC 10538-2095			12d	ĮΨ	.00.00	10000.0 7 Social security tips	0	8 Allocated tips	100.00	
e Employee's first name and initial Last	name	Suff.	ICC	\$	100.00	100.0	10	o / allocated tips	100.00	
SORT KEY THREE	Hame	Suii.	12e E	\$	100.00	9 Advance EIC payment		10 Dependent	care benefits	
FIRSTNAME MIDDLENAME LASTNAM	1E SUFX					100.0	0		100.00	
EMPLOYEE ADDRESS 2			This informa Internal Rev	ation is being furn venue Service.	ished to the	11 Nonqualified plans	•	13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			Copy B	To Be Filed	With	100.0	0			
EMPLOYEE CITY UT 84321-1234				ee's FEDEF		14 Other BOX 14 TITLE 1		100.	00	
			Tax Ret			BOX 14 TITLE 2		100.		
				e's social secu		BOX 14 TITLE 3		100.	00	
f Employee's address and ZIP code				555-55-550		BOX 14 TITLE 4		100.		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State 1000.00	te income t 00.00	ax 1	18 Local wage 100.00	es, tips, etc.	19 Local income tax 100.00	LOCAL	y name 1ALPHA NAN	ΛE	
UT 88888888888888888888		00.00		100.00		100.00		ŽĀLPHĀ NĀN		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Ir	nternal R	evenue Se	ervice Of	MB# 1545-0	008 Cop	y B To Be Fi	led With Employe	e's FEDERAL	Tax Return.
	000010		12a			1 Wages, tips, other compe		2 Federal inco	me tax withhe	ld
c Employer's name, address, and ZIP code	-		åΑΑ	\$	100.00	10000.0			10000.00	
COMPANY 10			12b			3 Social security wages		4 Social secur	ity tax withheld	d e
COMPANY 10 ADDRRESS 1			₿BB	\$	100.00	10000.0	0		100.00	
COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 10 CITY NC 10538-2095			iC	\$	100.00	10000.0	0		100.00	
22 /			12d	I ¢	100.00	7 Social security tips		8 Allocated tip	S	
e Employee's first name and initial Last	t name	Suff.	₿CC 12e	\$	100.00	100.0	0		100.00	
0000027			i E	\$	100.00	9 Advance EIC payment	.0	10 Dependent		
SORT KEY THREE				la.	100.00	100.0	U	13 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAM	IE SUFX					11 Nonqualified plans 100.0	0	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 2			Copy 2	To Be Filed	With	14 Other	0			
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234				ee's State, (BOX 14 TITLE 1		100.		
LWFLOTEL CITT 01 04321-1234			Local In	come Tax F	Return.	BOX 14 TITLE 2	•	100.		
				ee's social sec	-	BOX 14 TITLE 3	•	100.		
f Employee's address and ZIP code	Lean Land			555-55-550		BOX 14 TITLE 4		100.		
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat 1000.00 1	te income t 00.00	ax 1	18 Local wage 100.00	es, tips, etc.	19 Local income tax 100.00	LOCAL	y name 1ALPHA NAN	ΛE	
UT 888888888888888888888888888888888888		00.00		100.00		100.00		ZALPHA NAN		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Ir	nternal R	evenue Se	ervice OME	3# 1545-000	08 Copy 2 To Be Filed W	ith Employee	e's State, City, or	Local Income	Tax Return.
						* *				
					_					
	000010		12a		1	1 Wages, tips, other compe		2 Federal inco		ld
c Employer's name, address, and ZIP code	000010		åAA	\$	100.00	10000.0			10000.00	
c Employer's name, address, and ZIP code COMPANY 10	000010		ÅAA 12b	\$		10000.0 3 Social security wages	0		10000.00 ity tax withheld	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1	000010		AA 12b BB	\$ \$	100.00	10000.0 3 Social security wages 10000.0	0	4 Social secur	10000.00 ity tax withheld 100.00	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	000010		AA 12b BB 12c	\$	100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	0		10000.00 ity tax withheld 100.00	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1	000010		AA 12b BB 12c	· .	100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0	0	4 Social secur 6 Medicare tax	10000.00 ity tax withheld 100.00 withheld 100.00	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	000010		AA 12b BB 12c	\$ \$	100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips	0	4 Social secur	ity tax withheld 100.00 withheld 100.00 s	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial	000010 t name	Suff.	#AA 12b #BB 12c #C	\$	100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0	0	4 Social secur 6 Medicare tax 8 Allocated tip	10000.00 ity tax withheld 100.00 withheld 100.00 s	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE	t name	Suff.	%AA 12b %BB 12c %C 12d %CC	\$ \$	100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment	0 0	4 Social secur 6 Medicare tax	to t	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 c Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	t name	Suff.	\$AA 12b \$BB 12c \$C 12d \$CC	\$ \$	100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0	0 0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent	10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement	Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	t name	Suff.	\$AA 12b \$BB 12c \$C 12d \$CC	\$ \$	100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment	0	4 Social secur 6 Medicare tax 8 Allocated tip	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 care benefits 100.00	1
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name	Suff.	\$AA 12b \$BB 12c \$C 12d \$CC 12e \$E	\$ \$ \$ \$	100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0	0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory emptoyee	10000.00 ity tax withheld 100.00 vithheld 100.00 s 100.00 care benefits 100.00 Retirement plan	Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	t name	Suff.	AAA 12b BBB 12c C 12d CC 12e E E Copy 2	\$ \$ \$ S S To Be Filede's State, 0	100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1	0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100.	to to the contract of the cont	Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name	Suff.	BAA 12b BBB 12c C 12d CC 12e EE	\$ \$ \$ To Be Filedee's State, 0 come Tax F	100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100.	total tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 000	Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	t name	Suff.	BAA 12b BBB 12c C 12d C 12e E E E Employe Local Inc a Employe	\$ \$ \$ To Be Filedee's State, 0 come Tax Fee's social second	100.00 100.00 100.00 100.00 I With City, or Return. urity number	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100.	total and the state of the stat	Third-party
e Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number	It name IE SUFX It of State wages, tips, etc. 17 State wages, etc. 17 State wag	te income t	AA 12b BB 12c CC 12e E Employe Local Ind a Employe	\$ \$ \$ \$ To Be Filed ee's State, (come Tax Fee's social sectors 555-555.518 18 Local wage	100.00 100.00 100.00 100.00 1With City, or Return. urify number 06 s, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100.	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00	Third-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code T Employee's state ID number DE 888888888888888888888888888888888888	t name 1E SUFX 16 State wages, tips, etc. 17 State 1000.00	te income t	AA 12b BB 12c CC 12e E Employe Local Ind a Employe	\$ \$ \$ \$ To Be Filedee's State, (come Tax Fee's social sectors 555-55-555 18 Local wage 100.00	100.00 100.00 100.00 100.00 With City, or Return. urity number 16 s, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	0 0 0 0 0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. y name 1ALPHA NAN	10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 00 ME	Third-party
C Employer's name, address, and ZIP code	16 State wages, tips, etc. 17 State 1000.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te income t 00.00 00.00	AAA 12b BBB 12c C 12d CC 12e E Employe Local In a Employe	\$ \$ \$ \$ \$ \$ \$ Come Tax For Social sectors is social sectors in the social sector	100.00 100.00 100.00 100.00 With City, or Return. urity number 16 is, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 0 0 0 	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. y name 1 ALPHA NAN 2 ALPHA NAN	10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 00 ME	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code T Employee's state ID number DE 888888888888888888888888888888888888	t name 1E SUFX 16 State wages, tips, etc. 17 State 1000.00	te income t 00.00 00.00	AAA 12b BBB 12c C 12d CC 12e E Employe Local In a Employe	\$ \$ \$ \$ \$ \$ \$ Come Tax For Social sectors is social sectors in the social sector	100.00 100.00 100.00 100.00 With City, or Return. urity number 16 is, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	0 0 0 0 0 0 	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. y name 1 ALPHA NAN 2 ALPHA NAN	10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 00 ME	Third-party sick pay
© Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 © Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State DE 88888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AAA 12b BBB 12c C 12d C 12d C 12e E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 06 s, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W	0 0 0 0 0 0 1 20 Localiti LOCAL 1 LOCAL 2 I th Employe	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 20. 20. 20. 20. 20. 20. 20. 20. 20.	10000.00 ity tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 00 ME IE I Local Income	Third-party sick pay
C Employer's name, address, and ZIP code	16 State wages, tips, etc. 17 State 1000.00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te income t 00.00 00.00	#AA 12b #BB 12c #C 12d #CC 12e #E COpy 2 - Employe Local Inc a Employe were see in 12a See in 12a See in 12a See in 12b #AA 12b #AA 12b #AA 12b #AA 12c #AA 12	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 06 ss, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 ALPHA NAN 2 ALPHA NAN 2 State, City, of	ity tax withheld 100.00 x withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 00 ME T Local Income	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number DE 888888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AA 12b BB 12c C 12d C T2e Employe Local In a Employe Sevenue See in AA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 06 s, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed W	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 ALPHA NAN e's State, City, or	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 ME ME r Local Income	Third-party sick pay
CEMPloyer's name, address, and ZIP code	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AAA 12b BBB 12c CC 12d CC 12e E E E E E E E E E E E E E E E E E E E	\$ S S S S S S S S S	100.00 100.00 100.00 100.00 1With City, or Return. urity number 16 ss, tips, etc. 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other compe 10000.0 3 Social security wages	0 0 0 0 0 1 20 Localitic LOCAL the Employeensation	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 ALPHA NAN 2 ALPHA NAN 2 State, City, of	tocal Income tax withheld 100.00 c withheld 100.00 c withheld 100.00 Retirement plan 00 00 00 ME // Local Income	Third-party sick pay
CEMPloyer's name, address, and ZIP code	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AA 12b BB 12c C 12d C T2e Employe Local In a Employe Sevenue See in AA	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 06 ss, tips, etc.	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	0 0 0 0 0 0 0 0 1 20 Localith LOCAL 1 LOCAL 2/ith Employeensation 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. y name 1ALPHA NAN 2ALPHA NAN 2ALPHA NAN 2 State, City, of 2 Federal inco	to tax withheld 100.00 care benefits 100.00 care be	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number DE 88888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AAA 12b BBB 12c CC 12d CC 12e Employe Local Ind a Employe evenue Se evenue Se AA 12a See in	\$ S S S S S S S S S	100.00 100.00 100.00 100.00 1With City, or Return. urity number 16 ss, tips, etc. 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed W 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	0 0 0 0 0 0 0 1 20 Localith LOCAL LOCAL LOCAL 2 (rith Employe ensation 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 ALPHA NAN e's State, City, or	to tax withheld 100.00 care benefits 100.00 care be	Third-party sick pay
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Employee's address and ZIP code 15 State Bemployer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AAA 12b BBB 12c CC 12d CC 12e E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 0/6 ss, tips, etc. box 12 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comperts 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0	0 0 0 0 0 0 0 1 20 Localith LOCAL LOCAL LOCAL 2 (rith Employe ensation 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax	to the late of the	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State DE 888888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat. 1000.00 10 17 State wages tips to 1000.00 10 10 10 10 10 10 10 10 10 10 10 10 1	le income t 00.00 00.00 nternal Re	AAA 12b BBB 12c CC 12d CC 12e E Employe Local Int a Employe evenue Se 4 BBB 12c EMBB 12c EMBBB 12c EMBBBB 12c EMBBBB 12c EMBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 0/6 ss, tips, etc. box 12 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed W 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	0 0 0 0 0 0 1 20 Localite LOCAL 2 LOCAL 2 LOCAL 2 Jith Employee	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. y name 1ALPHA NAN 2ALPHA NAN 2ALPHA NAN 2 State, City, of 2 Federal inco	to the late of the	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State	16 State wages, tips, etc. 17 Stat 1000.00 11 1000.00 11 Department of the Treasury-Ir	te income t 00.00 00.00	AAA 12b BBB 12c CC 12d CC 12e Employe Local Ind a Employe ax 12a See in AA 12b BBB 12c CC 12e 12e CC 12e Employe Local Ind bBB 12c CC 12e CC 12e CC 12e CC 12e CC 12e	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comperation of the compensation of t	0 0 0 0 0 0 1 20 Localite LOCAL 2 LOCAL 2 LOCAL 2 Jith Employee	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax	10000.00 ity tax withheld 100.00 s withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 00 00 00 00 IE IE I Local Income ity tax withheld 100.00 s withheld 100.00 s withheld 100.00 s withheld 100.00 s 100.00	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number DE 88888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	AAA 12b BB 12c CC 12d CC 12e E E Copy 2 Employe Local Ind a Employe AAA 12b BB 12c copy 2 Employe Local Ind a Employe E E 12a See in AA 12b BB 12c CC 12d E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 1With City, or Return. urity number 0/6 ss, tips, etc. 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.00 9 Advance EIC payment 100.00	0 0 0 0 0 0 1 20 Localitic LOCAL inthe Employeensation 0 0 0 0 0 0 0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. y name 1ALPHA NAN 2ALPHA NAN 2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan 00 00 00 00 ME Local Income 100.00 c withheld 100.00 care benefits	Third-party sick pay
CEMPloyer's name, address, and ZIP code	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	AAA 12b BBB 12c C 12e Employee Local Inc a Employee Local Inc a Employee Sec C 12b BBB 12c C 12d BBB 12c C 12d BBB 12c C 12d BBB 12c B	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 1With City, or Return. urity number 06 ss, tips, etc. 100.00 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 100.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan 00 00 00 00 AE AE r Local Income 100.00 c withheld 100.00 c withheld 100.00 c withheld 100.00 c withheld 100.00 care benefits	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number BE 88888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	#AAA 12b #BB 12c #C 12e #E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 1With City, or Return. urity number 06 ss, tips, etc. 3# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 7 Social security tips 100.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory 14 Social secur 15 Medicare tax	10000.00 ity tax withheld 100.00 s withheld 100.00 s 100.00 care benefits 100.00 Retirement plan The Local Income The	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number DE 8888888888888888 TUT 8888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employer's first name and initial Last SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	AAA 12b BBB 12c CC 12d CC 12e E E E E E E E E E E E E E E E E E E E	\$ S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 1With City, or Return. Set urn. 16 sis, tips, etc. 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 100.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory 14 Social secur 15 Medicare tax	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Ratirement plan 00 00 00 00 AE AE T Local Income 100.00 ity tax withheld 100.00 c withheld 100.00 c withheld 100.00 c withheld 100.00 Retirement plan 100.00 retirement plan 100.00 Retirement 100.00	Third-party sick_pay Tax Return
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number BE 88888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	AAA 12b BBB 12c CC 12d CC 12e E Employe Local Int a Employe Local Int a Employe E E E E E E E E E E E E E E E E E E E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 1With City, or Return. Set urn. 16 sis, tips, etc. 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 7 Social security tips 100.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 11 Statutory employee	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan 00 00 00 00 ME Local Income 100.00 c withheld 100.00 Retirement plan 00 00 00 00 00 00 00 00 00 00 00 00 00	Third-party sick_pay Tax Return
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State DE 888888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	AAA 12b BBB 12c CC 12d CC 12e Employee Local Ind a Employe Local Ind a Employee Local Ind b AA 12b BBB 12c COPY 2 - Employee Local Ind a Employee Local Ind a Employee Local Ind b CC 12a BC Table Ind CC 12c BC COPY C RECORE	\$ S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 3 Social security wages 10000.0 3 Social security wages 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100.	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan 100.00 ME 100.00 ity tax withheld 100.00 withheld 100.00 care benefits 100.00 care benefits 100.00 care benefits	Third-party sick_pay Tax Return
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number DE 8888888888888888 TUT 8888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employer's first name and initial Last SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	16 State wages, tips, etc. 17 Stat. 1000.00 11 1000.00 11 1000.00 1000010	le income t 00.00 00.00 nternal Re	AAA 12b BBB 12c CC 12d CC 12e Employee Local Ind a Employe \$\frac{1}{2}\text{AA}\$ \$\frac{1}{2}\text{BB}\$ \$\frac{1}{2}\text{CC}\$ \$\frac{1}{2}	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 1With City, or Return. urity number of the city of the	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 3 Copy 2 To Be Filed W 1 Wages, tips, other compert of the	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 100. 100. 1	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan 100.00 AE AE AE 100.00 care benefits	Third-party sick_pay Tax Return.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State DE 888888888888888888888888888888888888	16 State wages, tips, etc. 17 Stat 1000.00	suff.	AAA 12b BBB 12c COPY 2 COPY 2 EMPloyee Local Inta a Employee Local Inta a Employee Local Inta back AA 12b BBB COC 12a EC 12a See inta back AA 12b BBB COC 12c CC	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 2 To Be Filed W 1 Wages, tips, other compe 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0 12 Social security tips 100.0 13 Social security tips 100.0 14 Other 100.0 15 Social security tips 100.0 16 Social security tips 100.0 17 Social security tips 100.0 18 Social security tips 100.0 19 Advance EIC payment 100.0 10 Social security tips 100.0 11 Nonqualified plans 100.0 12 Social security tips 100.0 13 Social security tips 100.0 14 Other 100.0 15 Social security tips 100.0 16 Social security tips 100.0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 100. 100. 1	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan 00 00 00 00 ME 100.00 ity tax withheld 100.00 c withheld 100.00 care benefits 100.00 Retirement plan 00 00 00 00 00 00 00	Third-party sick pay
CEMPLOYER NAME, address, and ZIP code	16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-Ir 1000010 t name 16 State wages, tips, etc. 17 State 1000.00 1	suff.	AAA 12b BBB 12c COPY 2 COPY 2 EMPloyee Local Inta a Employee Local Inta a Employee Local Inta back AA 12b BBB COC 12a EC 12a See inta back AA 12b BBB COC 12c CC	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comperts 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 3	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 100. 100. 1	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan T Local Income	Third-party sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State BR888888888888888888888888888888888888	16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-Ir 1000010 t name 16 State wages, tips, etc. 17 State 1000.00 1	suff.	AAA 12b BBB 12c CC 12d CC 12e Employee Local Ind a Employe AA 12b BBB 12c COpy 2 Employee Local Ind a Employee 4 AA 12b BBB 12c CC 12e Employee CC 12e Employee CC 12e Employee Employee Employee Employee Employee Employee AA 12b BBB 12c CC 12e Employee Employee Employee Employee AA 12b BBB 12c BC Employee Employee Employee AB Employee AB Employee AB Employee BE Employee AB Employee BE E	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comperts 10000.00 3 Social security wages 10000.00 7 Social security tips 1000.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other 1 TITLE 1 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social secur 6 Medicare tax 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 100. 100. 1	10000.00 ity tax withheld 100.00 c withheld 100.00 s 100.00 Care benefits 100.00 Retirement plan T Local Income	Third-party sick pay

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000010		c		s for box 12	1 Wages, tips, other compo		2 Federal income tax withhel	ld
COMPANY 10			BB 12b	\$	100.00	10000.0 3 Social security wages	10	10000.00 4 Social security tax withheld	4
COMPANY 10 ADDRRESS 1			B	\$	100.00	10000.0	10	100.00	,
COMPANY 10 ADDRRESS 2			12c	Ψ	100.00	5 Medicare wages and tips		6 Medicare tax withheld	
COMPANY 10 ADDRRESS 3			CC	\$	100.00	10000.0		100.00	
COMPANY 10 CITY NC 10538-2095			12d			7 Social security tips		8 Allocated tips	
e Employee's first name and initial Las	t name	Suff.	∄D 12e	\$	100.00	100.0	00	100.00	
SORT KEY THREE			ξE	\$	100.00	9 Advance EIC payment	_	10 Dependent care benefits	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				ng furnished to the	100.0	10	100.00 13 Statutory Retirement	Third-party
EMPLOYEE ADDRESS 2			Internal I	Revenue Servi	ce.	11 Nonqualified plans 100.0	10	employee plan	sick pay
EMPLOYEE ADDRESS 3			Сору	B To Be I	Filed With	14 Other BOX 14 TITLE 1		400.00	
EMPLOYEE CITY UT 84321-1234				yee's FE	DERAL			100.00	
			Tax R			BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.00 100.00	
f Employee's address and ZIP code			a Emplo	555-55.	security number	BOX 14 TITLE 3	•	100.00	
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 Locali	ity name .1ALPHA NAME	
DC 88888888888888888888888888888888888	1000.00	100.00			0.00	100.00			
UT 888888888888888888888888888888888888	1000.00 Department of the Tre	100.00	evenue		0.00 OMB# 1545-0	100.00		2ALPHA NAME Filed With Employee's FEDERAL	Tay Return
Tom W 2 Wage and Tax Statement 2010	Department of the fre	asary internario	o v ci iuc	00.1100	Omb// 1040 0	30,	,	ilea With Employee 31 EDERAL	rux recuiii.
	000010		12a			1 Wages, tips, other compo		2 Federal income tax withhe	ld
c Employer's name, address, and ZIP code COMPANY 10			BB	\$	100.00	10000.0	JU	10000.00	
COMPANY 10 COMPANY 10 ADDRRESS 1			12b ₅□	Ido	100.00	3 Social security wages	10	4 Social security tax withheld	1
COMPANY 10 ADDRRESS 2			₿B 12c	\$	100.00	10000.0 5 Medicare wages and tips		6 Medicare tax withheld	
COMPANY 10 ADDRRESS 3			icc	\$	100.00	* .			
COMPANY 10 CITY NC 10538-2095			12d	ĮΨ	. 50.00	10000.0 7 Social security tips	10	100.00	
a Employage first name and initi-1	t nama	0.4	. ŠD	\$	100.00	100.0	00	100.00	
e Employee's first name and initial Las 0000028	st name	Suff.	12e ≗_	Left-	,	9 Advance EIC payment		10 Dependent care benefits	
SORT KEY THREE			<u></u> ≗E	\$	100.00	100.0	0	100.00	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX					11 Nonqualified plans		13 Statutory Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2			Conv	2 To Po I	Filad \A/ith	100.0	10		
EMPLOYEE ADDRESS 3					Filed With ite, City, or	BÖX 14 TITLE 1		100.00	
EMPLOYEE CITY UT 84321-1234					ax Return.	BOX 14 TITLE 2		100.00	
					I security number	BOX 14 TITLE 3		100.00	
f Employee's address and ZIP code				555-55		BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 1 100.00	tax	18 Local 100	wages, tips, etc.	19 Local income tax 100.00	LOCAL	ity name 1ALPHA NAME	
UT 888888888888888888888888888888888888	1000.00	100.00		+	0.00	100.00		2ALPHA NAME	
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue	Service	OMB# 1545-000	O8 Copy 2 To Be Filed W	ith Employe	ee's State, City, or Local Income	Tax Return.
b Employer identification number (EIN) 10-00	000010		12a			1 Wages, tips, other compe	ensation	2 Federal income tax withhe	ld
c Employer's name, address, and ZIP code			₿BB	\$	100.00	10000.0	0	10000.00	
COMPANY 10 COMPANY 10 ADDRRESS 1			12b			3 Social security wages		4 Social security tax withheld	t
COMPANY 10 ADDRRESS 2			§B	\$	100.00	10000.0		100.00	
COMPANY 10 ADDRRESS 3			12c CC	I.C.	100.00	5 Medicare wages and tips		6 Medicare tax withheld	
COMPANY 10 CITY NC 10538-2095			ા2d	\$		10000.0	0	100.00	
			[§] D	\$	100.00	7 Social security tips 100.0	10	8 Allocated tips 100.00	
• •	t name	Suff.	12e			9 Advance EIC payment	U	10 Dependent care benefits	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	AE SHEY		₿E	\$	100.00	100.0	0	100.00	
EMPLOYEE ADDRESS 2	VIL SOLX					11 Nonqualified plans		13 Statutory Retirement employee plan	Third-party sick pay
EMPLOYEE ADDRESS 3			_			100.0	0	Cimpoyee pair	Sick pay
EMPLOYEE CITY UT 84321-1234					Filed With	14 Other BOX 14 TITLE 1		100.00	
					ite, City, or ax Return.	BOX 14 TITLE 2		100.00	
					I security number	BOX 14 TITLE 3		100.00	
f Employee's address and ZIP code	T	T		555-55		BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	tax		wages, tips, etc.	19 Local income tax 100.00	LOCAI	ity name 1ALPHA NAME	
UT 888888888888888888888888888888888888	1000.00	100.00			0.00	100.00		2ALPHA NAME	
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue	Service	OMB# 1545-000	Opy 2 To Be Filed V	ith Employe	ee's State, City, or Local Income	Tax Return
b Employer identification number (EIN) 10-00	000010		12a See	instruction	s for box 12	1 Wages, tips, other compe	ensation	2 Federal income tax withhe	ld
c Employer's name, address, and ZIP code			BB	\$	100.00	10000.0		10000.00	<u> </u>
COMPANY 10		_	12b	l _A	. 50.00	3 Social security wages		4 Social security tax withhele	4
COMPANY 10 ADDRRESS 1			§B	\$	100.00	10000.0	0	100.00	
COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax withheld	
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095			CC 12d	\$	100.00	10000.0	0	100.00	
			1120 -110	\$	100.00	7 Social security tips		8 Allocated tips	
e Employee's first name and initial Las	t name	Suff.	12e	ĮΨ	100.00	100.0	U	100.00	
SORT KEY THREE			ξE	\$	100.00	9 Advance EIC payment 100.0	10	10 Dependent care benefits 100.00	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		Service. If yo	ou are required to f	ed to the Internal Revenue le a tax return, a negligence	11 Nongualified plans		13 Statutory Retirement	Third-party
EMPLOYEE ADDRESS 2			penalty or ot	her sanction may b able and you fail to	e imposed on you if this	100.0	0	employee plan	sick pay
EMPLOYEE ADDRESS 3					IPLOYEE'S	14 Other BOX 14 TITLE 1		100.00	
EMPLOYEE CITY UT 84321-1234					ee Notice to	BOX 14 TITLE 1	•	100.00 100.00	
				ee on bac	k.) I security number	BOX 14 TITLE 2 BOX 14 TITLE 3		100.00	
f Employee's address and ZIP code			La ziripic	555-55	-	BOX 14 TITLE 3		100.00	
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 Locali	ity name	
DC 88888888888888888888	1000.00	100.00 100.00).00).00	100.00	LOCAL	.1ALPHA NAME .ZALPHA NAME	
	1 1000.00	100.00		1 100	,	100.00	LOUAL		
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue	Service	OMB# 1545-0	008 Copy C for FMF	PLOYEE'S P	ECORDS. (See Notice to Employ	ee on back

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000010		c c	uctions for box 12	1 Wages, tips, other compe		2 Federal income		
c Employer's name, address, and ZIP code COMPANY 10			åA \$ 12b	100.00	10000.00)		000.00	
COMPANY 10 ADDRRESS 1			CC IS	100.00	3 Social security wages	n	4 Social security t		
COMPANY 10 ADDRRESS 2			12c	100.00	10000.00 5 Medicare wages and tips	J	6 Medicare tax wi	100.00	
COMPANY 10 ADDRRESS 3			C IS	100.00		2			
COMPANY 10 CITY NC 10538-2095			12d	, 100.00	7 Social security tips	<u> </u>	8 Allocated tips	100.00	
			⁸ D \$	100.00	100.00	n	•	100.00	
e Employee's first name and initial Last SORT KEY THREE	t name	Suff.	12e		9 Advance EIC payment		10 Dependent car		
FIRSTNAME MIDDLENAME LASTNAM	AE SLIEX		§E \$	100.00	100.00)	•	100.00	
EMPLOYEE ADDRESS 2	IL OOI X		This information Internal Revenu	n is being furnished to the	11 Nonqualified plans		13 Statutory employee		rd-party k pay
EMPLOYEE ADDRESS 3					100.00)			
EMPLOYEE CITY UT 84321-1234				Be Filed With s FEDERAL	14 Other BOX 14 TITLE 1		100.00)	
			Tax Returi		BOX 14 TITLE 2		100.00)	
				social security number	BOX 14 TITLE 3		100.00)	
f Employee's address and ZIP code			55	5-55-5508	BOX 14 TITLE 4		100.00)	
15 State Employer's state ID number	16 State wages, tips, etc. 17 State	e income t	ax 18	Local wages, tips, etc.	19 Local income tax	20 Locality	y name I ALPHA NAME		
GA 88888888888888888888 TUT 888888888888888888888		00.00		100.00	100.00		ZALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-In		evenue Serv				led With Employee's		Return.
	,				,				
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000010		12a		1 Wages, tips, other competed 10000.00		2 Federal income	tax withheld 000.00	
COMPANY 10			A S	100.00	3 Social security wages	J	4 Social security		
COMPANY 10 ADDRRESS 1			CC IS	100.00		1	1		
COMPANY 10 ADDRRESS 2			12c	, 100.00	10000.00 5 Medicare wages and tips	J	6 Medicare tax wi	100.00 ithheld	
COMPANY 10 ADDRRESS 3			C IS	100.00	10000.00	1		100.00	
COMPANY 10 CITY NC 10538-2095			12d		7 Social security tips	<i>-</i>	8 Allocated tips	100.00	
a Employee's first name or district	t nome	C44	åD 5	100.00	100.00)	•	100.00	
e Employee's first name and initial Last 0000029	t name	Suff.	12e		9 Advance EIC payment	_	10 Dependent ca		
SORT KEY THREE			<u>\$</u> E 5	100.00	100.00	<u></u>		100.00	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				11 Nonqualified plans		13 Statutory employee		rd-party k pay
EMPLOYEE ADDRESS 2			0-: 0-	D- E9, 13400	100.00)			<u> </u>
EMPLOYEE ADDRESS 3				Be Filed With	14 Other BOX 14 TITLE 1		100.00)	
EMPLOYEE CITY UT 84321-1234				s State, City, or me Tax Return.	BOX 14 TITLE 2		100.00		
				social security number	BOX 14 TITLE 3		100.00)	
f Employee's address and ZIP code			55	5-55-5508	BOX 14 TITLE 4		100.00)	
15 State Employer's state ID number	16 State wages, tips, etc. 17 State	e income t	ax 18	Local wages, tips, etc.	19 Local income tax	20 Locality	y name I ALPHA NAME		
GA	-	00.00		_100.00 _100.00	100.00		ZALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-In		evenue Serv				e's State, City, or Lo		Doturn
· ·				100 UNID# 1343-00	UO CODY 2 TO BE FILED WI	tn Employee			
				TICE ONIB# 1343-00	OO COPY 2 TO BE FILED WI	tn Employee	, o oo, oy, o. 20	our moonilo rux re	retui ii.
b Employer identification number (EIN) 4.0.00	100010			TICE OWID# 1343-00					Keturn.
	000010		12a		1 Wages, tips, other competent 10000.00	nsation	2 Federal income		Keturn.
c Employer's name, address, and ZIP code COMPANY 10	000010				1 Wages, tips, other compe	nsation	2 Federal income	tax withheld	Keturii.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1	000010		12a ÅA \$	3 100.00	1 Wages, tips, other comperations of the second of the sec	nsation	2 Federal income 100 4 Social security t	tax withheld	Keturii.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	000010		12a ⁸ A \$ 12b ⁸ CC \$ 12c	3 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages	nsation	2 Federal income 100 4 Social security t	tax withheld 000.00 tax withheld 100.00	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3	000010		12a 	5 100.00 5 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00	nsation)	2 Federal income 100 4 Social security to 6 Medicare tax wi	tax withheld 000.00 tax withheld 100.00 ithheld	Neturn.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	000010		12a \$\frac{8}{2}A	5 100.00 5 100.00 6 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	nsation)	2 Federal income 100 4 Social security to 6 Medicare tax wi	tax withheld 000.00 tax withheld 100.00	Neturn.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	000010	Suff.	12a \$A \$ 12b \$CC \$ 12c \$C \$ 12d \$D \$	5 100.00 5 100.00 6 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	nsation)	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips	tax withheld 000.00 tax withheld 100.00 thheld 100.00	Neturn.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095			12a	5 100.00 5 100.00 6 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	nsation))	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cal	tax withheld 000.00 tax withheld 100.00 tithheld 100.00 tithheld 100.00 tothe 100.00 tre benefits	Neturi.
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Last	t name		12a \$A \$ 12b \$CC \$ 12c \$C \$ 12d \$D \$	5 100.00 5 100.00 6 100.00	1 Wages, tips, other comperations of the compensation of the	nsation))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent car	tax withheld 000.00 tax withheld 100.00 tithheld 100.00 tre benefits 100.00	
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE	t name		12a	5 100.00 5 100.00 6 100.00	1 Wages, tips, other comperations of the compensation of the compe	nsation)))	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cai	tax withheld 000.00 tax withheld 100.00 ithheld 100.00 to benefits 100.00 Retirement Thad	rd-party k pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 c Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name		12a \$A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	5 100.00 5 100.00 6 100.00 6 100.00	1 Wages, tips, other comperations of the compensation of the	nsation)))	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cai	tax withheld 000.00 tax withheld 100.00 ithheld 100.00 to benefits 100.00 Retirement Thad	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2	t name		12a \$A \$\frac{1}{2}\text{CC} \$\frac{1}{2}\text{CC} \$\frac{1}{2}\text{C}	5 100.00 5 100.00 6 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	nsation)))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00	tax withheld 000.00 tax withheld 100.00 tithheld 100.00 tre benefits 100.00 Retirement That sick	rd-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 c Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name		12a \$A \$\frac{1}{2}A \$\frac{1}{2}D \$\frac{1}{2}C \$\frac{1}{2}C \$\frac{1}{2}D \$\frac{1}{2}D \$\frac{1}{2}E \$\f	5 100.00 5 100.00 6 100.00 6 100.00 7 100.00 8 E Filed With s State, City, or me Tax Return.	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	nsation)))	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent car 13 Statutory employee 100.00 100.00	tax withheld 000.00 tax withheld 100.00 titheld 100.00 100.00 re benefits 100.00 Retirement Thardplan sick	rd-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 c Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	t name		12a	5 100.00 5 100.00 6 100.00 6 100.00 6 100.00 8 100.00 9 100.	1 Wages, tips, other comperations of the state of the sta	nsation)))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00	tax withheld 000.00 tax withheld 100.00 ithheld 100.00 100.00 re benefits 100.00 Retirement Thardplan sick	rd-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	t name ∕IE SUFX	Suff.	12a	5 100.00 5 100.00 6 100.00 6 100.00 7 100.00 8 100.00 8 100.00 8 100.00 9 100.00 9 100.00	1 Wages, tips, other comperations of the compensation of the compe	nsation))))) .	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00	tax withheld 000.00 tax withheld 100.00 ithheld 100.00 100.00 Retirement Third plan sick	rd-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 c Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number GA 88888888888888888888888888888888888	t name ## SUFX ## I6 State wages, tips, etc. 17 State 1000.00 16	Suff.	12a	5 100.00 5 100.00 6 100.00 6 100.00 6 100.00 Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00	1 Wages, tips, other compe 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	nsation))))) 20 Locality LOCAL	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 Retirement That sick	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 I Employee's address and ZIP code I Employee's state ID number GA 88888888888888888888888888888888888	t name ### SUFX 16 State wages, tips, etc.	Suff.	12a \$A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1100.00	nsation)))))	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 Retrement That sick	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 I Employee's address and ZIP code I Employee's state ID number GA 88888888888888888888888888888888888	t name ## SUFX ## I6 State wages, tips, etc. 17 State 1000.00 16	Suff.	12a \$A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	nsation)))))	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 Retrement That sick	rd-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 c Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code f Employee's state ID number GA 88888888888888888888888888888888888	t name ### SUFX 16 State wages, tips, etc.	Suff.	12a \$A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1100.00	nsation)))))	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 Retrement That sick	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State	t name ### SUFX 16 State wages, tips, etc.	Suff.	12a \$A \$12b \$CC \$2 12c \$C \$2 12d \$D \$2 12e \$E \$5 Copy 2 To Employee's Local Inco a Employee's ax 18 18 18 18 18 18 18 1	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00	1 Wages, tips, other comperations of the compensation of the compensations of the compensation of the comp	nsation)))))) LOCAL: LOCAL: LOCAL: atith Employe	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2 ALPHA NAME 2 State, City, or Lo	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 Retirement Thardplan sick	rd-party
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employee's state ID number GA 8388888888888888888888888888888888888	16 State wages, tips, etc.	Suff.	12a \$\frac{1}{2}A \$\frac{1}{2}B \\ \frac{1}{2}C \$\frac{1}{2}C \$\frac{1}{	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00 Tioc OMB# 1545-00 uctions for box 12	1 Wages, tips, other comperations of the compensation of the compensations of the compensation of the comp	nsation)))))) LOCAL: LOCAL: LOCAL: atith Employe	2 Federal income 100 4 Social security 1 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 2 NAME 2ALPHA NAME 2ALPHA NAME 2 State, City, or Lo	tax withheld 000.00 tax withheld 100.00 titheld 100.00 re benefits 100.00 Retirement Thardplan sick	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Last SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State GA 88888888888888888888888888888888888	16 State wages, tips, etc.	Suff.	12a	Be Filed With s State, City, or me Tax Return. Social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-55-55-55-55-55-55-55-55-55-55-55-5	1 Wages, tips, other comperations of the compensation of the compensations of the compensation of the compensations of the compensation of the com	nsation)))))) () () () () () () (2 Federal income 100 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent car 13 Statutory employee 100.00 100	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 column the plan for the	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Estate SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State Employer's state ID number GA 888888888888888888888888888888888888	16 State wages, tips, etc.	Suff.	12a	Be Filed With s State, City, or me Tax Return. Social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 social security number 5-55-55-55-55-55-55-55-55-55-55-55-55-5	1 Wages, tips, other comperations of the compensation of the compensations of the compensation of the comp	nsation)))))) () () () () () () (2 Federal income 100 4 Social security to 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 7 Name ALPHA NAME 2ALPHA NAME e's State, City, or Lot 2 Federal income 100 4 Social security to	tax withheld 000.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement Third plan sick is considered in the considered in th	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 In the state of t	16 State wages, tips, etc.	Suff.	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-58 Local wages, tips, etc. 100.00 100.0	1 Wages, tips, other comperations of the compensation of the compensations of the compensation of the comp	nsation)))))) 20 Locality LOCAL2 LOCAL2 ith Employe	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 7 Name ALPHA NAME 2ALPHA NAME e's State, City, or Lot 2 Federal income 100 4 Social security to	tax withheld 000.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement Third plan sick sick tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tithheld 100.00 tithheld	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Estate SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State Employer's state ID number GA 888888888888888888888888888888888888	16 State wages, tips, etc.	Suff.	12a \$A \$\frac{1}{2}A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	Be Filed With s State, City, or me Tax Return. social security number 5-55-58 Local wages, tips, etc. 100.00 100.0	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security itips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other 100.00 14 Other 11 BOX 14 TITLE 1 11 BOX 14 TITLE 2 11 BOX 14 TITLE 2 11 BOX 14 TITLE 3 11 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 08 Copy 2 To Be Filed W 1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	nsation)))))) 20 Locality LOCAL2 LOCAL2 ith Employe	2 Federal income 100 4 Social security to the Medicare tax with th	tax withheld 000.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement Third plan sick is considered by the considered by th	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Esployee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State GA 88888888888888888888888888888888888	It name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 s 100.00	1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed W 1 Wages, tips, other comper 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	nsation)))))) () () () () () () (2 Federal income 100 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent call 13 Sitatutory employee 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income 100 4 Social security to 6 Medicare tax with	tax withheld 000.00 tax withheld 100.00 theld 100.00 the benefits 100.00 Retirement plan sick	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State GA 88888888888888888888888888888888888	16 State wages, tips, etc.	Suff.	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 s 100.00	1 Wages, tips, other comperations of the compensation of the compensations of the compensatio	nsation)))))) () () () () () () (2 Federal income 100 4 Social security to the Medicare tax with th	tax withheld 000.00 tax withheld 100.00 thheld 100.00 tre benefits 100.00 Retirement That sick cocal Income Tax F tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tithheld 100.00	rd-party
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code In State Employer's state ID number GA 888888888888888888888888888888888888	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00 rice OMB# 1545-00 uctions for box 12 100.00 1	1 Wages, tips, other comperations of the compensation of the compe	nsation))))))) () () () () () ()	2 Federal income 100 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent car 13 Statutory employee 100.00 100.00 100.00 100.00 2 ALPHA NAME 2 Federal income 100 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent car	tax withheld 000.00 tax withheld 100.00 thheld 100.00 re benefits 100.00 recipion sick in tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tithheld 100.00 re benefits	rd-party
e Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number GA 838888888888888888888888888888888888	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a \$A \$\frac{1}{2}A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00 100	1 Wages, tips, other comperations of the compensation of the compe	nsation))))))) () () () () () ()	2 Federal income 10/ 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cal 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 10/ 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cal 13 Statutory	tax withheld 000.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement That is ick. tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement That Retireme	rd-party k pay Return
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME SERVICE COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 EMPLOYEE STIFT NAME MIDDLENAME LASTNAME M	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a \$A \$\frac{1}{2}A \$\frac{1}{2}A \$\frac{1}{2}C \$\f	Be Filed With s State, City, or me Tax Return. social security number 5-55-58 Local wages, tips, etc. 100.00 100.0	1 Wages, tips, other comperations of the compensation of the compe	nsation))))))) 20 Locality LOCAL2 LOCAL2 ith Employe nsation))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2ALPHA NAME e's State, City, or Lot 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat	tax withheld 000.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement That is ick. tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement That Retireme	rd-party k pay Return
e Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LAS	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a § A \$ \$ \$ \$ \$ \$ \$ \$ \$	Be Filed With s State, City, or me Tax Return. Scale security number 5-55-5508 Local wages, tips, etc. 100.00 local wages, t	1 Wages, tips, other comperations of the compensation of the compe	nsation))))))) 20 Locality LOCAL2 LOCAL2 ith Employe nsation))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutery employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2 Federal income 10 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutery employee	tax withheld 000.00 tax withheld 100.00 the benefits 100.00 re benefits 100.00 tax withheld 100.00 te benefits 100.00 re b	rd-party Return
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME SERVICE COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 EMPLOYEE STIFT NAME MIDDLENAME LASTNAME M	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a \$A \$\frac{1}{2}A \$\frac{1}{2}A \$\frac{1}{2}CC \$\frac{1}{2}CC \$\frac{1}{2}CC \$\frac{1}{2}CC \$\frac{1}{2}CC \$\frac{1}{2}CC \$\frac{1}{2}CC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCC \$\frac{1}{2}CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Be Filed With State, City, or me Tax Return. Social security number 5-55-5508 Local wages, tips, etc. 100.00	1 Wages, tips, other compension of the compensio	nsation))))))) 20 Locality LOCAL2 LOCAL2 ith Employe nsation))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cai 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cai 13 Statutory employee 110.000	tax withheld 000.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement That sick cocal Income Tax F tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement That sick	rd-party Return
e Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LAS	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-58 Local wages, tips, etc. 100.00 100.0	1 Wages, tips, other compensions of the compensions	nsation))))))) 20 Locality LOCAL2 LOCAL2 ith Employe nsation))	2 Federal income 100 4 Social security to the Medicare tax with th	tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 titheld 100.00 re benefits 100.00 Retirement Third sick cocal Income Tax F tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement Third sick	rd-party Return
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial ESORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State GA B88888888888888888888888888888888888	t name ### SUFX 16 State wages, tips, etc.	Suff. e income to 20.00 00.00 oternal Re	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 Local wages, tips, etc. 100.00 100	1 Wages, tips, other comperations of the compensation of the compe	nsation))))))) 20 Locality LOCAL2 LOCAL2 ith Employe nsation))	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cal 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cal 13 Statutory employee 100.00 100.00 100.00 100.00 100.00	tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 titheld 100.00 re benefits 100.00 Retirement Tax F tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement Tax F	rd-party Return
e Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LAS	16 State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 1000010 It name	suff. e income to 00.00 00.00 ternal Re	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-5508 100.00	1 Wages, tips, other comperations of the compensation of the compe	nsation) 20 Locality LOCAL L	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent car 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent car 13 Statutory employee	tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 titheld 100.00 re benefits 100.00 Retirement Tax F tax withheld 000.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement Tax F	rd-party Return
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial Employee's address and ZIP code 15 State GA Employer's state ID number GA Employer's name, address, and ZIP code 15 COMPANY 10	If State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 200010 It ame If State wages, tips, etc. 17 State 1000.00 10 If a state wages, tips, etc. 17 State 1000.00 10	Suff. a income to 20.00 20.00 30.00 Suff.	12a	Be Filled With s State, City, or me Tax Return. social security number 5-55-55-08 Local wages, tips, etc. 100.00 1	1 Wages, tips, other comperations of the compensation of the compe	nsation) 20 Locality LOCAL	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 2 Federal income 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00	tax withheld 000.00 tax withheld 100.00 the benefits 100.00 re benefits 100.00 Retirement Third sick tax withheld 100.00 the benefits 100.00 Retirement Third sick 100.00 tax withheld 100.00 the benefits 100.00 Retirement Third sick 100.00 Retirement Third sick	rd-party Return
Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAM	If State wages, tips, etc. 17 State 1000.00 10 Department of the Treasury-In 200010 It ame If State wages, tips, etc. 17 State 1000.00 10 If a state wages, tips, etc. 17 State 1000.00 10	Suff. s income to 00.00 sternal Recome to 00.00 se income to 00.00 00.00	12a	Be Filed With s State, City, or me Tax Return. social security number 5-55-55-08 Local wages, tips, etc. 100.00 10	1 Wages, tips, other compensions of the compensions	nsation) 20 Localiti LOCAL	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 7 name 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00	tax withheld 000.00 tax withheld 100.00 the benefits 100.00 re benefits 100.00 Retirement Tax F tax withheld 100.00 the benefits 100.00 Retirement Third sick 100.00 the benefits 100.00 Retirement Third sick 100.00 the benefits 100.00 Retirement Third sick 100.00 Retirement Third sick 100.00	Return

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000010	12a See instruction		1 Wages, tips, other compens	•
c Employer's name, address, and ZIP code COMPANY 10		⁸ CC \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 10 ADDRRESS 1		B \$	100.00		, , , , , , , , , , , , , , , , , , , ,
COMPANY 10 ADDRRESS 2		12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 10 ADDRRESS 3		§C \$	100.00	10000.00	
COMPANY 10 CITY NC 10538-2095		12d		7 Social security tips	8 Allocated tips
e Employee's first name and initial Last	t name Suff.	.§D \$ 12e	100.00	100.00	100.00
SORT KEY THREE		E \$	100.00	9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAM	//E SUFX		eing furnished to the	100.00	
EMPLOYEE ADDRESS 2		Internal Revenue Se	rvice.	11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3		Сору В То Ве	Filed With	14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321-1234		Employee's F	EDERAL		100.00
		Tax Return.	ial security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code			5-5509	BOX 14 TITLE 4	100.00
15 State Employer's state ID number	16 State wages, tips, etc. 17 State income	tax 18 Loca	al wages, tips, etc.		20 Locality name LOCAL1ALPHA NAME
ID	1000.00 1000.00		00.00 00.00		LOCAL1ALPHA NAME LOCAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal R		OMB# 1545-0		LOCALZALPHA NAIVIE B To Be Filed With Employee's FEDERAL Tax Return.
	Toparamon or ano mouse, y anomar a	313.143 33.1133	02,, 10.10	оор, .	2 10 20 1 100 1 1 1 1 1 2 1 1 project 0 1 2 2 2 1 0 1 2 1 0 1 0 1 0 1 0 1 0 1
	000010	12a		1 Wages, tips, other compens	
c Employer's name, address, and ZIP code COMPANY 10		<u>CC \$</u>	100.00	10000.00	
COMPANY 10 COMPANY 10 ADDRRESS 1		12b B \$	100.00	3 Social security wages	4 Social security tax withheld
COMPANY 10 ADDRRESS 2		12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 10 ADDRRESS 3		℃ \$	100.00	10000.00	
COMPANY 10 CITY NC 10538-2095		12d		7 Social security tips	8 Allocated tips
e Employee's first name and initial Last	st name Suff.		100.00	100.00	•
0000030	Suil.	12e E \$	100.00	9 Advance EIC payment	10 Dependent care benefits
SORT KEY THREE		ا ا	100.00	100.00	
FIRSTNAME MIDDLENAME LASTNAM	/IE SUFX			11 Nonqualified plans 100.00	employee plan sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Copy 2 To Be	Filed With	14 Other	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234		Employee's S		BOX 14 TITLE 1 .	100.00
2.00 20122 0111 01 01021 1201		Local Income		BOX 14 TITLE 2 .	100.00
f Familia and address and ZID ands			ial security number	BOX 14 TITLE 3 . BOX 14 TITLE 4 .	100.00 100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State income		5-5509 al wages, tips, etc.		
ID 888888888888888888888888888888888888	1000.00	1	00.00		20 Locality name LOCAL1ALPHA NAME
UT 888888888888888888888888888888888888	1000.00 100.00		00.00		LOCAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal R	evenue Service	OMB# 1545-000	J8 Copy 2 To Be Filed With	Employee's State, City, or Local Income Tax Return.
	000010	12a		1 Wages, tips, other compens	
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 10	000010	åcc ∣\$	100.00	10000.00	10000.00
c Employer's name, address, and ZIP code	000010	ECC \$		10000.00 3 Social security wages	10000.00 4 Social security tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	000010	åcc ∣\$	100.00	10000.00 3 Social security wages 10000.00	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3	000010	CC S 12b S S S S S S S S S		10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2	000010	ECC \$ 12b B \$ 12c C \$ 12d	100.00	10000.00 3 Social security wages 10000.00	10000.00 4 Social security tax withheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095	t name Suff.	ECC \$ 12b B \$ 12c C \$ 12d D \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095		ECC \$ 12b B \$ 12c C \$ 12d D \$ 12e	100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	t name Suff.	ECC \$ 12b B \$ 12c C \$ 12d D \$	100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	t name Suff.	ECC \$ 12b B \$ 12c C \$ 12d D \$ 12e	100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party employee plan sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name Suff.	ECC \$ 12b B \$ 12c C \$ 12d D \$ 12e	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Reirement plan Sick pay sick pay
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	t name Suff.	CC S 12b S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S S	100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	10000.00 4 Social security tax withheld
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	t name Suff.	CC S 12b S S S S S S S S S	100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Patriement Third-party sick pay 100.00 100.00 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	t name Suff.	SCC S 12b S S S S S S S S S	100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tip 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Thrd-party Sick pay 100.00 100.00 100.00 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number	t name Suff. ## SUFX ## In the suff. In th	S	100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code f Employee's address and ZIP code f Employee's address and ZIP code	t name Suff. ## SUFX ## In the state wages, tips, etc. 17 State income 100.00	SCC S 12b S S S S S S S S S	100.00 100.00 100.00 100.00 Tiled With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palar Third-party plan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCAL1ALPHA NAME
C Employer's name, address, and ZIP code	t name Suff. ### SUFX ### 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filled With tate, City, or Tax Return. ial security number 5-5509 10.00 10.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palar Third-party plan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCAL1ALPHA NAME
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code f Employee's address and ZIP code f Employee's address and ZIP code	t name Suff. ## SUFX ## In the state wages, tips, etc. 17 State income 100.00	S	100.00 100.00 100.00 100.00 100.00 Filled With tate, City, or Tax Return. ial security number 5-5509 10.00 10.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palar Third-party plan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCAL1ALPHA NAME
C Employer's name, address, and ZIP code	t name Suff. ## SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc. 00.00 0MB# 1545-000	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Independent sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCAL1ALPHA NAME LOCAL2ALPHA NAME h Employee's State, City, or Local Income Tax Return
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	t name Suff. ### SUFX ### 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc. 00.00 OMB# 1545-000 ons for box 12	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palar Sick pay plan 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCAL 1 ALPHA NAME LOCAL 2 ALPHA NAME LOCAL 3 ALPHA NAME LOCAL 4 ALPHA NAME LOCAL 4 ALPHA NAME LOCAL 4 ALPHA NAME LOCAL 4 ALPHA NAME LOCAL 5
C Employer's name, address, and ZIP code	t name Suff. ## SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc. 00.00 0MB# 1545-000	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Independent sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCAL1ALPHA NAME LOCAL2ALPHA NAME h Employee's State, City, or Local Income Tax Return
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	SCC S S S S S S S S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc. 00.00 00.00 OMB# 1545-000	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compens	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number B888888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	SCC S S S S S S S S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 Il wages, tips, etc. 00.00 OMB# 1545-000 ons for box 12 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 Il wages, tips, etc. 00.00 OMB# 1545-000 ons for box 12 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number B888888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc. 00.00 00.00 00.00 00.00 00.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	t name Suff. ## SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 Il wages, tips, etc. 00.00 OMB# 1545-000 ons for box 12 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Cither BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	It name Suff. ### SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 il wages, tips, etc. 00.00 00.00 00.00 00.00 00.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00	10000.00
CEMPloyer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) CEMPLOYEE CITY UT 84321-1234 b Employer's name, address, and ZIP code COMPANY 10 COMPANY	t name Suff. ### SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 Il wages, tips, etc. 00.00 OMB# 1545-000 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00
CEMPloyer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888 TUT 888888888888888	t name Suff. ### SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 Il wages, tips, etc. 0.00 000 000 100.00 100.00 100.00 100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 TOO.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Patrement Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Locality name LOCALTALPHA NAME LOCALTALPHA NAME LOCALTALPHA NAME LOCALTALPHA NAME 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	t name Suff. ### SUFX 16 State wages, tips, etc.	S	100.00 100.00 100.00 100.00 100.00 100.00 Filled With tate, City, or Tax Return. ial security number 5-5509 10 wages, tips, etc. 00.00 00.00 00.00 100.00 100.00 100.00 100.00 100.00 Med to the hiternal Revenue of the site return, a regigence of the toreport it. MPLOYEE'S	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	10000.00
CEMPloyer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888 TUT 888888888888888	t name Suff. ### SUFX 16 State wages, tips, etc.	SCC S S S S S S S S	100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 Il wages, tips, etc. 0.00 000 100.00 100.00 100.00 100.00 100.00 100.00 Media to the literian Revenue of tea tax return, a negligence to per proposed on you'f this to report.	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial EAST KEY THREE FIRSTNAME MIDDLENAME LASTNAME LASTNAME LASTNAME LASTNAME MIDDLENAME LASTNAME LASTNAME MIDDLENAME LASTNAM	t name Suff. ### SUFX 16 State wages, tips, etc.	SCC S 12b S S S S S S S S S	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888888888888888888888	t name Suff. ### SUFX 16 State wages, tips, etc.	SCC S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 Filed With tate, City, or Tax Return. ial security number 5-5509 1 wages, tips, etc. 00.00 00.00 0MB# 1545-000 100.00 100.00 100.00 100.00 100.00 When the thermal Revenue of the a tax return, an edigence to be imposed on you'f this to report it. MPLOYEE'S See Notice to ack.) ial security number	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other 100.00 15 Medicare wages and tips 10000.00 16 Medicare wages and tips 10000.00 17 Social security tips 100.00 18 DOX 14 TITLE 1 19 DOX 14 TITLE 1 100.00	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial Engloyee's ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 888888888888888888 Form W-2 Wage and Tax Statement 2010 b Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	It name Suff. ### SUFX 16 State wages, tips, etc. 17 State income to 1000.00	See instruction September September	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 1000.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 3	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palar memory
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID BEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 b Employer identification number (EIN) COMPANY 10 COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 1888888888888888888888888888888888888	16 State wages, tips, etc.	CC \$ 12b	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compens 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	10000.00
c Employer's name, address, and ZIP code COMPANY 10 COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3 COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095 e Employee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number ID 88888888888888888888888888888888888	It name Suff. ### SUFX 16 State wages, tips, etc. 17 State income to 1000.00	SCC S S S S S S S S	100.00 100.00	10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compens 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1100.00	10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palar memory

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000010		12a See instructions	for box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code COMPANY 10			⁸ A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 10 ADDRRESS 1 COMPANY 10 ADDRRESS 2			B \$	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 10 ADDRRESS 3 COMPANY 10 CITY NC 10538-2095			åC \$	100.00		100.00
			12d ∮D \$	100.00	7 Social security tips 100.00	8 Allocated tips 100.00
e Employee's first name and initial Lasi SORT KEY THREE	t name	Suff.	12e åE ∣\$	100.00	9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		This information is bein Internal Revenue Service	g furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party sick pay
EMPLOYEE ADDRESS 3			Copy B To Be F		100.00 14 Other	
EMPLOYEE CITY UT 84321-1234			Employee's FEI		BOX 14 TITLE 1 BOX 14 TITLE 2	100.00 100.00
			Tax Return. a Employee's social	,	BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17	State income t	555-55- tax 18 Local y	vages, tips, etc.	BOX 14 TITLE 4	100.00 ocality name
IN 888888888888888888888888888888888888	1000.00	100.00		0.00		CAL1ALPHA NAME CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treasur	ry-Internal R	evenue Service	OMB# 1545-0	0008 Copy B To I	Be Filed With Employee's FEDERAL Tax Return.
b Employer identification number (EIN) 10-00			12a			les de la sura
c Employer's name, address, and ZIP code	000010		åA ∣\$	100.00	1 Wages, tips, other compensation 10000.00	10000.00
COMPANY 10 COMPANY 10 ADDRRESS 1			12b B \$	100.00	3 Social security wages 10000.00	4 Social security tax withheld 100.00
COMPANY 10 ADDRRESS 2 COMPANY 10 ADDRRESS 3			12c		5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 10 CITY NC 10538-2095			<u>§C</u> \$ 12d	100.00	10000.00 7 Social security tips	100.00 8 Allocated tips
	st name	Suff.	. [§] D \$ 12e	100.00	100.00	100.00
0000031			E \$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy 2 To Be F		14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321-1234			Employee's Sta Local Income T		BOX 14 TITLE 2 .	100.00
			a Employee's social		BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code			1 ' '	security number	BOX 14 TITLE 4 .	100.00
f Employee's address and ZIP code 15 State Employer's state ID number 188888888888888888888888888888888888	16 State wages, tips, etc. 17 5	State income t	555-55- tax 18 Local v	5510 vages, tips, etc.	BOX 14 TITLE 4	100.00 ocality name CAI 1AI PHA NAME
15 State Employer's state ID number IN 888888888888888888888888888888888888	1000.00	100.00 100.00	555-55- tax 18 Local v 100	5510 vages, tips, etc. 0.00	19 Local income tax 10.00 LOC	ocality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00	100.00 100.00	555-55- tax 18 Local v 100	5510 vages, tips, etc. 0.00	19 Local income tax 10.00 LOC	ocality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State	1000.00	100.00 100.00	555-55- tax 18 Local v	vages, tips, etc. 1.00 1.00 1.00 1.00 1.00 1.00	19 Local income tax 10.00 LOC 100.00 LOC 20	ocality name CAL1ALPHA NAME CAL2ALPHA NAME Dioyee's State, City, or Local Income Tax Return.
15 State	1000.00 1000.00 Department of the Treasur	100.00 100.00	555-55 18 Local 10 C 10 C 10 C evenue Service 12a 12a 18 12b	5510 vages, tips, etc. 0.00	19 Local income tax 10.00 LOC LOC 20	ocality name CAL1ALPHA NAME CAL2ALPHA NAME Oloyee's State, City, or Local Income Tax Return
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Treasur	100.00 100.00	555-55- tax	vages, tips, etc. 1.00 1.00 1.00 1.00 1.00 1.00	19 Local income tax	cocality name ALTALPHA NAME ALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
15 State	1000.00 1000.00 Department of the Treasur	100.00 100.00	555-55 tax	-5510 vages, tips, etc. 1.00 1.00 DMB# 1545-000	19 Local income tax 10.00 LOC 100.00 LOC 20	ocality name CAL1ALPHA NAME CAL2ALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.0	100.00 100.00 ry-Internal R	555-55 18 Local 100 100 100 evenue Service 12a 2A	.5510 wages, tips, etc. .00 .00 DMB# 1545-000 100.00	19 Local income tax	cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Treasur	100.00 100.00	555-55 tax	5510 wages, tips, etc. 000 DMB# 1545-000 100.00 100.00 100.00	19 Local income tax	cocality name ALTALPHA NAME CALZALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return. 2 Federal income tax withheld
15 State	Department of the Treasur	100.00 100.00 ry-Internal R	555-55 tax	5510 wages, tips, etc00 DMB# 1545-000 100.00 100.00	19 Local income tax 10.00 LOC	cocality name CALTALPHA NAME CALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
15 State	Department of the Treasur	100.00 100.00 ry-Internal R	555-55 18 Local 10 Color 10 Color	5510 wages, tips, etc00 DMB# 1545-000 100.00 100.00 100.00 100.00	19 Local income tax	cocality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
15 State	Department of the Treasur	100.00 100.00 ry-Internal R	555-55 tax	5510 wages, tips, etc	19 Local income tax	cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME OIO 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement mick, pay employee plan Third-party sick, pay
15 State Employer's state ID number 88888888888888888888888888888888888	Department of the Treasur	100.00 100.00 ry-Internal R	555-55 tax	5510 wages, tips, etc	19 Local income tax	cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Sick pay Incompleyee Incompleyee Incompleyee Incomplexity State Incomplexity Incomplexity State Incomplexity State Incomplexity State Incomplexity Incomplexity Incomplexity State Incomplexity Incomple
15 State	Department of the Treasur		12a	5510 wages, tips, etc. 100 00 100 00 100.00 100.00 100.00 100.00 100.00 100.00 iiled With te, City, or ax Return. security number 550 security number years and security number years are security number years.	19 Local income tax	Cocality name
15 State	Department of the Treasur		555-55 tax	5510 wages, tips, etc. .00 .00 100.00 100.00 100.00 100.00 100.00 iiled With te, City, or ax Return. security number 5510	19 Local income tax	cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Sick pay Incompleyee Incompleyee Incompleyee Incomplexity State Incomplexity Incomplexity State Incomplexity State Incomplexity State Incomplexity Incomplexity Incomplexity State Incomplexity Incomple
15 State Employer's state D number 88888888888888888888888888888888888	Department of the Treasur DO0010 It name ME SUFX 16 State wages, tips, etc. 17:1000.00		12a	5510 vages, tips, etc. 000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	coality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement Third-party plan Sick pay 100.00
15 State	Department of the Treasur 000010 St name ME SUFX 16 State wages, tips, etc. 17:1000.00 1000.00 Department of the Treasur		555-55 tax	5510 wages, tips, etc000000	19 Local income tax	coality name ALTALPHA NAME ALZALPHA NAME Oloyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement amployee plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20acility name ALTALPHA NAME ALZALPHA NAME Ployee's State, City, or Local Income Tax Return
15 State	Department of the Treasure DO0010 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 1000.00		12a 18	5510 wages, tips, etc000000	19 Local income tax	cocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 20cality name CALTALPHA NAME
15 State	Department of the Treasur 000010 St name ME SUFX 16 State wages, tips, etc. 17:1000.00 1000.00 Department of the Treasur		12a 18 18 18 19 19 19 19 19	5510 wages, tips, etc. 100 00 00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 00 100.00 00 100.00 00 00 00 00 00 00 00 00 00 00 00 0	19 Local income tax	cocality name ALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Diologee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Employee 100.00 13 Statutory Incomplete State, City, or Local Income Tax Return Diologee's State, City, or Local Income Tax Return Diologon 100000 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 4 Social security tax withheld
15 State	Department of the Treasur 000010 St name ME SUFX 16 State wages, tips, etc. 17:1000.00 1000.00 Department of the Treasur		12a	5510 wages, tips, etc. 100 00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	cocality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 20cality name CALTALPHA NAME Dioxed Plan NAME Dioxed Plan NAME Ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
15 State	Department of the Treasur 000010 St name ME SUFX 16 State wages, tips, etc. 17:1000.00 1000.00 Department of the Treasur		12a	5510 wages, tips, etc.	19 Local income tax	cocality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Interparty sick pay 100.00 100.00 100.00 100.00 100.00 20cality name CALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00
15 State	Department of the Treasur 000010 St name ME SUFX 16 State wages, tips, etc. 17:1000.00 1000.00 Department of the Treasur		12a	5510 wages, tips, etc. 100 00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	cocality name ALTALPHA NAME ALZALPHA NAME Diolyse's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Patherment Sick pay 100.00
15 State	1000.00 Department of the Treasur 000010 It name ME SUFX 16 State wages, tips, etc. 17:1000.00 Department of the Treasur	State income t 100.00 Ty-Internal R Suff.	12a	5510 wages, tips, etc. 100 DMB# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	cocality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 20cality name CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
15 State	1000.00 Department of the Treasur 000010 It name ME SUFX 16 State wages, tips, etc. 17:1000.00 Department of the Treasur	State income t 100.00 Ty-Internal R Suff.	12a	5510 wages, tips, etc.	19 Local income tax 10.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Variet a Security E 100.00 12 Variet a Security E 100.00 13 Social security wages 10000.00 14 Variet a Security Wages 10000.00 15 Medicare wages and tips 10000.00 17 Social security tips 100.00 18 Advance EIC payment 100.00 19 Advance EIC payment 100.00	cocality name ALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Enternent plan 100.00 100.00 100.00 100.00 100.00 2ALTALPHA NAME CALTALPHA NAME CALTALPH
15 State	1000.00 Department of the Treasur 000010 It name ME SUFX 16 State wages, tips, etc. 17:1000.00 Department of the Treasur	State income t 100.00 Ty-Internal R Suff.	12a	5510 wages, tips, etc.	19 Local income tax	cocality name ALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1
15 State	1000.00 Department of the Treasur 000010 It name ME SUFX 16 State wages, tips, etc. 17:1000.00 Department of the Treasur	State income t 100.00 Ty-Internal R Suff.	12a	100.00 100.00	19 Local income tax	cocality name ALTALPHA NAME ALZALPHA NAME Oloyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Palan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2cality name ALTALPHA NAME ALZALPHA NAME Ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party
15 State	1000.00 Department of the Treasur 000010 It name ME SUFX 16 State wages, tips, etc. 17:1000.00 Department of the Treasur	State income t 100.00 Ty-Internal R Suff.	12a	### 1545-000 #### 1545-000 #### 1545-000 #### 1545-000 #### 1545-000 #################################	19 Local income tax	cocality name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement or Sick pay 100.00 100.00 100.00 100.00 100.00 20cality name CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement or Tax Return 10 Pependent care benefits 100.00 10 Retirement or Tax Return 10 Retirement or Tax Ret
15 State	Department of the Treasur DO0010 Toology Department of the Treasur DO0010 Toology Department of the Treasur DO0010 Department of the Treasur DO0010 Department of the Treasur DO0010	State income t 100.00 Ty-Internal R Suff.	12a	### 1545-000 #### 1545-000 #### 1545-000 #### 1545-000 #### 1545-000 #################################	19 Local income tax 10.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 10.00 100.00 100.00 11 Victoria Security E 100.00	cocality name ALTALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement sick pay 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy accounts (now).

Y—Deferral winder a section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	000030	12a See	instructions	for box 12	1 Wages, tips, other compensa	ation	2 Federal income	tax withheld	u
c Employer's name, address, and ZIP code COMPANY 30			\$	100.00	10000.00 3 Social security wages		10 4 Social security	000.00	ı
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2		åB	\$	100.00	10000.00			100.00	'
COMPANY 30 ADDRRESS 3		12c ⋴C	\$	100.00	5 Medicare wages and tips 10000.00		6 Medicare tax wi	ithheld 100.00	
COMPANY 30 CITY NC 10538-2095		12d ∄D	\$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Las SORT KEY THREE	st name	Suff. 12e	\$	100.00	100.00 9 Advance EIC payment		10 Dependent ca	100.00 re benefits	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	This inforr	nation is being	furnished to the	100.00 11 Nonqualified plans		13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			B To Be F		100.00		employee	plan	sick pay
EMPLOYEE CITY UT 84321-1234		Employ	ee's FED		BOX 14 TITLE 1 . BOX 14 TITLE 2 .		100.00 100.00		
		Tax Re a Employ	ee's social :	security number	BOX 14 TITLE 3 .		100.00		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State in	ncome tax	555-55-5 18 Local w	ages, tips, etc.	BOX 14 TITLE 4 . 19 Local income tax 20	0 Locality r	100.00 name ALPHA NAME		
MT 88888888888888888888888888888888888	1000.00 100		100. 100.				ALPHA NAME ALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Inte	rnal Revenue S	Service	OMB# 1545-0	008 Copy B	To Be Filed	d With Employee's	FEDERAL	Tax Return
				-					
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000030	12a %A	\$	100.00	1 Wages, tips, other compensa 10000.00	ation	2 Federal income 10	tax withhel 000.00	d
COMPANY 30 COMPANY 30 ADDRRESS 1		12b			3 Social security wages		4 Social security		ı
COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3		12c	\$	100.00	10000.00 5 Medicare wages and tips		6 Medicare tax w	100.00 rithheld	
COMPANY 30 CITY NC 10538-2095		EC 12d	\$	100.00	10000.00 7 Social security tips		8 Allocated tips	100.00	
	st name	Suff. 12e	\$	100.00	100.00			100.00	
X000001		E E	\$	100.00	9 Advance EIC payment 100.00		10 Dependent ca	are benefits	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				11 Nonqualified plans		13 Statutory employee	Retirement	Third-party sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			To Be Fi	led With	14 Other BOX 14 TITLE 1 .		100.00)	
EMPLOYEE CITY UT 84321-1234				e, City, or ax Return.	BOX 14 TITLE 2 .		100.00)	
		a Employ		security number	BOX 14 TITLE 3 . BOX 14 TITLE 4 .		100.00 100.00		
f Employee's address and ZIP code		l l	222-22-	5521 I					
f Employee's address and ZIP code 15 State Employer's state ID number MT 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State in 1000 00	ncome tax	555-55-5 18 Local w 100	ages, tips, etc.		0 Locality	name AI PHA NAME		
15 State Employer's state ID number MT 888888888888888888888888888888888888	1000.00 100).00).00	18 Local w 100. 100.	rages, tips, etc. .00 .00	19 Local income tax 100.00 L0 100.00	OCAL2/	^{name} ALPHA NAME ALPHA NAME		
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 100).00).00	18 Local w 100. 100.	rages, tips, etc. .00 .00	19 Local income tax 100.00 L0 100.00	OCAL2/	ALPHA NAME		Tax Return
15 State MT 88888888888888888888888888888888888	1000.00 100).00).00	18 Local w 100. 100.	rages, tips, etc. .00 .00	19 Local income tax 100.00 L0 100.00	OCAL2A Employee's	ALPHA NAME	ocal Income	
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 100 1000.00 100 Department of the Treasury-Inte	0.00 0.00 ernal Revenue \$	18 Local w 100. 100.	rages, tips, etc. .00 .00	19 Local income tax 100.00 Lt 100.00 Lt Copy 2 To Be Filed With E 1 Wages, tips, other compensa 10000.00	OCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10	e tax withhele	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	0.00 0.00 ernal Revenue \$	18 Local w 100. 100. Service C	rages, tips, etc. 00 .00 .00 DMB# 1545-000	19 Local income tax	OCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security	e tax withhele	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	0.00 0.00 ernal Revenue \$ 12a A 12b	18 Local w 100. 100. 5ervice C	rages, tips, etc. 00 00 00 00 00 00 00 00 00 00 00 00 00	19 Local income tax	OCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w	e tax withheld 000.00 tax withheld 100.00 ithheld	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	12a A 12b B 12c C 12d	18 Local w	ages, tips, etc. 00 00 00 00 00 00 00 00 00 00 00 00 00	19 Local income tax	CCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w	e tax withheld tax withheld 100.00	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	12a A A A A A A A A A A A A A A A A A A A	18 Local w	ages, tips, etc. 00 00 00 100.00 100.00 100.00 100.00	19 Local income tax	OCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips	e tax withheld 100.00 ithheld 100.00	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	12a A 12b B 12c C 12d D	18 Local w	ages, tips, etc. 00 00 00 00 00 00 00 00 00 00 00 00 00	19 Local income tax	OCAL2A	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips	e tax withheld 100.00 ithheld 100.00	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	12a	18 Local w 100 100. Service C	ages, tips, etc. .00 .00 .00 .00 .00 .00 .00	19 Local income tax 100.00 Lt 100.00	OCAL2A	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca	e tax withheld 000.00 tax withheld 100.00 tithheld 100.00 tre benefits 100.00 tre benefits 100.00	d
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	12a	18 Local w 100	100.00 100.00 100.00 100.00	19 Local income tax	OCAL2A	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00	e tax withheld 000.00 tax withheld 100.00 ithheld 100.00 re benefits 100.00 Retirement plan	d Third-party
15 State	1000.00 100 1000.00 100 Department of the Treasury-Inte	12a A 12b B 12c C C E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	OCAL2A	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00	e tax withheld 000.00 tax withheld 100.00 ithheld 100.00 tre benefits 100.00 Retirement plan	d Third-party
15 State	Department of the Treasury-Inte	J.00 J.00 J.00 J.00 J.2a J.2b J.2b J.2c J.2d J.2d J.2d J.2d J.2d J.2e J.2e J.2e J.2e J.2e J.2e J.2e J.2e	18 Local w 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 Lu 100.00 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 .	OCAL2A Employee's ation	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00 100.00 100.00	e tax withheld 000.00 tax withheld 100.00 ithheld 100.00 ithheld 100.00 re benefits 100.00 region 10	d Third-party
15 State	1000.00 100 Department of the Treasury-Inte 000030 st name ME SUFX 16 State wages, tips, etc. 17 State in 1000.00 100	12a A 12b B 12c C 12d D Suff. 12e E E E Copy 2 E E E Copy 2 E E E Copy 2 E E E E Copy 2 E E E E Copy 2 E E E E E E E E E E E E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	OCAL2A Employee's ation O Locality OCAL1A	ALPHA NAME State, City, or Lo Federal income 10 Social security Medicare tax w Sallocated tips Statutory emptoyee 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	e tax withheld 000.00 tax withheld 100.00 tax held 100.00 tax	d Third-party
15 State	Department of the Treasury-Inte	12a PA 12b B 12c C 12d D Suff. 12e E E E Copy 2 E E E Copy 2 E E E Copy 2 E E E E Copy 2 E E E E E Copy 2 E E E E E E E E E E E E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	OCAL2A Employee's ation OCAL1A OCAL2A	ALPHA NAME State, City, or Lo Federal income 10 Social security Medicare tax w Allocated tips Statutory emptoyee 100.00	e tax withhele 000.00 tax withheld 100.00 tax held 100.00 tax	Third-party sick pay
15 State	1000.00 100 Department of the Treasury-Inte 000030 st name ME SUFX 16 State wages, tips, etc. 17 State in 1000.00 100 1000.00 1000.00 100	12a PA 12b B 12c C 12d D Suff. 12e E E E Copy 2 E E E Copy 2 E E E Copy 2 E E E E Copy 2 E E E E E Copy 2 E E E E E E E E E E E E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	OCAL2A Employee's ation OCAL1A OCAL2A	ALPHA NAME State, City, or Lo Federal income 10 Social security Medicare tax w Allocated tips Statutory emptoyee 100.00	e tax withhele 000.00 tax withheld 100.00 tax held 100.00 tax	Third-party sick pay
15 State	1000.00 100 Department of the Treasury-Inte 000030 st name ME SUFX 16 State wages, tips, etc. 17 State in 1000.00 100 1000.00 1000.00 100	12a See	18 Local w	100.00 100.00	19 Local income tax	OCAL2A ation Locality r OCAL1A CCAL2A Employee's	ALPHA NAME State, City, or Lo Federal income 10 Social security Medicare tax with the security Statutory In Dependent ca Statutory In Dependent ca Statutory In Dependent ca ALPHA NAME ALPHA NAME State, City, or Lo 2 Federal income 2 Federal income	e tax withhele 000.00 tax withheld 100.00 ithheld 100.00 re benefits 100.00 Retirement plan	Third-party sick pay
15 State	1000.00	12a A 12b B 12c C C 12d D Suff. 12e Employ Local II a Employ Local II a Employ Local Revenue S	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 00 100.00 00 00 00 00 00 00 00 00 00 00 00 0	19 Local income tax	OCAL2A Employee's ation O Locality in OCAL1A OCAL2A Employee's	ALPHA NAME State, City, or Lo Federal income 10 Social security Medicare tax with the security Statutory and the security Statutory and the security 10 Dependent ca 13 Statutory and the security 100.00	e tax withhele 000.00 tax withheld 100.00 ithheld 100.00 ithheld 100.00 Retirement plan	Third-party sick pay
15 State	1000.00	January See	18 Local w	100.00 100.00	19 Local income tax	OCAL2A Employee's ation O Locality OCAL1A OCAL1A Employee's	ALPHA NAME S State, City, or Lo Federal income 10 Social security Medicare tax with a social security Statutory Indicated tips Statutory Indicated tips 100.00 100.00 100.00 100.00 Indicated tips S State, City, or Lo Federal income 10 Social security	e tax withheld 100.00 100.00 1100.00	Third-party sick pay
15 State	1000.00	12a	18 Local w 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	OCAL2A Employee's ation O Locality OCAL1A OCAL1A Employee's	ALPHA NAME 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 2 Federal income 10 4 Social security	e tax withheld 100.00 100.00 1100.00	Third-party sick pay
15 State	1000.00	12a 12d	18 Local w	ages, tips, etc. 00 00 100.00	19 Local income tax	OCAL2A Employee's ation O Locality n OCAL1A OCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income 10 4 Social security 6 Medicare tax w	e tax withhele 000.00 tax withheld 100.00 re benefits 100.00 record income tax withheld 100.00 record income tax withheld 100.00 record income tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 record income	Third-party sick pay
15 State	1000.00	12a 12b 12c 12d	18 Local w	ages, tips, etc. 00 00 100.00	19 Local income tax	OCAL2A Employee's ation OLocality r OCAL1A OCAL2A Employee's	ALPHA NAME 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income ALPHA NAME State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips	e tax withhele 000.00 tax withhele 100.00 tax withheld 100.00 tax	Third-party sick pay
15 State	1000.00	J.00 J.00 J.00 J.00 J.00 J.00 J.00 J.00	18 Local w	100.00	19 Local income tax	OCAL2A Employee's ation OLocality in OCAL1A OCAL2A Employee's	ALPHA NAME State, City, or Lo Federal income 10 Social security Medicare tax with the security Statutory Statutory Statutory Statutory STATE STATE ALPHA NAME ALPHA NAME STATE STATE STATE STATE STATE STATE A Social security Medicare tax with the security A Social security Medicare tax with the security Medicare tax with the security A Social security Medicare tax with the security the sec	e tax withhele 000.00 tax withheld 100.00 tax	Third-party sick pay Tax Return d
15 State	1000.00	12a Paral Revenue S 12a Paral Revenue S 12b Paral Revenue S 12c Paral Revenue S 12d Paral	18 Local w	ages, tips, etc.	19 Local income tax	OCAL2A Employee's ation OLocality in OCAL1A OCAL2A Employee's	ALPHA NAME 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income 10 4 Social security 6 Medicare tax w	e tax withheld 100.00 100.00 ithheld 100.00	Third-party sick pay
15 State	1000.00	.00 .00 .000 .000 .000 .000 .000 .000	Service C Serv	ages, tips, etc. 00 00 00 100.	19 Local income tax	OCAL2A Employee's ation OLocality in OCAL1A OCAL2A Employee's	2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.	e tax withhele 000.00 tax withheld 100.00 ithheld 100.00 tax withheld 100.00 ithheld 100.00 ithh	Third-party sick pay Tax Return d
15 State	1000.00	J.00 J.00 Jornal Revenue S Japan S Jap	Service C Serv	ages, tips, etc. 00 00 00 100.	19 Local income tax	OCAL2A Employee's ation OLocality in OCAL1A OCAL2A Employee's	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips 10 Dependent ca 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 10 4 Social security 6 Medicare tax w	tax withhele 000.00 tax withheld 100.00 re benefits 100.00 ratax withheld 100.00 ratax withheld 100.00 ratax withheld 100.00 ratax withheld 100.00 re benefits 100.00	Third-party Tax Return d
15 State	1000.00	J.00 J.00 J.00 J.00 J.00 J.00 J.00 J.00	Service C Serv	ages, tips, etc.	19 Local income tax	OCAL2A Employee's ation O Locality in OCAL1A OCAL2A Employee's	ALPHA NAME 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips 10 Dependent ca 13 Statutory employee ALPHA NAME ALPHA NAME S State, City, or Lo 2 Federal income 10 4 Social security 2 Federal income 10 4 Social security 6 Medicare tax wi 8 Allocated tips 10 Dependent ca 11 Statutory employee 10 Dependent ca 11 Statutory 10 Dependent ca 11 Statutory 10 Dependent ca 11 Statutory 10 Dependent ca	e tax withhele 000.00 tax withheld 100.00 tax	Third-party sick pay Tax Return d
15 State	1000.00	12a	Service C Serv	ages, tips, etc. 000 000 100.0	19 Local income tax 100.00 108 Copy 2 To Be Filed With E 1 Wages, tips, other compensa 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 3 Social security tips 100.00 14 Other BOX 14 TITLE 4 19 Local income tax 100.00 100.00 11 Wages, tips, other compensa 1000.00 12 Topy 2 To Be Filed With 10000.00 13 Social security wages 10000.00 14 Other 10000.00 15 Medicare wages and tips 10000.00 16 Topy 2 To Be Filed With 10000.00 17 Social security tips 100.00 18 Copy 2 To Be Filed With 10000.00 19 Advance EIC payment 1000.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4	OCAL2A Employee's ation O Locality r OCAL1A OCAL2A Employee's ation	ALPHA NAME s State, City, or Lo 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 13 Statutory emptoyee 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income 10 4 Social security 6 Medicare tax w 8 Allocated tips 10 Dependent ca 11 Statutory emptoyee 10 Occupance 10 A Social security 10 Dependent ca 13 Statutory emptoyee 10 Dependent ca 13 Statutory emptoyee 100.00 100.00 100.00 100.00 100.00	tax withhele 000.00 tax withhele 100.00 tax withheld 100.00 tax wi	Third-party Tax Return d

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy accounts (now).

Y—Deferral winder a section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

h Faralana ida diferativa anaba (FIN)		Ido- Con in the		4 144				
b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000030	12a See instr	uctions for box 12 100.0	1 Wages, tips, other compo 10000.0		2 Federal income 100	tax withheld	
COMPANY 30 COMPANY 30 ADDRRESS 1		12b		3 Social security wages		4 Social security t		
COMPANY 30 ADDRRESS 2		åB § 12c	100.00	5 Medicare wages and tips		6 Medicare tax wi	100.00 thheld	
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095		åC \$	100.00				100.00	
		12d _åD §	100.00	7 Social security tips	00	8 Allocated tips	100.00	
e Employee's first name and initial Las SORT KEY THREE	t name Suff.	12e E §	100.00	Advance FIC navment	00	10 Dependent car		
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		n is being furnished to the	100.0 11 Nonqualified plans	00		100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Internal Revenu	ue Service.	100.0	00	employee	plan	sick pay
EMPLOYEE CITY UT 84321-1234			Be Filed With s FEDERAL	14 Other BOX 14 TITLE 1		100.00		
		Tax Returi	n.	BOX 14 TITLE 2		100.00		
f Employee's address and ZIP code			social security numbe 5-55-5522	BOX 14 TITLE 3 BOX 14 TITLE 4		100.00 100.00		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State income 1000.00 100.00	tax 18	Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality	y name I ALPHA NAME		
UT 888888888888888888888888888888888888	1000.00 100.00		100.00	100.00	LOCAL2	ZALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal I	Revenue Serv	rice OMB# 1545	0008 Cop	y B To Be File	led With Employee's	FEDERAL T	ax Return
L. Faradayas identification average of (FIN)		140-				T		
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000030	12a - A	100.00	1 Wages, tips, other compo 10000.0		2 Federal income 100	tax withheld 000.00	1
COMPANY 30 ADDRESS 1		12b		3 Social security wages		4 Social security		
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2		åB 5 12c	\$ 100.00	5 Medicare wages and tips		6 Medicare tax wi	100.00 thheld	
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095		&C	100.00				100.00	
		12d D S	100.00	7 Social security tips	00	8 Allocated tips	100.00	
Employee's first name and initial Las X000002	t name Suff.	12e		9 Advance EIC payment	Ю	10 Dependent ca	100.00 re benefits	
SORT KEY THREE	AF OUEV	<u></u> E 5	\$ 100.00	100.0	00	13 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	/IE SUFX		5 En /····	100.0	00	employee	plan	sick pay
EMPLOYEE ADDRESS 3			Be Filed With s State, City, or	14 Other BOX 14 TITLE 1		100.00		
EMPLOYEE CITY UT 84321-1234		Local Inco	me Tax Return.	BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.00 100.00		
f Employee's address and ZIP code			social security numbe 5-55-5522	BOX 14 TITLE 3		100.00		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 17 State income 1000.00 100.00	tax 18	Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality LOCAL1	y name I ALPHA NAME		
UT 888888888888888888888888888888888888	1000.00 100.00	Pevenue Serv	100.00	100.00	LOCAL2	2ALPHA NAME	cal Incomo T	av Poturn
UT 88888888888888888888888888888888888	1000.00 100.00 Department of the Treasury-Internal I	Revenue Serv	100.00	100.00	LOCAL2		cal Income T	ax Return.
Form W-2 Wage and Tax Statement 2010 Description of Employer identification number (EIN) 10-00		Revenue Serv	100.00	100.00	LOCAL2			
Form W-2 Wage and Tax Statement 2010 Description Employer identification number (EIN) Description Employer's name, address, and ZIP code	Department of the Treasury-Internal I	12a - ૄ૿A \$	100.00 vice OMB# 1545-0	100.00 Copy 2 To Be Filed W Wages, tips, other compo	LOCAL2 (ith Employee ensation	2 Federal income	tax withheld	I
Form W-2 Wage and Tax Statement 2010 De Employer identification number (EIN) De Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1	Department of the Treasury-Internal I	12a	100.00 vice OMB# 1545-0	100.00 Copy 2 To Be Filed W 1 Wages, tips, other computer of the computer of	LOCAL2 (ith Employee ensation	2 Federal income 100 4 Social security to	tax withheld	I
DEMPLOYER STATEMENT STATEMENT 2010 DEMPLOYER STATEMENT S	Department of the Treasury-Internal I	12a - %A \$ 12b %B \$ 12c	100.00 rice OMB# 1545-0	100.00 Copy 2 To Be Filed W 1 Wages, tips, other compound 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	LOCAL2 lith Employee ensation 00	2 Federal income 100 4 Social security to	tax withheld 000.00 ax withheld 100.00	I
Form W-2 Wage and Tax Statement 2010 De Employer identification number (EIN) De Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1	Department of the Treasury-Internal I	12a - ÅA \$ 12b - ÅB \$	100.00 OMB# 1545-00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 10000.0	LOCAL2 lith Employee ensation 00	2 Federal income 10 4 Social security to 6 Medicare tax wi	tax withheld 000.00 ax withheld 100.00	I
Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095	Department of the Treasury-Internal I	12a S S S S S S S S S	100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0	LOCAL2 (ith Employee ensation 00 00 00 00	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips	tax withheld 000.00 ax withheld 100.00 thheld 100.00	I
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial SORT KEY THREE	Department of the Treasury-Internal I	12a	100.00 rice OMB# 1545-00 100.00 100.00 100.00 100.00	100.00 Copy 2 To Be Filed W Wages, tips, other compound for the following security wages for the following security wages for the following security wages for the following security tips for the following security sec	PLOCAL2 (ith Employee ensation 100 100 100 100 100 100 100 100 100 10	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent car	tax withheld 000.00 ax withheld 100.00 thheld 100.00 re benefits	I
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial	Department of the Treasury-Internal I	12a \$\frac{1}{2} \text{A} \$\frac{1}{2} \text{B} \$\frac{1}{2} \text{C} \$\frac{1} \text{C} \$\frac{1}{2} \text{C} \$\frac{1}{2} \text{C} \$\t	100.00 rice OMB# 1545-00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans	LOCAL2 LOCAL2 Lith Employee ensation 00 00 00 00 00 00	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cai	tax withheld 000.00 ax withheld 100.00 thheld 100.00	Third-party
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	Department of the Treasury-Internal I	12a S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other compound in the c	LOCAL2 LOCAL2 Lith Employee ensation 00 00 00 00 00 00	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cai	tax withheld 000.00 ax withheld 100.00 thheld 100.00 re benefits 100.00 Retirement	
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2	Department of the Treasury-Internal I	12a \$A \$\frac{1}{2}b \$B \$\frac{1}{2}c \$C \$\frac{1}{2}d \$D \$\frac{1}{2}e \$E \$\frac{1}{2}E \$E \$\frac{1}{2}E \$E \$\frac{1}{2}E \$E \$E \$E \$E \$E \$E \$E	100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With s State, City, or	100.00 1 Wages, tips, other compound in the c	LOCAL2 LOCAL2 Lith Employee ensation 00 00 00 00 00 00	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cal 13 Statutory employee 100.00	tax withheld 100.00 thheld 100.00 theld 100.00 the benefits 100.00 Retirement	Third-party
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	Department of the Treasury-Internal I	12a \$\frac{1}{2}A	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other compound in the c	LOCAL2 LOCAL2 Lith Employee ensation 00 00 00 00 00 00	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee	tax withheld 100.00 thheld 100.00 theld 100.00 re benefits 100.00 Retirement	Third-party
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Description of the property of the company and the company an	Department of the Treasury-Internal I	12a \$A \$\frac{1}{2}B \$\frac{1}{2}B \$\frac{1}{2}C \$\frac{1}{2}D \$\frac{1}{2}D \$\frac{1}{2}E \$\f	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With s State, City, or me Tax Return. social security number 5-55-5522	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4	English Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal income 100 4 Social security t 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00	tax withheld 100.00 thheld 100.00 100.00 Retirement	Third-party
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code Temployee's state ID number NE S88888888888888888888888888888888888	Department of the Treasury-Internal I	12a \$A \$\frac{1}{2}B \$\frac{1}{2}B \$\frac{1}{2}C \$\frac{1}{2}D \$\frac{1}{2}D \$\frac{1}{2}E \$\f	100.00 100.00 100.00 100.00 100.00 100.00 100.00 Be Filed With s State, City, or me Tax Return. social security numbe 5-55-5522 Local wages, tips, etc. 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cai 13 Statutory employee 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement	Third-party
Employer identification number (EIN)	Department of the Treasury-Internal I 000030 t name Suff. ### Suff. 16 State wages, tips, etc. 17 State income	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cai 13 Statutory employee 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement	Third-party sick pay
Demployer identification number (EIN)	Department of the Treasury-Internal I	12a	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cai 13 Statutory employee 100.00 100.00 100.00 7 name ALPHA NAME	tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME LASTNAME LASTNAME	Department of the Treasury-Internal I	12a A S 12b B S 12c C S 12d D S 12e Employee' Local Inco a Employee's 55 tax 18	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 Copy 2 To Be Filed W	ensation 00 00 00 00 00 00 00 00 00	2 Federal income 100 4 Social security is 6 Medicare tax wi 8 Allocated tips 10 Dependent car 113 Statutory employee 100.00 100.00 100.00 100.00 7 name ALPHA NAME 2 ALPHA NAME e's State, City, or Lo	tax withheld 100.00 thheld 100.00 re benefits 100.00 Retirement	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Demployee's address and ZIP code Demployee's address and ZIP code Demployee's address and ZIP code Demployer's state ID number Demployer identification number (EIN) Demployer identification number (EIN) Demployer identification number (EIN) Demployer identification number (EIN) Demployer's name, address, and ZIP code	16 State wages, tips, etc.	12a A S 12b B S 12c C S 12d D S 12d D S 12d Employee's Local Inco a Employee's Local Inco a Employee's Local S 18	100.00 100.00	100.00 1 Wages, tips, other computer 10000.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed W 1 Wages, tips, other computer 10000.00	ensation 00 00 00 00 00 00 00 00 00	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 2 NALPHA NAME 2 ALPHA NAME e's State, City, or Lo	tax withheld 100.00 thheld 100.00 re benefits 100.00 Ratirement plan cal Income tax withheld	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code 15 State Employer's state ID number NE 8888888888888888888888888888888888	16 State wages, tips, etc.	12a A S 12b B S 12c C S 12d D S 12e Employee' Local Inco a Employee's 55 tax 18 12a See instr	100.00 100.00	100.00 1 Wages, tips, other computer 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 1000.00 7 Social security ips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other computer 10000.00 3 Social security wages	LOCAL2 Vith Employee ensation 00 00 00 00 10 10 10 10 10 1	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 ALPHA NAME 2 ALPHA NAME 2 State, City, or Lot 2 Federal income 100 4 Social security ii	tax withheld 100.00 thheld 100.00 re benefits 100.00 Ratirement plan cal Income tax withheld	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 DEMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 DEMPLOYEE CITY UT 84321-1234 DEMPLOYEE CITY UT 84321-1234 DEMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	16 State wages, tips, etc.	12a	100.00 100.00	100.00 1 Wages, tips, other composition of the com	LOCAL2 (ith Employee ensation 100 100 100 100 100 100 100 100 100 10	2 Federal income 100 4 Social security to 6 Medicare tax with 100 Dependent car 100	tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement plan cocal Income tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tax withheld	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code Demployee's state ID number NE B88888888888888888888888888888888888	16 State wages, tips, etc.	12a	100.00 100.00	100.00 1 Wages, tips, other composition of the com	LOCAL2 (ith Employee ensation 100 100 100 100 100 100 100 100 100 10	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Name ALPHA NAME 2ALPHA NAME e's State, City, or Lot 2 Federal income 100 4 Social security to 6 Medicare tax wi	tax withheld 100.00 thheld 100.00 the benefits 100.00 re benefits 100.00 tax withheld tax withheld tax withheld tax withheld tax withheld	Third-party sick pay
Employer's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 Employer's state ID number NE 88888888888888888888888888888888888	16 State wages, tips, etc.	12a	100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other computer 100.00 1 Wages, tips, other computer 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00	ensation 00 00 10 10 10 10 10 10 10 1	2 Federal income 100 4 Social security to the Medicare tax wite tax wite the Medicare tax wite	tax withheld 100.00 thheld 100.00 the benefits 100.00 tax withheld 100.00 tre benefits 100.00	Third-party sick pay
Employer's first name and initial Last Sort Key Three Basasassassassassassassassassassassassas	Department of the Treasury-Internal I	12a	100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other computer 100.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security wages 10000.0 9 Advance EIC payment	LOCAL2 (ith Employee ensation 100	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 ALPHA NAME 2 ALPHA NAME e's State, City, or Lot 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat	tax withheld 100.00 thheld 100.00 te benefits 100.00 tax withheld 100.00 trebenefits 100.00 tax withheld 100.00 tax withheld 100.00 thheld 100.00 thheld 100.00 the benefits 100.00 the benefits 100.00 the benefits 100.00 the benefits 100.00 trebenefits 100.00 trebenefits 100.00 trebenefits 100.00 tax withheld 100.00 trebenefits 100.00	Third-party sick pay
Employer's first name and initial Employer's address and ZIP code State Employer's state ID number (EIN) Employer's first name and initial Employer's address and ZIP code State Employer's state ID number NE 88888888888888888888888888888888888	Department of the Treasury-Internal I	12a	100.00 100.00	100.00 1 Wages, tips, other composition of the com	LOCAL2 (ith Employee ensation 100	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 ALPHA NAME 2 ALPHA NAME e's State, City, or Lot 2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent cat	tax withheld 100.00 thheld 100.00 the benefits 100.00 tax withheld 100.00 tre benefits 100.00	Third-party sick pay
Employer's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 Employer's state ID number NE 88888888888888888888888888888888888	Department of the Treasury-Internal I	12a	100.00 100.00	100.00 1 Wages, tips, other compination of the com	LOCAL2 (ith Employee ensation 100	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent car 113 Statutory employee 100.00 100.00 100.00 100.00 100.00 2 Federal income 2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips	tax withheld 100.00 ax withheld 100.00 thheld 100.00 re benefits 100.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 tax withheld 100.00 re benefits 100.00 Retirement	Third-party sick pay
Employer's first name and initial Last NAMEMPLOYEE ADDRESS 2 Employer's address and ZIP code Sa888888888888888888888888888888888888	Department of the Treasury-Internal I	12a	100.00 100.00	100.00 1 Wages, tips, other composition of the com	LOCAL2 (ith Employee ensation 100	2 Federal income 100 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 2 Federal income 100 4 Social security to 6 Medicare tax with 8 Allocated tips 10 Dependent cat 13 Statutory employee 113 Statutory employee 113 Statutory employee 110 Dependent cat 13 Statutory employee	tax withheld 100.00 thheld 100.00 the benefits 100.00 tax withheld 100.00 tre benefits 100.00 tax withheld 100.00 thheld 100.00 the benefits 100.00 Retirement plan	Third-party sick pay
Employer's first name and initial Employer's address and ZIP code State Employer's state ID number (EIN) Employer's name, address, and ZIP code COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME SEMPLOYEE ADDRESS 1 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Employee's first name and initial LastNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	Department of the Treasury-Internal I	12a \$\frac{1}{2}A	### 100.00 ### 1545-00 ### 1545-00 ### 1545-00 ### 1545-00 ### 1545-00 #### 1545-00 #### 1545-00 ###################################	100.00 1 Wages, tips, other composition of the com	LOCAL2 (ith Employee ensation 100	2 Federal income 100 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent car 113 Statutory employee 100.00 100.00 100.00 100.00 2 ALPHA NAME 2 Federal income 10 4 Social security to 6 Medicare tax wi 8 Allocated tips 10 Dependent car 13 Statutory 100.00 100.	tax withheld 100.00 tax withheld 100.00 the benefits 100.00 re benefits 100.00 re benefits 100.00 re benefits 100.00 the benefits 100.00 re benefits 100.00 Retirement plan	Third-party sick pay
Employer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Employee's first name and initial Employee's first name and initial Employee's ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Employee's address and ZIP code 5 State Employer's state ID number SIE B888888888888888888888888888888888888	Department of the Treasury-Internal I	12a	100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other computer tax 100.00 1 Wages, tips, other computer tax 100.00 1 Wages tips, other tax 100.00	Ensation O O O O O O O O O O O O O	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 4 Social security i 2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 11 Statutory employee 11 Statutory employee 12 Federal income 100 13 Statutory employee 11 To Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00	tax withheld 100.00 ax withheld 100.00 thheld 100.00 re benefits 100.00 Retirement plan tax withheld 100.00 Retirement plan 100.00 thheld 100.00 Retirement plan 100.00 Retirement	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Demployee's first name and initial Demployee's first name and initial Demployee's address and ZIP code Demployer's state ID number NE Demployer's state ID number NE Demployer's address, and ZIP code Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Demployee's first name and initial Demployee's first name and initial Demployee's ADDRESS 2 Demployee's ADDRESS 2 Demployee ADDRESS 2 DemployEE ADDRESS 3	Department of the Treasury-Internal I	12a	100.00 100.00	100.00 1 Wages, tips, other computer 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other computer 100.00 3 Social security tips 100.00 5 Medicare wages and tips 1000.00 7 Social security tips 1000.00 1 Wages, tips, other computer 1000.00 1 Wages, tips, other computer 10000.00 1 Wages, tips, other computer 1000.00 2 Wages, tips, other computer 1000.00 1 Wages, tips, other computer 1000.00 1 Wages, tips, other computer 1000.00 1 Wages, tip	LOCAL2 (ith Employee ensation 100 100 100 100 100 100 100 100 100 10	2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 13 Statutory employee 100.00 100.00 100.00 4 Social security i 2 Federal income 100 4 Social security i 6 Medicare tax wi 8 Allocated tips 10 Dependent cat 11 Statutory employee 11 Statutory employee 12 Federal income 100 13 Statutory employee 11 To Dependent cat 13 Statutory employee 100.00 100.00 100.00 100.00 100.00	tax withheld 100.00 ax withheld 100.00 thheld 100.00 re benefits 100.00 Retirement plan coal Income tax withheld 100.00 thheld 100.00 thheld 100.00 Retirement plan coal Income	Third-party sick pay

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy accounts (now).

Y—Deferral winder a section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000	00030		12a See	instructions for	box 12	1 Wages, tips, other compe	nsation	2 Federal incom	ne tax withhel	ld
c Employer's name, address, and ZIP code COMPANY 30			åA	\$	100.00	10000.00		1	0000.00	
COMPANY 30 COMPANY 30 ADDRRESS 1			12b ẫB	\$	100.00	3 Social security wages	2	4 Social securit		t
COMPANY 30 ADDRRESS 2			12c	Φ	100.00	10000.00 5 Medicare wages and tips	J	6 Medicare tax	100.00 withheld	
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			ᢤC 12d	\$	100.00	10000.00)		100.00	
			₽D	\$	100.00	7 Social security tips	n	8 Allocated tips		
e Employee's first name and initial Last SORT KEY THREE	name	Suff.	12e		400.00	9 Advance EIC payment	J	10 Dependent	100.00 care benefits	
FIRSTNAME MIDDLENAME LASTNAM	E SUFX		šE	\$	100.00	100.00)		100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2				mation is being fur evenue Service.	nished to the	11 Nonqualified plans 100.00	1	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234				3 To Be File		14 Other BOX 14 TITLE 1	<u> </u>	100.0	nn	
EMPLOTEE CITT OT 64321-1234			Employ	/ee's FEDE	RAL	BOX 14 TITLE 1		100.0		
				ee's social sec	,	BOX 14 TITLE 3		100.0		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income	ax	555-55-55 18 Local wag		BOX 14 TITLE 4 19 Local income tax	. 20 Locality	100.0		
NJ 888888888888888888888888888888888888	1000.00	100.00		100.00	? 	100.00		name ALPHA NAM		
UT 888888888888888888888888888888888888	1000.00 Department of the Trea	100.00 asury-Internal R	evenue \$	100.00 Service O) MB# 1545-0	100.00 008 Copy		ALPHA NAM ed With Employee		Tax Return.
•	·	•				.,				
b Employer identification number (EIN) 10-000	00030		12a			1 Wages, tips, other compe	nsation	2 Federal incor	ne tax withhe	ld
c Employer's name, address, and ZIP code			Å	\$	100.00	10000.00			0000.00	iu
COMPANY 30 COMPANY 30 ADDRRESS 1			12b			3 Social security wages		4 Social securit	-	d
COMPANY 30 ADDRRESS 2			∄B 12c	\$	100.00	10000.00 5 Medicare wages and tips)	6 Medicare tax	100.00 withheld	
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			§C	\$	100.00	10000.00)	- Wisdicale ldX	100.00	
CONFAINT SU CITTING 10538-2095			12d D	2	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last X000003	name	Suff.	12e	\$	100.00	100.00 9 Advance EIC payment)	10 Dependent	100.00	
SORT KEY THREE			Ε̈́Ε	\$	100.00	9 Advance EIC payment 100.00	<u> </u>	·	100.00	
FIRSTNAME MIDDLENAME LASTNAM	E SUFX					11 Nonqualified plans	1	13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy 2	? To Be Filed	d With	100.00 14 Other BOX 14 TITLE 1)	100		
EMPLOYEE CITY UT 84321-1234				/ee's State,		BOX 14 TITLE 1 BOX 14 TITLE 2		100.0 100.0		
				ncome Tax ree's social sec		BOX 14 TITLE 2		100.0		
f Employee's address and ZIP code				555-55-55	23	BOX 14 TITLE 4		100.0	00	
15 State NJ Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 100.00	tax	18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	IE	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		
Form W-2 Wage and Tax Statement 2010	Department of the Trea	asury-Internal R	evenue :	Service OM	B# 1545-000	08 Copy 2 To Be Filed Wi	th Employee	's State, City, or I	Local Income	Tax Return.
b Employer identification number (EIN) 10-000	00020		12a		1	1 Wages, tips, other compe	nsation	2 Federal incor	ne tay withhe	ld
c Employer's name, address, and ZIP code	00030		A	\$	100.00	10000.00			0000.00	iu
COMPANY 30 COMPANY 30 ADDRRESS 1			12b		400.00	3 Social security wages	_	4 Social securit	•	t
COMPANY 30 ADDRRESS 2			åB 12c	\$	100.00	10000.00 5 Medicare wages and tips)	6 Medicare tax	100.00	
COMPANY 30 ADDRRESS 3			įC	\$	100.00	10000.00)	• Wicalcare tax	100.00	
COMPANY 30 CITY NC 10538-2095			12d ⁵D	I\$	100.00	7 Social security tips		8 Allocated tips		
	name	Suff.	12e	p	100.00	100.00 9 Advance EIC payment)	10 Dependent	100.00	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	E SUEX		įΕ	\$	100.00	100.00)	<u> </u>	100.00	
EMPLOYEE ADDRESS 2	L 001 X					11 Nonqualified plans	`	13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			Copy 2	? To Be Filed	d With	100.00 14 Other)			
EMPLOYEE CITY UT 84321-1234			Employ	ee's State,	City, or	BOX 14 TITLE 1 BOX 14 TITLE 2	•	100.0 100.0		
				ncome Tax ree's social sec		BOX 14 TITLE 2 BOX 14 TITLE 3		100.0		
f Employee's address and ZIP code				555-55-55		BOX 14 TITLE 4		100.0		
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	tax	18 Local wag 100.00		19 Local income tax 100.00		name ALPHA NAM		
UT 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAM	IĒ	
Form W-2 Wage and Tax Statement 2010	Department of the Trea	sury-Internal R	evenue \$	service OM	ы# 1545-000	08 Copy 2 To Be Filed W	ith Employee	e's State, City, or	Local Income	fax Return.
b Employer identification number (EIN) 10-00	00020		12a Sac	instructions for	hox 12	1 Wages time other cor	neation	2 Federal incor	na tav with t-	ld
b Employer identification number (EIN) 10-000	UUU3U		A See	\$	100.00	1 Wages, tips, other compe 10000.00			ne tax withhe 0000.00	iu
COMPANY 30			12b	ļΨ		3 Social security wages		4 Social securit	y tax withheld	d
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2			åB 12c	\$	100.00	10000.00)	6 Medicare tax	100.00	
COMPANY 30 ADDRRESS 3			įC	\$	100.00	5 Medicare wages and tips 10000.00)	o ivieuicare tax	100.00	
COMPANY 30 CITY NC 10538-2095			12d		100.00	7 Social security tips	-	8 Allocated tips		
e Employee's first name and initial Last	name	Suff.	. D 12e	\$	100.00	100.00)	10 D	100.00	
SORT KEY THREE	E OUEV		ξE	\$	100.00	9 Advance EIC payment 100.00)	10 Dependent	care benefits 100.00	
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	E SUFX		Service. If you penalty or other	in is being furnished to the are required to file a taxer ar sanction may be impos	return, a negligence sed on you if this	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			income is taxa	ble and you fail to report For EMPL	it.	100.00)			
EMPLOYEE CITY UT 84321-1234			RECO	RDS. (See N		BOX 14 TITLE 1		100.0		
				ee on back.) ree's social sec	curity number	BOX 14 TITLE 2 BOX 14 TITLE 3		100.0 100.0		
f Employee's address and ZIP code				555-55-55	23	BOX 14 TITLE 4	· 	100.0	00	
15 State Employer's state ID number NJ 88888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 1 100.00	tax	18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL 1	name ALPHA NAM	IE	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy accounts (now).

Y—Deferral winder a section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	00000		12a See	instructions	for box 12	1 Wages, tips, other comp	ensation	2 Federal income tax with	
b Employer identification number (EIN) 10-00	000030		c c				20		
c Employer's name, address, and ZIP code COMPANY 30			- A	\$	100.00	10000.0	J0	10000.00	
COMPANY 30 ADDRRESS 1			12b ្ទឹB	 \$	100.00	3 Social security wages	20	4 Social security tax within	
COMPANY 30 ADDRRESS 2			12c	Φ	100.00	10000.0 5 Medicare wages and tips		100.00 6 Medicare tax withheld)
COMPANY 30 ADDRRESS 3			åC	\$	100.00				1
COMPANY 30 CITY NC 10538-2095			12d			7 Social security tips	JU	100.00 8 Allocated tips	,
- Caralana de finat anno and initial		0.4	. BD	\$	100.00	100.0	00	100.00)
e Employee's first name and initial Last SORT KEY THREE	t name	Suff.	12e ≗⊏	I.fr	100.00	9 Advance EIC payment		10 Dependent care bene	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		įΕ	\$	100.00	100.0	00	100.00	
EMPLOYEE ADDRESS 2			This infor Internal R	mation is being evenue Servic	g furnished to the e.	11 Nonqualified plans		13 Statutory Retirement	t Third-party sick pay
EMPLOYEE ADDRESS 3				B To Be F		100.0	00		
EMPLOYEE CITY UT 84321-1234			1 7	,ee's FE⊑		BOX 14 TITLE 1		100.00	
			Tax Re		, LIVIL	BOX 14 TITLE 2		100.00	
					security number	BOX 14 TITLE 3		100.00	
f Employee's address and ZIP code				555-55-		BOX 14 TITLE 4		100.00	
15 State	16 State wages, tips, etc. 1000.00	17 State income 1 100.00	tax	18 Local w 100	ages, tips, etc.	19 Local income tax 100.00	20 Locality	y name 1ALPHA NAME	
UT 8888888888888888888		100.00		100		100.00		ZALPHA NAME	
Form W-2 Wage and Tax Statement 2010	Department of the Trea		evenue		OMB# 1545-0			iled With Employee's FEDER	AL Tax Return
•	•						-		
b Employer identification number (EIN) 10-00	000030		12a			1 Wages, tips, other comp		2 Federal income tax with	
c Employer's name, address, and ZIP code			įΑ	\$	100.00	10000.0	00	10000.00	
COMPANY 30 ADDRESS 1			12b			3 Social security wages		4 Social security tax with	
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2			B	\$	100.00	10000.0		100.00)
COMPANY 30 ADDRRESS 2			12c			5 Medicare wages and tipe	S	6 Medicare tax withheld	
COMPANY 30 CITY NC 10538-2095			<u></u> C 12d	\$	100.00	10000.0	00	100.00)
			12a }D	\$	100.00	7 Social security tips		8 Allocated tips	
	t name	Suff.	12e	\$	100.00	100.0	00	100.00	
X000004			E	\$	100.00	9 Advance EIC payment	20	10 Dependent care bene	
SORT KEY THREE	4E 01.1E)/		<u> </u>	1.7	. 55.55	100.0	JU	100.00	
FIRSTNAME MIDDLENAME LASTNAM	IE SUFX					11 Nonqualified plans 100.0	20	employee plan	sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy 2	2 To Be F	iled With		JO		
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234					e, City, or	14 Other BOX 14 TITLE 1	•	100.00	
LIVII LOTEL CITT OT 04321-1234			Locali	ncome Ta	ax Return.	BOX 14 TITLE 2	•	100.00	
			a Employ		security number	BOX 14 TITLE 3	•	100.00	
			1	555-55-		BOX 14 TITLE 4		100.00	
f Employee's address and ZIP code	1	I	I						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income	tax	18 Local w	ages, tips, etc.	19 Local income tax 100 00	20 Localit	ty name 1AI PHA NAMF	
15 State Employer's state D number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	100.00 100.00	evenue	18 Local w 100 100	/ages, tips, etc. .00 .00	100.00 100.00 08 Copy 2 To Be Filed V	LOCAL2 LOCAL2 Vith Employee	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco	
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00 1000.00	100.00 100.00		18 Local w 100 100	/ages, tips, etc. .00 .00	100.00 100.00	LOCAL2 LOCAL2 Vith Employee	1ALPHA NAME 2ALPHA NAME	held
15 State Employer's state ID number	1000.00 1000.00 Department of the Trea	100.00 100.00	12a A 12b	18 Local w 100 100 100 Service C	rages, tips, etc. .00 .00 .00 DMB# 1545-000	100.00 100.00 08 Copy 2 To Be Filed V	LOCAL2 LOCAL2 Vith Employee	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with	nheld)
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	12a 	18 Local w 100 100 100 Service C	rages, tips, etc. .00 .00 .00 DMB# 1545-000	100.00 100.00 08 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0	LOCAL2 LOCAL2 With Employee Densation	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00	nheld) neld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	12a - A 12b - B 12c	18 Local w 100 100 Service C	100.00	100.00 100.00 08 Copy 2 To Be Filed V 1 Wages, tips, other comp 10000.0 3 Social security wages	LOCAL2 LOCAL2 With Employee Densation	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax within	nheld) neld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	12a A 12b B 12c C	18 Local w 100 100 Service C	rages, tips, etc. .00 .00 .00 DMB# 1545-000	100.00 100.00 100.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tip 10000.0	LOCAL LOCAL LOCAL With Employee Pensation 200	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00	nheld) neld)
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea	100.00 100.00	12a 	18 Local w 100	ages, tips, etc. .00 .00 .00 .00 .00 .00 .00	100.00 100.00 100.00 100.00 100.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00	LOCAL LOCAL Vith Employee	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips	inheld) meld)
15 State	1000.00 1000.00 Department of the Trea	100.00 100.00	12a A 12b B 12c C	18 Local w 100 100 Service C	100.00	100.00 100.00 100.00 100.00 100.00 1000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00	LOCAL LOCAL Vith Employee	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips	inheld) ineld)
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a A 12b B 12c C 12d	18 Local w 100	ages, tips, etc. .00 .00 .00 .00 .00 .00 .00	100.00 100.00 100.00 100.00 100.00 1000.00 10000.00	ensation 00 00 s 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00	nheld) neld)
15 State Employer's state ID number 838888888888888888888888888888888888	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a A 12b B 12c C 12d D 12e	18 Local w	100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100	ensation 00 00 s 00	2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory Retiremer	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a A 12b B 12c C 12d D 12e	18 Local w	100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 1000.00 10000.00	LOCAL LOCAL With Employee ensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME 2 Federal income tax with 10000.0 4 Social security tax with 100.0 6 Medicare tax withheld 100.0 8 Allocated tips 100.0 10 Dependent care bene 100.0	nheld) neld)
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a A 12b B 12c C 12d D 12e E E	18 Local w	100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 1000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 10000.00 11 Nonqualified plans 100.00 14 Other	LOCAL LOCAL With Employee ensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax withh 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory Retirement Came Participation of the Company Particip	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a	18 Local w	100.00 100.00 100.00 100.00 100.00 illed With	100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	LOCAL LOCAL With Employee ensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a A 12b B 12c C 12d D 12e E E Employ Local I	Table Tabl	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 1000.01 10000.01 10000.01 10000.01 10000.01 10000.01 10000.01 10000.01 11 Nonqualified plans 100.01 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1	LOCAL LOCAL With Employee ensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R	12a A 12b B 12c C 12d D 12e E E Employ Local I	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 1000.01 10000.01 10000.01 10000.01 10000.01 1000.01 1000.01 11 Nonqualified plans 100.01 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	LOCAL LOCAL With Employee ensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 1000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030	100.00 100.00 asury-Internal R Suff.	12a A 12b B 12c C 12d D 12e E E Copy 2 Employ Local I	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Output 100.00 11 Output 100.00 11 Output 11 Output 11 Output 11 Output 12 Output 13 Output 14 Other 15 Output 16 Output 17 Output 18 Output 18 Output 19 Output	LOCAL LOCAL With Employee vensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00	100.00 100.00 asury-Internal R Suff.	12a A 12b B 12c C 12d D 12e E E Copy 2 Employ Local I	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	LOCAL LOCAL With Employee rensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 y name 1ALPHA NAME	held) neld) fits) t Third-party
15 State	1000.00 1000.00 Department of the Trea 000030 t name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00	17 State income 100.00	12a A 12b B 12c C 12d D 12e E E E E E E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00	LOCAL LOCAL With Employee rensation DO	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 y name 1ALPHA NAME 2ALPHA NAME	inheld) ineld)))) (fits) t Third-party sick pay
15 State	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00	17 State income 100.00	12a A 12b B 12c C 12d D 12e E E E E E E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00	LOCAL LOCAL With Employee rensation DO	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 y name 1ALPHA NAME	inheld) ineld)))) (fits) t Third-party sick pay
15 State	1000.00 1000.00 Department of the Trea 000030 t name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00	17 State income 100.00	12a A 12b B 12c C 12d D 12e E E E E E E E E E E E E E	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00	LOCAL LOCAL With Employee rensation DO	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 y name 1ALPHA NAME 2ALPHA NAME	inheld) ineld)))) (fits) t Third-party sick pay
15 State	1000.00 1000.00 Department of the Trea 000030 t name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00	17 State income 100.00	12a A A A A A A A A A	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00	LOCAL LOCAL With Employee LOCAL With Employee LOCAL	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 y name 1ALPHA NAME 2ALPHA NAME	oneld)))))) ifits) t Third-party sick pay
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	12a A A A A A A A A A	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	LOCAL LOCAL With Employee LOCAL With Employee LOCAL LOCAL LOCAL	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee plan 100.00 100.00 100.00 100.00 100.00 100.00 y name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME	oneld)))) (ifits) t Third-party sick pay one Tax Return
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	12a A Table B	18 Local w	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	LOCAL LOCAL With Employee LOCAL With Employee LOCAL LOCAL LOCAL	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 y name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 State, City, or Local Inco	inheld) ineld) ineld) ifits) it Third-party sick pay
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	evenue : 12a A 12b B 12c C C C C C C E C C C C C C C C C C C C	18 Local w	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	LOCAL LOCAL With Employee LOCAL With Employee LOCAL	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 1000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory embloyee plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 y name 1 ALPHA NAME 2 ALPHA NAME 2 State, City, or Local Inco 2 Federal income tax with 10000.00	inheld) neld))) fits) t Third-party sick pay ome Tax Return
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	12a A T2b B B 12c Copy 2 Employ Local I a Employ Local I a Employ Local I 12b B A T2c Employ Local I a Emplo	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 10000.0 10000.0 10000.0 10000.0 10000.0 11 Nonqualified plans 100.0 14 Other 100.0 14 Other 100.0 14 Other 100.0 14 Other 100.0 15 BOX 14 TITLE 1 15 BOX 14 TITLE 1 16 BOX 14 TITLE 2 17 BOX 14 TITLE 1 18 BOX 14 TITLE 1 18 BOX 14 TITLE 1 19 Local income tax 100.00	LOCAL LOCAL Vith Employee vensation 00 00 s 00 00 1 20 Localit LOCAL LOCAL LOCAL Vith Employee vensation 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 100.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Retirement plan 100.00 100.00 100.00 100.00 100.00 100.00 2 Name 1ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 Federal income tax with 10000.00 4 Social security tax with	inheld) ineld))) iffits) t Third-party sick pay ome Tax Return
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	12a A A A A A A A A A	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 1000.00 1 Wages, tips, other comp 10000.00 3 Social security wages	LOCAL LOCAL Vith Employee vensation 00 00 s 00 00 1 20 Localit LOCAL LOCAL LOCAL Vith Employee vensation 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME 2 Federal income tax with 10000.01 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Participation of the company of th	oneld) fits) Third-party sick pay ome Tax Return sheld) held)
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	12a	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other comp 1000.00 1 Wages, tips, other comp 10000.00 3 Social security wages 10000.05	LOCAL LOCAL Vith Employee vensation 00 00 s 00 00 1 20 Localit LOCAL LOCAL LOCAL Vith Employee vensation 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME 2 Federal income tax with 10000.01 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Particular	oneld) fits) Third-party sick pay ome Tax Return sheld) held)
15 State	1000.00 1000.00 Department of the Trea 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00	12a See A 12b B C C C C C C C C C	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	LOCAL Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 100.00 4 Social security tax with 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 13 Statutory employee 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax with 100.00 4 Social security tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips	ome Tax Return
15 State	1000.00	17 State income 100.00 sury-Internal R Suff.	12a	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other comp 100.00 1 Wages, tips, other comp 1000.00 1 Social security wages 1 0000.00 1 Nongualified plans 1 Wages, tips, other comp 1 0000.00	LOCAL Vith Employee rensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 100.00 4 Social security tax with 100.00 8 Allocated tips 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 100.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips	inheld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	evenue : 12a A 12b B 12c C C C C C C C C C C C C C C C C C C C	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other comp 100.00 1 Wages, tips, other comp 100.00 1 Social security wages 1 Nongualified plans 1 Wages, tips, other comp 1 Nongualified plans 1 Wages, tips there is the plans the	LOCAL Vith Employee rensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME 2's State, City, or Local Inco 2 Federal income tax with 10000.0 4 Social security tax within 100.0 6 Medicare tax withheld 100.0 10 Dependent care bene 100.0 13 Statutory Retiremer plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2-ALPHA NAME 2-ALPHA NAME 2-ALPHA NAME 100.00 4 Social security tax within 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00	inheld) ineld) ineld) iffits) it Third-party sick pay Description of the party sick pay Description of the pay
15 State	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	12a A 12b B B D 12c B D D D D D D D D D	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 100.00 11 Nonqualified plans 100.00 11 Wages, tips, other comp 100.00	LOCAL LOCAL Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME 2's State, City, or Local Inco 2 Federal income tax with 10000.0 4 Social security tax within 100.0 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Retiremer plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME 2-ALPHA NAME 2-ALPHA NAME 2-ALPHA NAME 2-ALPHA NAME 100.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00	inheld) ineld) ineld) iffits) it Third-party sick pay Description of the party sick pay Description of the pay
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	12a A T2b B T2c COPY 2 Employ Local I a Employ Local I a Employ Local I 12b B T2c COPY 2 Employ Local I a Em	18 Local w	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 11 Vages, tips, other comp 100.00 100.00 11 Vages, tips, other comp 100.00 100.00 11 Vages, tips, other comp 100.00	LOCAL LOCAL Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME 2's State, City, or Local Inco 2 Federal income tax with 10000.01 4 Social security tax within 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Retiremer plan 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 Federal income tax with 100.00 4 Social security tax within 100.00 6 Medicare tax withheld 100.00 1 Statutory tax within 100.00 1 Statutory tax within 100.00 1 Dependent care bene 1 100.00 1 Retiremer plan 1 Statutory tax within 100.00 1 Pependent care bene 100.00 1 Retiremer plan 1 Retiremer	ome Tax Return omeld
15 State	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	12a \$\frac{1}{2}B\$ \$\	Service C Serv	Agges, tips, etc.	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00	LOCAL LOCAL Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME 2's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 10 Dependent care bene 100.00 13 Statutory Retiremer employee plan 100.00 100.00 100.00 100.00 100.00 100.00 2 ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2 Federal income tax with 1000.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 11 Statutory employee plan 100.00 12 Retiremer plan 100.00 13 Statutory employee plan 100.00 13 Statutory employee plan 100.00	ome Tax Return omeld
15 State Employer's state D number 88888888888888888888888888888888888	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	12a See A A A A A A A A A	Service C Serv	ages, tips, etc	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00	LOCAL LOCAL Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 10000.00 4 Social security tax with 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 100.00 4 Social security tax with 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 100.00	ome Tax Return omeld
15 State	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	12a See A A A A A A A A A	Service C Serv	Agges, tips, etc.	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00	LOCAL LOCAL Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 100.00 4 Social security tax with 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 100.00 4 Social security tax with 100.00 4 Social security tax with 100.00 4 Social security tax with 100.00 10 Dependent care tax withheld 100.00 10 Statutory 10 Statutor	ome Tax Return omeld
15 State	Tool.00 Department of the Trea Dool.00 Department of the Trea Dool.00 Tool.00 Department of the Trea Tool.00 Department of the Trea Dool.00 Department of the Trea	17 State income 100.00 sury-Internal R 17 State income 100.00 100.00 asury-Internal R	12a See A 12b September 12a See Service I you penalty or oth promise its committee of the c	18 Local w	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 1000.00 1000.00 1000.00 1000.00 1000.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100	LOCAL Vith Employee rensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 100.00 4 Social security tax with 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00	ome Tax Return omeld
15 State	1000.00 1000.00 Department of the Trea 000030 It name ### SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trea	17 State income 100.00 sury-Internal R Suff.	12a See A 12b September 12a See Service I you penalty or oth promise its committee of the c	18 Local w	100.00 100.00	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00	LOCAL Vith Employee rensation 000 000 000 000 000 000 000 000 000 0	1ALPHA NAME 2ALPHA NAME e's State, City, or Local Inco 2 Federal income tax with 100.00 4 Social security tax with 100.00 8 Allocated tips 100.00 10 Dependent care bene 100.00 100.00 100.00 100.00 100.00 100.00 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 2ALPHA NAME 100.00 4 Social security tax with 100.00 4 Social security tax with 100.00 4 Social security tax with 100.00 10 Dependent care tax withheld 100.00 10 Statutory 10 Statutor	ome Tax Return omeld

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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 H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a security of the form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy accounts (now).

Y—Deferral winder a section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

: 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. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

	000030		12a See instructions	3 101 DOX 12	1 Wages, tips, other compensation	•
c Employer's name, address, and ZIP code COMPANY 30			⁸ A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2			B \$	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			åC \$	100.00	~ .	100.00
			12d ∮D \$	100.00	7 Social security tips 100.00	8 Allocated tips 100.00
e Employee's first name and initial Lasi SORT KEY THREE	t name	Suff.	12e åE ∣\$	100.00	9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		This information is bein	ng furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party plan sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy B To Be F		100.00	
EMPLOYEE CITY UT 84321-1234			Employee's FEI		BÖX 14 TITLE 1 BOX 14 TITLE 2	100.00 100.00
			Tax Return. a Employee's social	,	BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 1	17 State income t	555-55- tax 18 Local v	-5525 wages, tips, etc.	BOX 14 TITLE 4 . 19 Local income tax 20 Lo	100.00 ocality name
NC 8888888888888888888888 TUT 888888888888	1000.00	100.00	100	0.00 0.00	100.00 LOC	CAL1ALPHA NAME CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treas			OMB# 1545-0		Be Filed With Employee's FEDERAL Tax Return.
			_	_		
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000030		12a ÅA \$	100.00	1 Wages, tips, other compensation 10000.00	n 2 Federal income tax withheld 10000.00
COMPANY 30			12b		3 Social security wages	4 Social security tax withheld
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2			B \$	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			[§] C \$	100.00	10000.00	100.00
	et nama	0.4	. §D \$	100.00	7 Social security tips	8 Allocated tips 100.00
Employee's first name and initial Las X000005	st name	Suff.	12e E \$	100.00	9 Advance EIC payment	10 Dependent care benefits
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		- 14	. 55.50	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party plan sick pay
EMPLOYEE ADDRESS 2			Copy 2 To Be F	iled With	100.00 14 Other	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234			Employee's Sta	te, City, or	14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	100.00 100.00
			Local Income T a Employee's social		BOX 14 TITLE 3	100.00
						100.00
f Employee's address and ZIP code	16 State wages, tips, etc. 1	17 State income t	555-55- tax 18 Local v	-5525	BOX 14 TITLE 4 .	00.00
f Employee's address and ZIP code 15 State Employer's state ID number NC 888888888888888888888888888888888888	16 State wages, tips, etc. 1 1000.00 1 1000.00	17 State income t 100.00 100.00	tax 18 Local v 100		19 Local income tax 100.00 LOC	ocality name CALTALPHA NAME CALZALPHA NAME
15 State Employer's state ID number 888888888888888888888888888888888888	1000.00	100.00 100.00	tax 18 Local v 100 100	-5525 wages, tips, etc.).00	19 Local income tax 100.00 100.00 LOC	ocality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00	100.00 100.00	18 Local v 100 100 evenue Service	-5525 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax	ocality name CAL1ALPHA NAME CAL2ALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00	18 Local v 100 100 100 evenue Service (12a	-5525 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 100.00 LOC 100.00 LOC 20	ocality name CAL1ALPHA NAME CAL2ALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00	18 Local v 100 - 100 - 100 evenue Service (12a	-5525 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 20 L LOC 100.00 LOC	ocality name CAL1ALPHA NAME CAL2ALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00	18 Local v	-5525 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax	ocality name CALTALPHA NAME CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00 sury-Internal R	18 Local 1000 100	-5525 wages, tips, etc. 0.00 0.00 0.00 0.00 0.00 100.00	19 Local income tax	cocality name CALTALPHA NAME CALZALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
15 State	1000.00 Department of the Treas	100.00 100.00	18 Local 18 Local 10 C	-5525 wages, tips, etc. 0.00 0.00 0MB# 1545-000 100.00 100.00	19 Local income tax 100.00 20 LOC 100.00 20 LOC 100.00 20 LOC 20 LOC 20 20 LOC 20 20 20 20 20 20 20 20 20 20 20 20 20	ocality name CALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
15 State	1000.00 Department of the Treas	100.00 100.00 sury-Internal R	18 Local 100	-5525 wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00 100.00	19 Local income tax	ocality name CAL1ALPHA NAME CAL1ALPHA NAME DIALPHA NAME 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
15 State	1000.00 Department of the Treas	100.00 100.00 sury-Internal R	18 Local 100	-5525 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	Calify name CALTALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay
15 State	1000.00 Department of the Treas	100.00 100.00 sury-Internal R	18 Local 1000 100	-5525 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	Cocality name
15 State	1000.00 Department of the Treas	100.00 100.00 sury-Internal R	18 Local 100	-5525 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	ocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Jock pay 100.00 100.00 100.00 100.00
15 State	Department of the Treas	100.00 100.00 sury-Internal R	18 Local 1000 100	-5525 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	Cocality name
15 State	Department of the Treas	100.00 100.00 sury-Internal R	18 Local 100	-5525 wages, tips, etc. 0.00 1.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 19 Local income tax 100.00 19 Local income tax 100.00 10 Local income tax 100.00 10 Local income tax 100.00 11 Local income tax 100.00 11 Local income tax 100.00 12 Local income tax 100.00 13 Local income tax 100.00 14 Other Local income tax 100.00	ocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00
15 State	Department of the Treas 000030 it name ME SUFX 16 State wages, tips, etc. 1 1000.00	100.00 100.00 sury-Internal R Suff.	18 Local 100	-5525 wages, tips, etc. 0.00 0MB# 1545-000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00	Calify name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palm Sick pay Palm Sick pay 100.00 100.00 100.00 100.00 100.00 00cality name CALTALPHA NAME CALTALPHA NAME
15 State	Department of the Treas 000030 St name ME SUFX 16 State wages, tips, etc. 1 1000.00 1 1000.0	100.00 100.00 sury-Internal R Suff.	18 Local 100	-5525 wages, tips, etc. 0.00 0.00 1.00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax 100.00	Calify name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Interparty sick pay 100.00 100.00 100.00 100.00 100.00 100.00 CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return
15 State	1000.00 Department of the Treas 000030 It name ME SUFX 16 State wages, tips, etc. 1000.00	100.00 100.00 sury-Internal R Suff.	18 Local 18 Local 100	-5525 wages, tips, etc. 0.00 0.00 1.00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax 100.00 100.00 LOC 100.00 100.00 LOC 100.00 1 Wages, tips, other compensation 10000.00 1 Social security wages 10000.00 1 Medicare wages and tips 100.00 1 Medicare wages 100.00	ocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Camployee CALTALPHA NAME
15 State	Department of the Treas 000030 St name ME SUFX 16 State wages, tips, etc. 1 1000.00 1 1000.0	100.00 100.00 sury-Internal R Suff.	18 Local 1000	-5525 wages, tips, etc. 0.00 0.00 1.00.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.0	19 Local income tax 100.00 100.00 LOC 100.00 Social security wages 10000.00 15 Medicare wages and tips 100.00 16 Medicare wages and tips 100.00 17 Social security tips 100.00 18 LOC 19 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 LOC 100.00 LOC 100.00 LOC 100 Copy 2 To Be Filed With Em	ocality name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 11 Statutory Retirement Third-party plan Person ocality name CALTALPHA NAME
15 State	Department of the Treas 000030 St name ME SUFX 16 State wages, tips, etc. 1 1000.00 1 1000.0	100.00 100.00 sury-Internal R Suff.	18 Local 1000	-5525 wages, tips, etc. 0.00 100.00	19 Local income tax	Calify name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay 100.00
15 State	Department of the Treas 000030 St name ME SUFX 16 State wages, tips, etc. 1 1000.00 1 1000.0	100.00 100.00 sury-Internal R Suff.	18 Local 18 Local 10 10 10 10 10 10 10 1	-5525 wages, tips, etc. 0.00 1.00 1.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Emitoryee In Third-party sick pay 100.00 100.00 100.00 100.00 100.00 0cality name CALIALPHA NAME CALIALPHA NAME DALIZALPHA NAME DALIZALPHA NAME 100.00 4 Social security tax withheld 1000.00 4 Social security tax withheld 100.00
15 State	Department of the Treas 000030 St name ME SUFX 16 State wages, tips, etc. 1 1000.00 1 1000.0	100.00 100.00 sury-Internal R Suff.	18 Local 100	-5525 wages, tips, etc. 0.00 100.00	19 Local income tax	Calify name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20 Calify name CALTALPHA NAME CALTALPHA NAME CALTALPHA NAME DATE OF TAX RETURN 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
15 State	1000.00	100.00 100.00 sury-Internal R Suff. 17 State income t 100.00 100.00 sury-Internal R	18 Local 1000 100	-5525 wages, tips, etc. 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00	CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 113 Statutory Patriement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2ALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00
15 State	1000.00	100.00 100.00 sury-Internal R Suff. 17 State income t 100.00 100.00 sury-Internal R	18 Local 1000 100	-5525 wages, tips, etc. 0.00 -0.00	19 Local income tax 100.00 108 Copy 2 To Be Filed With Emy 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed With Emy 10000.00 3 Social security wages 100.00 100.00 LOC 100.00 1 Yages, tips, other compensation 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	Cacility name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Patiement Third-party plan 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 204 Social security tax withheld 10000.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
15 State	1000.00	100.00 100.00 sury-Internal R Suff. 17 State income t 100.00 100.00 sury-Internal R	18 Local 18 Local 10	-5525 wages, tips, etc. 0.00 0.00 100.00	19 Local income tax 100.00 108 Copy 2 To Be Filed With Emy 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 15 Medicare wages 100.00 16 Copy 2 To Be Filed With Emy 100.00 17 Social security wages 10000.00 18 Copy 2 To Be Filed With Emy 10000.00 19 Advance EIC payment 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME CALIALPHA NAME Dioyee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 113 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 00cality name CALIALPHA NAME CALIALPHA NAME DALIZALPHA NAME DIOYEC'S State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Dependent care benefits 100.00 11 Dependent care benefits 100.00 11 Statutory Particular St
15 State	1000.00	100.00 100.00 sury-Internal R Suff. 17 State income t 100.00 100.00 sury-Internal R	18 Local 1000	-5525 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 100.00 LOC 100.00 LOC 100.00 Social security wages 10000.00 Social security tips 100.00 Social security Local Social Socia	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 113 Statutory Palm Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 10 Retirement tax withheld 100.00
15 State	1000.00	100.00 100.00 sury-Internal R Suff. 17 State income t 100.00 100.00 sury-Internal R	18 Local 1000	-5525 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 11 Nonqualified plans 100.00 1100.00	Calify name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 113 Statutory Retirement Third-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 10 Sallocated tips 100.00 10 Selection Tax Return 10 Pependent care benefits 100.00 10 Retirement Third-party sick pay 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Retirement Third-party sick pay 10 Dependent care benefits 100.00 10 Retirement Third-party sick pay 100.00 10 Retirement Third-party sick pay 100.00 100.00
15 State	Department of the Treas DO0030 Toology of the Treas DO0030 Toology of the Treas DO0030 Toology of the Treas DO0030 Department of the Treas DO0030 Department of the Treas	100.00 100.00 sury-Internal R Suff. 17 State income t 100.00 100.00 sury-Internal R	18 Local 1000 100	-5525 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 108 Copy 2 To Be Filed With Emy 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 100.00 3 Social security tips 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 4 100.00 100.00 LOC 100.00 100.00 LOC 100.00 1 Wages, tips, other compensation 100.00 5 Medicare wages and tips 100.00 1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 100.00 1 Wages 100.00	Caclity name CALTALPHA NAME CALZALPHA NAME CALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 1 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 113 Statutory Palm Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 10 Retirement tax withheld 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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 H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy accounts (now).

Y—Deferral winder a section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

: 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. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

	000030		12a See instructions	For box 12	1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code COMPANY 30			⁸ A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2			⁸ B \$ 12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			åC ∣\$	100.00		100.00
			12d ∮D \$	100.00	7 Social security tips 100.00	8 Allocated tips 100.00
e Employee's first name and initial Lasi SORT KEY THREE	t name	Suff.	12e ∮E ∣\$	100.00	9 Advance EIC payment	10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX		This information is bein	ng furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy B To Be F		100.00 14 Other	
EMPLOYEE CITY UT 84321-1234			Employee's FEI		BÖX 14 TITLE 1 BOX 14 TITLE 2	100.00 100.00
			Tax Return. a Employee's social	-	BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income t	555-55- tax 18 Local v	wages, tips, etc.	BOX 14 TITLE 4 . 19 Local income tax 20 Lo	100.00 ocality name
ND 88888888888888888888888888888888888	1000.00	100.00		0.00		CAL1ALPHA NAME CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	2 Wage and Tax Statement 2010 Department of the Treasury-Interna				0008 Copy B To I	Be Filed With Employee's FEDERAL Tax Return.
b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000030		12a - Å \$	100.00	1 Wages, tips, other compensation 10000.00	a Pederal income tax withheld 10000.00
COMPANY 30 COMPANY 30 ADDRRESS 1			12b		3 Social security wages	4 Social security tax withheld
COMPANY 30 ADDRRESS 2			12c	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			<u>EC</u> \$	100.00	10000.00	100.00
e Employee's first name and initial Las	st name	Suff.	- §D \$	100.00	7 Social security tips 100.00	8 Allocated tips 100.00
X000006		Ouii.	12e ⁵E ∣\$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits 100.00
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		·		11 Nonqualified plans	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 2			Copy 2 To Be F	iled With	100.00 14 Other BOX 14 TITLE 1	
EMPLOYEE CITY UT 84321-1234	LOYEE ADDRESS 3			ite, City, or ax Return.	BOX 14 TITLE 1 . BOX 14 TITLE 2 .	100.00 100.00
				security number	BOX 14 TITLE 3 .	100.00
						100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income t	tax 18 Local v	-5526 wages, tips, etc.	BOX 14 TITLE 4	ocality name
	16 State wages, tips, etc. 1000.00	17 State income to 100.00 100.00	tax 18 Local v 100		19 Local income tax 100.00 LOC	ocality name CAL1ALPHA NAME CAL2ALPHA NAME
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00	100.00 100.00	tax 18 Local v 100 100	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 100.00 LOC	AL2ALPHA NAME
15 State	1000.00	100.00 100.00	18 Local v 100 100 evenue Service	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000	19 Local income tax 100.00 LOC 100.00 LOC 20	CAL2ALPHA NAME Sloyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld
15 State	Department of the Treas	100.00 100.00	18 Local v	wages, tips, etc. 0.00 0.00	19 Local income tax 100.00 LOC 100.00 LOC 08 Copy 2 To Be Filed With Emp	AL2ALPHA NAME ployee's State, City, or Local Income Tax Return
15 State Employer's state ID number 88888888888888888888888888888888888	Department of the Treas	100.00 100.00	18 Local v 100 100 100 100 100 100 100 100 100 1	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000	19 Local income tax	DALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld
15 State	Department of the Treas	100.00 100.00	18 Local v	wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 LOC 100.00 LOC 20 E Copy 2 To Be Filed With Emp 1 Wages, tips, other compensation 10000.00 3 Social security wages	DALZALPHA NAME Property State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00 Isury-Internal R	18 Local 100	wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00	19 Local income tax	DALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips
15 State	Department of the Treas	100.00 100.00	18 Local 100	wages, tips, etc. 1.00 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax	DALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00 Isury-Internal R	18 Local 1000 100	wages, tips, etc. 1.00 0.00 0.00 0MB# 1545-000 100.00 100.00	19 Local income tax 100.00 LOC 10	A
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00 Isury-Internal R	18 Local 100	wages, tips, etc. 1.00 1.00 1.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	DALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00 Isury-Internal R	18 Local 1000 1000 12a 1000	wages, tips, etc. 2.00 2.00 3.00 3.00 3.00 4.00.00 4.00.00 4.00.00 4.00.00 5.00 4.00.00	19 Local income tax	2 Federal income tax withheld
15 State	1000.00 1000.00 Department of the Treas	100.00 100.00 Isury-Internal R	18 Local v	wages, tips, etc. 1.00 1.00 1.00 100.00 100.00 100.00 100.00 100.00 Filled With tte, City, or ax Return.	19 Local income tax	ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Polar Polar Stick pay 100.00 100.00 100.00 100.00 100.00
15 State	Department of the Treas	100.00 100.00 Isury-Internal R	18 Local 1000 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	A 2 Federal income tax withheld 10000.00
15 State	Department of the Treas 000030 it name ME SUFX 16 State wages, tips, etc. 1000.00	100.00 100.00 sury-Internal R Suff.	18 Local 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	Allocated tips
15 State	Department of the Treas	100.00 100.00 Isury-Internal R Suff.	18 Local 1000 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	A 2 E E E E E E E E E
15 State	Department of the Trease D00030 Set name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	100.00 100.00 Isury-Internal R Suff.	18 Local 1000	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	ALZALPHA NAME Ployee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 20cality name CALIALPHA NAME CALZALPHA NAME Ployee's State, City, or Local Income Tax Return
15 State	Department of the Trease D00030 Separtment of the Trease D00030 Set name ME SUFX 16 State wages, tips, etc. 1000.00	100.00 100.00 Isury-Internal R Suff.	18 Local 18 Local 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement employee my sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 20cality name CAL1ALPHA NAME CAL2ALPHA NAME Ployee's State, City, or Local Income Tax Return
15 State	Department of the Trease D00030 Set name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	100.00 100.00 Isury-Internal R Suff.	18 Local 18 Local 10 10 10 10 10 10 10 1	100.00 100.00	19 Local income tax	2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement employee Plan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20cality name 2AL1ALPHA NAME 3AL2ALPHA NAME
15 State	Department of the Trease D00030 Set name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	100.00 100.00 Isury-Internal R Suff.	18 Local 1000 100	100.00 100.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement employee my sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 20cality name CAL1ALPHA NAME CAL2ALPHA NAME Ployee's State, City, or Local Income Tax Return
15 State	Department of the Trease D00030 Set name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	100.00 100.00 Isury-Internal R Suff.	18 Local 1000 100	100.00 100.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Patrement Sick pay Income Tax Return 100.00
15 State	Department of the Trease D00030 Set name ME SUFX 16 State wages, tips, etc. 1000.00 1000.00 Department of the Trease	100.00 100.00 Isury-Internal R Suff.	18 Local 18 Local 100	100.00 100.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Stake Pa
15 State	Department of the Trease D00030 Toology Trease D00030	100.00 100.00 Isury-Internal R Suff.	18 Local 1000 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	ALZALPHA NAME 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20cality name ALZALPHA
15 State	Department of the Trease D00030 Toology Trease D00030	100.00 100.00 Isury-Internal R Suff.	18 Local 1000 100	100.00 100.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Stat
15 State	Department of the Trease D00030 Toology Trease D00030	100.00 100.00 Isury-Internal R Suff.	12a	#Wages, tips, etc. 1.00 1.00 1.00 1.00 1.00.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory Returnent plan sick pay 100.00
15 State	Department of the Trease D00030 Toology Trease D00030	100.00 100.00 Isury-Internal R Suff.	18 Local 1000	100.00 100.00	19 Local income tax	2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 113 Statutory Retirement plan sick pay 100.00
15 State	Department of the Trease D00030 Toology Trease D00030	100.00 100.00 Isury-Internal R Suff.	Tax 18 Local 1000	100.00 100.00	19 Local income tax	ALZALPHA NAME 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Statutory plan 100.00 12 Federal income tax withheld 100.00 13 Statutory plan 100.00 14 Social security tax withheld 100.00 15 Medicare tax withheld 100.00 16 Medicare tax withheld 100.00 17 Statutory plan 100.00 18 Allocated tips 100.00 19 Dependent care benefits 100.00 10 Dependent care benefits 100.00
15 State	Department of the Trease DO0030 The state wages, tips, etc. 1000.00 The state wages, tips, etc. 1000.00 Department of the Trease D00030 Department of the Trease D00030	100.00 100.00 Isury-Internal R Suff.	18 Local 1000 100	100.00 100.00	19 Local income tax	2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory elan income Tax Return 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

c Employer's name, address, and ZIP code		12a See			 Wages, tips, other compensation 	on 2 Federal income tax withheld
COMPANY 30		§A 12b	\$	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2		₽B	\$	100.00	10000.00	100.00
COMPANY 30 ADDRRESS 3		12c	\$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 30 CITY NC 10538-2095		12d ∄D	\$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Las SORT KEY THREE	t name	Suff. 12e	\$	100.00	9 Advance EIC payment	100.00 10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	This info	rmation is bein	ng furnished to the	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Revenue Service B To Be F		100.00	employee plan sick pay
EMPLOYEE CITY UT 84321-1234		Emplo	yee's FEI		BOX 14 TITLE 1 . BOX 14 TITLE 2 .	100.00
		Tax R		security number	BOX 14 TITLE 2 .	100.00 100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State in	ncome tax	555-55-	-5529 wages, tips, etc.	BOX 14 TITLE 4 .	100.00
RI 888888888888888888888888888888888888	1000.00 100	0.00	100	0.00		Locality name CAL1ALPHA NAME CAL2ALPHA NAME
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Inte			OMB# 1545-0		Be Filed With Employee's FEDERAL Tax Return
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000030	12a %A	\$	100.00	1 Wages, tips, other compensation 10000.00	on 2 Federal income tax withheld 10000.00
COMPANY 30 COMPANY 30 ADDRRESS 1		12b			3 Social security wages	4 Social security tax withheld
COMPANY 30 ADDRRESS 2		∄B 12c	\$	100.00	10000.00 5 Medicare wages and tips	100.00 6 Medicare tax withheld
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095		<u>ૄ</u> C 12d	\$	100.00	10000.00	100.00
e Employee's first name and initial Las	st name		\$	100.00	7 Social security tips 100.00	8 Allocated tips 100.00
X000007	CHAINE	Suii. 12e %E	\$	100.00	9 Advance EIC payment 100.00	10 Dependent care benefits
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM	ME SUFX				11 Nonqualified plans	100.00 13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Сору	2 To Be F	iled With	100.00 14 Other BOX 14 TITLE 1 .	
EMPLOYEE CITY UT 84321-1234				ite, City, or ax Return.	BOX 14 TITLE 1 . BOX 14 TITLE 2 .	100.00 100.00
				security number	BOX 14 TITLE 3 .	100.00
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State in	ncome tax	555-55- 18 Local v	wages, tips, etc.	BOX 14 TITLE 4	100.00 Locality name CAL1ALPHA NAME
						CAL1ALPHA NAME
RI 888888888888888888888888888888888888	1000.00 100).00).00		CAL2ALPHA NAME
RI 8888888888888888888		0.00	100	0.00	100.00 LO	
RI 888888888888888888888888888888888888	1000.00 100	0.00	100	0.00	100.00 LO Copy 2 To Be Filed With Em Wages, tips, other compensation	CÂLZALPHÂ NÂME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld
RI 888888888888888888888888888888888888	1000.00 100 Department of the Treasury-Inte	0.00 ernal Revenue	100	0.00	100.00 LO Copy 2 To Be Filed With Em Wages, tips, other compensation 10000.00	CÂLZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00
RI 888888888888888888888888888888888	1000.00 100 Department of the Treasury-Inte	12a \$A 12b \$B	Service	0.00 OMB# 1545-000	100.00 LO 08 Copy 2 To Be Filed With Em 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00	CALZALPHA NAME sployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
RI	1000.00 100 Department of the Treasury-Inte	0.00 ernal Revenue	Service (0.00 OMB# 1545-000 100.00	100.00 LO Representation 1000.00 Wages, tips, other compensation 10000.00 Social security wages 10000.00 Medicare wages and tips	CALZALPHA NAME sployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
RI	1000.00 100 Department of the Treasury-Inte	12a A 12b B 12c C 12d	100 Service	0.00 OMB# 1545-000 100.00 100.00	100.00 LO 08 Copy 2 To Be Filed With Em 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	CALZALPHA NAME pployee's State, City, or Local Income Tax Return 2 Federal income tax withheld
RI 8888888888888888888888888888	1000.00 100 Department of the Treasury-Inte	12a	\$ \$ \$ \$	0.00 OMB# 1545-000 100.00 100.00 100.00	100.00 LO 08 Copy 2 To Be Filed With Em 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	CALZALPHA NAME pployee's State, City, or Local Income Tax Return 2 Federal income tax withheld
RI	Department of the Treasury-Inte	12a A 12b B 12c C 12d D	100 Service	0.00 OMB# 1545-000 100.00 100.00	1 Wages, tips, other compensatic 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	CALZALPHA NAME
RI	Department of the Treasury-Inte	12a #A 12b #B 12c #C 12d #D Suff. 12e #E	100 Service (100.00 100.00 100.00 100.00 100.00	100.00 LO 1 Wages, tips, other compensation 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	CALZALPHA NAME propose's State, City, or Local Income Tax Return 2 Federal income tax withheld
RI	Department of the Treasury-Inte	12a	100 Service (100.00 100.00 100.00 100.00 100.00	100.00 LO 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1	CALZALPHA NAME
RI	Department of the Treasury-Inte	12a	\$ \$ \$ \$ \$ 2 To Be F pyee's Stal Income T	100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO	CÂLZALPHA NAME Inployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee In District Third-party slick pay
RI	Department of the Treasury-Inte	12a	\$ \$ \$ \$ 2 To Be Foyee's StaIncome Toyee's Social 555-55-55-55-55-55-55-55-55-55-55-55-55	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100 Copy 2 To Be Filed With Em 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4	CALZALPHA NAME nployee's State, City, or Local Income Tax Return
RI	Department of the Treasury-Inte 000030 It name ME SUFX 16 State wages, tips, etc. 17 State in 1000.00 100	12a A A A A A A A A A	Service Serv	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 108 Copy 2 To Be Filed With Em 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 19 Local income tax 20 LO	CÂLZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 100.00 Locality name CALTALPHA NAME
RI	Department of the Treasury-Inte	12a A A A A A A A A A	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO 200 Copy 2 To Be Filed With Em 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00	CALZALPHA NAME Inployee's State, City, or Local Income Tax Return
RI	Department of the Treasury-Inte 000030 st name ME SUFX 16 State wages, tips, etc. 17 State ir 1000.00 100 100 100	12a A 12b B 12c C 12d D 12e E C Copy Emplo Local a Emplo L	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO 200 Copy 2 To Be Filed With Em 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00	CÂLZALPHA NAME propose's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Intro-party sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Cocality name CALTALPHA NAME CÂLZALPHA NAME CÂLZALPHA NAME CÂLZALPHA NAME CALCALPHA NAME
RI	Department of the Treasury-Inte 000030 st name ME SUFX 16 State wages, tips, etc. 17 State ir 1000.00 100 100 100	12a A A A A A A A A A	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 LO 100.00 LO 200 Copy 2 To Be Filed With Em 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 100.00 100.00	CÂLZALPHA NAME propose's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Third-party sick pay sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 Cocality name CALTALPHA NAME CÂLZALPHA NAME CÂLZALPHA NAME CALTALPHA NAME
RI	16 State wages, tips, etc.	12a A 12b B B B B C C C C C C	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LO 100.00 LO 100.00 LO 100.00 LO 1 Wages, tips, other compensation 10000.00 3 Social security wages	CÂLZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 4 Social security tax withheld
RI	16 State wages, tips, etc.	12a %A 12b %B 12c %C 12d %D Suff. 12e %E Copy Emplo Local a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 LO 100.00 LO 100.00 LO 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LO	CÂLZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 2 Federal income tax withheld 10000.00
RI	16 State wages, tips, etc.	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LO 100.00 LO 00 Copy 2 To Be Filed With Error 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00	CÂLZALPHA NAME propose's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Return 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00
RI	1000.00	12a	Service S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO 100.00 LO 100.00 LO 1000.00 2 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LO 100.00 LO 100.00 LO 100.00 LO 3 Social security with Erick tips 100.00 LO 100.00 LO 100.00 LO 100.00 LO 100.00 LO 100.00 Social security wages 10000.00 5 Medicare wages and tips	CÂLZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory employee Retirement third-parry sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld
RI	16 State wages, tips, etc.	12a A 12b B B Copy Emplo Local a Emplo Emplo Local a Emplo B B B B B B B B B	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO 100.00 LO 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LO 100.00 LO 1 Wages, tips, other compensation 10000.00 1 Wages, tips, other compensation 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 7 Social security tips 10000.00 9 Advance EIC payment 100.00 9 Advance EIC payment 100.00	CÂLZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Introparty sick pay 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 100.00 100.00 100.00 6 Medicare tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 8 Allocated tips 100.00 100.00
RI	1000.00	12a	Service Serv	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LO 100.00 LO 100.00 LO 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 14 Other 100.00 14 Other 100.00 14 Other 100.00 14 Other 100.00 15 Medicare wages and tips 100.00 16 Other 100.00 17 Social security tips 100.00 18 Copy 2 To Be Filed With Enditory 100.00 19 Advance EIC payment 100.00 100.00 LO 100.00 LO 100.00 LO 100.00 LO 100.00 LO 100.00 LO 100.00 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 100.00 7 Social security tips 100.00	CALZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00 4 Social security tax withheld 10000.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Statutory Retirement fibrid-party
RI	1000.00	Suff. 12a Set A 12b B B 12c C C 12d B C C C C C C C C C C C C C C C C C C	Service Serv	100.00 100.00	100.00 LO 100 Copy 2 To Be Filed With Em 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other 100.00 14 Other 100.00 15 Medicare wages and tips 100.00 16 Copy 2 To Be Filed With Em 17 Wages, tips, other compensation 100.00 18 Copy 2 To Be Filed With Em 19 Local income tax 10000.00 3 Social security wages 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	CÂLZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
RI	1000.00	Dono Interest of the state of t	S S S S S S S S S S S S S	100.00 100.00	100.00 LO 08 Copy 2 To Be Filed With Em 1 Wages, tips, other compensatic 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100 08 Copy 2 To Be Filed With En 100.00 1 Wages, tips, other compensatic 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00	CÂLZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 13 Statutory employee's State, City, or Local Income Tax Return 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
RI	1000.00	Topy Emplo Local a Emplo Suff. 12a Ser B 12c Copy Emplo Local a Emplo Suff. 12a Ser B 12c Copy Emplo Local a Emplo E Copy Emplo Local a Emplo E Copy Emplo E E Copy Emplo E E Copy Emplo E E E E E E E E E E E E E E E E E E E	S S S S S S S S S S S S S	100.00 100.00	100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 11 Nonqualified plans 100.00 14 Other 100.00 14 Other 100.00 15 Medicare wages and tips 100.00 16 Advance EIC payment 100.00 17 Social security tips 100.00 18 Other 100.00 100.00 100.00 100.00 100.00 100.00 100.00 3 Social security wages 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 11 Nonqualified plans 100.00 14 Other 100.00	CALZALPHA NAME nployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay sick pay sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10
RI	Department of the Treasury-Inte	12a 2a 2a 2a 2a 2a 2a 2a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 100.00 5 Medicare wages and tips 10000.00 5 Medicare wages 10000.00 5 Medicare wages 10000.00 1 Wages, tips, other compensation 1000.00 2 Box 14 TITLE 1 1000.00	CÂLZALPHA NAME ployee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Retirement plan sick pay 10 Dependent care benefits 100.00 10 Retirement plan NAME 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan Name 100.00 Retirement plan Name 100.00 13 Statutory Retirement plan Name 100.00 13 Statutory Retirement plan Name 100.00 13 Statutory plan Name 100.00 13 Statutory plan sick pay 100.00 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000030	12a See	instructions	s for box 12	1 Wages, tips, other compe	nsation	2 Federal inco	ome tax withhe	ld
c Employer's name, address, and ZIP code COMPANY 30		—— ẫA 12b	\$	100.00	10000.00 3 Social security wages	0	_	10000.00 rity tax withheld	4
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2		₽B	\$	100.00	10000.00	0		100.00	
COMPANY 30 ADDRRESS 3		12c ὧC	\$	100.00	5 Medicare wages and tips 10000.00	0	6 Medicare ta	x withheld 100.00	
COMPANY 30 CITY NC 10538-2095		12d D	\$	100.00	7 Social security tips		8 Allocated tip	os	
e Employee's first name and initial Las SORT KEY THREE	it name 5	Suff. 12e	\$	100.00	9 Advance EIC payment	U	10 Dependent	100.00 t care benefits	
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX	This info	rmation is bein	ng furnished to the	100.00 11 Nonqualified plans	0	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Revenue Servic	iled With	100.00	0	employee	plan	sick pay
EMPLOYEE CITY UT 84321-1234		Emplo	yee's FEI		BOX 14 TITLE 1 BOX 14 TITLE 2	•	100. 100.		
		Tax R a Emplo	yee's social	security number	BOX 14 TITLE 3	•	100	.00	
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc. 17 State inc	ome tax	555-55-	wages, tips, etc.	BOX 14 TITLE 4 19 Local income tax	20 Locality	y name 1ALPHA NAI		
PA 888888888888888888888888888888888888	1000.00 100.0	00	100	0.00	100.00 100.00	LOCAL	ZALPHA NAI	ME	
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Inter	ial Revenue	Service	OMB# 1545-0	0008 Сору	/ B To Be Fil	led With Employe	ee's FEDERAL	Tax Return
b Employer identification number (EIN) 10-00	000030	12a			1 Wages, tips, other compe	nsation	2 Federal inco	ome tax withhe	ıld
c Employer's name, address, and ZIP code		έA	\$	100.00	10000.00			10000.00	
COMPANY 30 COMPANY 30 ADDRRESS 1		12b B	\$	100.00	3 Social security wages 10000.00	0	4 Social secui	rity tax withheld	d
COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3		12c åC	\$	100.00	5 Medicare wages and tips		6 Medicare ta	x withheld	
COMPANY 30 CITY NC 10538-2095		12d			7 Social security tips	U	8 Allocated tip	100.00	
e Employee's first name and initial Las X000008	st name S	Suff. 12e	\$	100.00	100.00 9 Advance EIC payment	0	10 Dependent	100.00	
SORT KEY THREE		åE	\$	100.00	100.00	0	,	100.00	
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX				11 Nonqualified plans 100.00	0	13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			2 To Be F	iled With te, City, or	14 Other BOX 14 TITLE 1		100		
EMPLOTEE CITT OT 84321-1234	PLOYEE CITY UT 84321-1234			ax Return.	BOX 14 TITLE 2 BOX 14 TITLE 3		100. 100.		
					1		100.00 100.00		
f Employee's address and ZIP code	Transition in the second		555-55-	-5528					
f Employee's address and ZIP code 15 State Employer's state ID number PA 8888888888888888888888888888888888	16 State wages, tips, etc. 17 State inc. 100.00 100.00 100.0	00	18 Local v 100		19 Local income tax 100.00 100.00		y name 1ALPHA NAI 2ALPHA NAI	ME	
15 State	1000.00 100.0	00 00	18 Local v 100	-5528 wages, tips, etc.).00	19 Local income tax 100.00 100.00	LOCAL2	2ALPHA NAI	ME MĒ	Tax Return
15 State PA 88888888888888888888888888888888888	1000.00 1000.0	nal Revenue	18 Local v 100 100 Service	-5528 wages, tips, etc. 0.00 0.00 OMB# 1545-000	19 Local income tax 100.00 100.00	th Employee	ZALPHA NA! 2's State, City, or 2 Federal inco	ME MĒ	
15 State PA 88888888888888888888888888888888888	1000.00 100.0 1000.00 100.0 Department of the Treasury-Interi	00 00 nal Revenue	18 Local v 100 100 Service	-5528 wages, tips, etc. 0.00 0.00 0MB# 1545-000	19 Local income tax 100.00 100.00 28 Copy 2 To Be Filed Wi 1 Wages, tips, other compe 10000.00 3 Social security wages	th Employeennsation	ZALPHA NAI 2's State, City, or 2 Federal inco	ME T Local Income The tax withhe 10000.00 The tax withheld	ld
15 State PA 88888888888888888888888888888888888	1000.00 100.0 1000.00 100.0 Department of the Treasury-Interi	12a 2A 12b 2B 12c	18 Local v 100 100 Service	-5528 wages, tips, etc. 0.00 0.00 0.00 0.00 0MB# 1545-000 100.00	19 Local income tax 100.00 100.00 08 Copy 2 To Be Filed Wi 1 Wages, tips, other compe 10000.00	th Employeennsation	ZALPHA NAI 2's State, City, or 2 Federal inco	ME T Local Income The tax withhe 10000.00 Trity tax withhele 100.00	ld
15 State	1000.00 100.0 1000.00 100.0 Department of the Treasury-Interi	00 nal Revenue 12a \$A 12b	18 Local v 100 100 Service	-5528 wages, tips, etc. 0.00 0.00 0MB# 1545-000	19 Local income tax	LOCAL2 th Employee nsation 0	2 Federal inco 4 Social secur 6 Medicare ta	ME r Local Income tax withhe 10000.00 rity tax withheld 100.00	ld
15 State	1000.00 1	12a A 12b B 12c C 12d D D	18 Local v	-5528 wages, tips, etc. 0.00 0.00 0.00 0.00 0MB# 1545-000 100.00	19 Local income tax	TOCAL2 th Employee nsation 0	2ALPHA NAN 2's State, City, or 2 Federal incc 4 Social secur 6 Medicare ta 8 Allocated tip	ME T Local Income tome tax withhe 10000.00 Tity tax withheld 100.00 x withheld 100.00 ss 100.00	ld d
15 State	1000.00 1	12a A 12b B 12c C 12d D D	18 Local v	-5528 wages, tips, etc. 0.00 0.00 0.00 0MB# 1545-000 100.00 100.00	19 Local income tax	nsation 0	2ALPHA NAN 2's State, City, or 2 Federal incc 4 Social secur 6 Medicare ta 8 Allocated tip	ME T Local Income to the tax withhe 10000.00 rity tax withheld 100.00 x withheld 100.00 ss	ld d
15 State	1000.00 1	00	18 Local v	-5528 wages, tips, etc. 0.00 0.00 0.00 100.00 100.00 100.00	19 Local income tax	nsation D D	2ALPHA NAN 2's State, City, or 2 Federal incc 4 Social secur 6 Medicare ta 8 Allocated tip	ME	ld d
15 State	1000.00 1	12a A A 12b B 12c C 12d D Suff. 12e E C C C C C C C C C C C C C C C C C C	18 Local 100	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00	19 Local income tax	nsation D D	2ALPHA NAN 2's State, City, or 2 Federal incc 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent	ME	ld d
15 State	1000.00 1	12a	18 Local v	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 Filed With tte, City, or ax Return.	19 Local income tax	nsation D D	2 Federal inco 2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100. 100.	ME T_Local Income The tax withhere The t	ld d
15 State	1000.00 100.00	12a A 12b B 12c C C 12d D Suff. 12e E E Copy: Emplo Local a Emplo	18 Local v	-5528 wages, tips, etc. 0.00 1.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	nsation O O O O O O O O O O O O O O O O O O O	2 Federal inco 4 Social secut 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100	ME	ld d
15 State	100.00 10	DO D	18 Local v	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 y name ALPHA NAI	ME T Local Income The tax withher 10000.00 The tax withheld 100.00 The tax withheld The tax withhe	ld d
15 State	1000.00	DO D	18 Local v	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	nsation O O O O O O O O O O O O O	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100 100 100 1	ME T Local Income The tax withher too too too too too too too too too to	Id d
15 State	100.00 10	DO D	18 Local v	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	19 Local income tax	nsation O O O O O O O O O O O O O	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100 100 100 1	ME T Local Income The tax withher too too too too too too too too too to	d Third-party
15 State	1000.00	DO D	18 Local 100	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco	ME T Local Income me tax withhe 10000.00 rity tax withheld 100.00 x withheld 100.00 t care benefits 100.00 Retirement plan 00 00 00 00 00 00 me tax withheld 00 00 00 00 00 00 me tax withheld 00 00 00 00 00 00 00 00 00 00 00 00 00	Third-party sick pay
15 State	100.00 100.0 100	DO	18 Local 100	-5528 wages, tips, etc. 0.00 1.00 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social securi 5 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100	ME Tr Local Income to the tax withheld 100.00 ax wi	Third-party sick pay
15 State	100.00 100.0 100	DO	18 Local 100	-5528 wages, tips, etc. 0.00 0.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 0.00 100.00 0.00	19 Local income tax	nsation O O O O O O O O O O O O O	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100 2 Federal inco 4 Social secur 4 Social secur 4 Social secur	ME	Third-party sick pay
15 State	100.00 100.0 100	DO	18 Local v	-5528 wages, tips, etc. 0.00 1.00 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal incc 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 2 ALPHA NAI 2 FEDERAL NAI 2 FEDERAL NAI 2 FEDERAL NAI 4 Social secur 6 Medicare ta	ME	Third-party sick pay
15 State	100.00	DO D	18 Local v	-5528 wages, tips, etc. 0.00 -0.00	19 Local income tax	nsation) O O O O O O O O O O O O	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100 2 Federal inco 4 Social secur 4 Social secur 4 Social secur	ME	Third-party sick pay
15 State	1000.00	12a	18 Local 100	-5528 wages, tips, etc. 0.00 -0.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100 2 ĀLPHA NAI 2 ĀLPHĀ NĀI e's State, City, o	ME_ T Local Income me tax withhere to tax wit	Third-party sick pay
15 State	1000.00	DO D	Is Local value of the control of the	-5528 wages, tips, etc. 0.00 -0.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 100 100 2 ĀLPHĀ NĀI e's State, City, or	ME	Third-party sick pay
15 State	1000.00	DO D	18 Local 100	-5528 wages, tips, etc. 0.00 0.00 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 14 PHA NAI 2ALPHA NAI 2ALPHA NAI 2 Federal inco 4 Social secur 10 O 100 100 100 4 Social secur 4 Social secur 6 Medicare ta 8 Allocated tip 10 Dependent 11 Statutory employee	ME	Third-party sick pay
15 State	1000.00	DO D	Is Local vi 1000 1000 1000 1000 1000 1000 1000 1	-5528 wages, tips, etc. 0.00 0.00 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 1 State, City, or 2 Federal inco 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee ALPHA NAI 2ALPHA NAI 2'S State, City, or 2 Federal inco 4 Social securi 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent	ME	Third-party
15 State	1000.00	DO D	Is Local vi 100 1100 Service (100 Service (1	-5528 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 2 Federal inco 4 Social securi 13 Statutory employee 14 NAI 2 ALPHA NAI 2 FEDERAL NAI 2 Federal inco 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 11 Statutory employee 11 NAI 10 Dependent 11 Statutory employee 11 NO 100 100 100 100	ME Tocal Income	Third-party
15 State	1000.00	DO	Is Local vi 100 100 100 100 100 100 100 100 100 10	-5528 wages, tips, etc. 0.00 0MB# 1545-000 100.00	19 Local income tax	nsation D D D D D D D D D D D D D	2 Federal inco 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 100 100 100 100 100 2 Federal inco 4 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 14 Social securi 6 Medicare ta 8 Allocated tip 10 Dependent 13 Statutory employee 10 Dependent 13 Statutory employee 10 Dependent	ME	Third-party

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

h Faralaus identification grapher (FIN)		40- 0 :		40					
b Employer identification number (EIN) 10-00 c Employer's name, address, and ZIP code	000030	12a See ins	structions fo	or box 12 100.00	1 Wages, tips, other comp 10000.0		2 Federal inco	me tax withhel 10000.00	ld
COMPANY 30 COMPANY 30 ADDRRESS 1		12b			3 Social security wages		4 Social securi	,	ł
COMPANY 30 ADDRRESS 2		∄B 12c	\$	100.00	10000.0 5 Medicare wages and tips		6 Medicare tax	100.00 withheld	
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095		iC	\$	100.00	10000.0			100.00	
		12d _ੂD	\$	100.00	7 Social security tips 100.0	00	8 Allocated tips	100.00	
e Employee's first name and initial Las SORT KEY THREE	t name Suff	12e åE	\$	100.00	9 Advance EIC payment)	10 Dependent		
FIRSTNAME MIDDLENAME LASTNAM	ME SUFX		ation is being fu		100.0 11 Nonqualified plans	00	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		Internal Reve	enue Service.		100.0	00	employee	plan	sick pay
EMPLOYEE CITY UT 84321-1234			To Be File e's FEDE		14 Other BOX 14 TITLE 1		100.	00	
		Tax Retu	urn.		BOX 14 TITLE 2	•	100.		
f Employee's address and ZIP code			e's social se 555-55-55	ecurity number 527	BOX 14 TITLE 3 BOX 14 TITLE 4		100. 100.		
15 State	16 State wages, tips, etc. 17 State incom 1000.00			ges, tips, etc.	19 Local income tax 10.00	20 Locality	name I ALPHA NAN	1F	
UT 888888888888888888	1000.00 100.00		100.0	ō	100.00	LOCAL2	ALPHA NAN	1Ē	
Form W-2 Wage and Tax Statement 2010	Department of the Treasury-Internal	Revenue Se	ervice (OMB# 1545-0	008 Cop	y B To Be Fil	ed With Employe	e's FEDERAL	Tax Return
1. F. J.		La					T		
b Employer identification number (EIN) c Employer's name, address, and ZIP code	000030	12a 	\$	100.00	1 Wages, tips, other comp 10000.0		2 Federal inco	me tax withhel	ld
COMPANY 30		12b	ĮΨ		3 Social security wages		4 Social securi	ty tax withheld	t
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2		åB 12c	\$	100.00	10000.0 5 Medicare wages and tips		6 Medicare tax	100.00	
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095		§C	\$	100.00	10000.0		• Medicale (a)	100.00	
		12d D	\$	100.00	7 Social security tips		8 Allocated tips	5	
e Employee's first name and initial Las X000009	t name Suff	12e			100.0 9 Advance EIC payment	JU	10 Dependent	100.00 care benefits	
SORT KEY THREE		ĒΕ	\$	100.00	100.0	00		100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2	ME SUFX				11 Nonqualified plans 100.0	00	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3			To Be File e's State		14 Other BOX 14 TITLE 1		100.	00	
EMPLOYEE CITY UT 84321-1234		Local Inc	come Tax	Return.	BOX 14 TITLE 2	•	100.		
f Employee's address and ZIP code			e's social se 555-55-55	ecurity number	BOX 14 TITLE 3 BOX 14 TITLE 4		100. 100.		
15 State	16 State wages, tips, etc. 17 State incom 1000.00			ges, tips, etc.	19 Local income tax 10.00	20 Locality	y name I ALPHA NAN		
011 0000000000000000000000000000000000									
UT 888888888888888888888888888888888888	Department of the Treasury-Internal	Revenue Se	100.0	0	100.00	LOCAL2	2ALPHA NAN		Tay Return
	1000.00 100.00 Department of the Treasury-Internal	Revenue Se	100.0	0	100.00	LOCAL2			Tax Return.
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) 10-0(Revenue Se	100.0	0	100.00 Copy 2 To Be Filed W Wages, tips, other comp	LOCAL2 /ith Employee	2 Federal inco	Local Income	
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) 10-0(Department of the Treasury-Internal	12a – [§] A	100.0	0	100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comp 10000.0	LOCAL2 /ith Employee	2 Federal inco	me tax withhel	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1	Department of the Treasury-Internal	12a	100.0 ervice OM	0 ИВ# 1545-000	100.00 Copy 2 To Be Filed W Wages, tips, other comp	LOCAL2 /ith Employee ensation	2 Federal inco	me tax withhel	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30	Department of the Treasury-Internal	12a - ÅA 12b - B 12c	100.0	100.00	100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips	LOCAL2 lith Employee ensation 00	2 Federal inco	me tax withheld 0000.00 ty tax withheld 100.00 withheld	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2	Department of the Treasury-Internal	12a 	100.0 ervice OM	100.00 100.00	100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0	LOCAL2 lith Employee ensation 00	2 Federal inco 4 Social securi 6 Medicare tax	me tax withheld 100.00 withheld 100.00	ld
b Employer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3	Department of the Treasury-Internal	12a 	100.0	100.00 100.00	100.00 R Copy 2 To Be Filed W Wages, tips, other comp 10000.0 Social security wages 10000.0 Medicare wages and tips 10000.0 Social security tips 100.0	LOCAL2 Vith Employee ensation 00 00 00 00 00 00	2 Federal inco 2 Federal inco 4 Social securi 6 Medicare tax	me tax withheld 100.00 withheld 100.00 s 100.00	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE	Department of the Treasury-Internal	12a BA 12b BB 12c CC 12d	100.0 ervice ON	100.00 100.00	100.00 R Copy 2 To Be Filed W Wages, tips, other comp 10000.0 Social security wages 10000.0 Medicare wages and tips 10000.0 Social security tips 1000.0 Advance EIC payment	LOCAL2 //ith Employee ensation 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax	me tax withheld 100.00 withheld 100.00 s 100.00 care benefits	ld
b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial	Department of the Treasury-Internal	12a 	\$ \$ \$ \$	100.00 100.00 100.00	100.00 8 Copy 2 To Be Filed W 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans	LOCAL2 Vith Employee ensation 00 00 s 00 00 00	2 Federal inco 2 Federal inco 4 Social securi 6 Medicare tax	me tax withheld 100.00 withheld 100.00 s 100.00	ld
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	Department of the Treasury-Internal	12a 	\$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	100.00 Recopy 2 To Be Filed W Wages, tips, other comp 10000.0 Social security wages 10000.0 Medicare wages and tips 10000.0 Advance EIC payment 100.0 Nonqualified plans 100.0 14 Other	LOCAL2 Vith Employee ensation 00 00 s 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee	me tax withheld 100.00 ty tax withheld 100.00 withheld 100.00 s 100.00 care benefits 100.00 Retirement plan	id d
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2	Department of the Treasury-Internal	12a	\$ \$ \$ \$ To Be File ee's State	100.00 100.00 100.00 100.00 100.00	100.00 No Copy 2 To Be Filed W Wages, tips, other comp 10000.0 Social security wages 10000.0 Medicare wages and tips 10000.0 Advance EIC payment 100.0 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1	LOCAL2 Vith Employee ensation 00 00 s 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100.	me tax withheld 100.00 ty tax withheld 100.00 withheld 100.00 s 100.00 care benefits 100.00 Retirement plan	id d
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	Department of the Treasury-Internal	12a PA 12b PB 12c PC 12d PD 12e Employee Local Inc a Employee	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	LOCAL2 Vith Employee ensation 00 00 s 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory majoree 100. 100.	me tax withheld 100.00 withheld 100.00 s 100.00 Retirement plan 100.	id d
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234	Department of the Treasury-Internal 000030 t name Suff	12a PA 12b BB 12c CC 12d DD 12e EE Copy 2 T Employe Local Inc. a Employee	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 2d With , City, or c Return. security number 527	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	LOCAL2 Jith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100.	me tax withheld 100.00 withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 100.00 00 000 000 000	Third-party
Form W-2 Wage and Tax Statement 2010 b Employer identification number (EIN) c Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 e Employee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 f Employee's address and ZIP code 15 State Employer's state ID number OH 88888888888888888888888888888888888	Department of the Treasury-Internal 000030 It name Suff Suff Suff 16 State wages, tips, etc. 17 State incom 1000.00 100.00	12a PA 12b BB 12c CC 12d DD 12e EE Copy 2 T Employe Local Inc. a Employee	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 20d With City, or Return. Scurity number 527 30es, tips, etc.	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 7 name ALPHA NAN	me tax withhel 0000.00 ty tax withheld 100.00 withheld 100.00 a 100.00 care benefits 100.00 Retirement plan 000000000000000000000000000000000000	id d
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Employee's first name and initial EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code Temployee's state ID number Solution	Department of the Treasury-Internal 000030 t name Suff ME SUFX	12a PA 12b PB 12c PB 12c PB 12d PB 12e PB Employe Local Inc a Employee 5 atax 1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 7 name ALPHA NAN	me tax withheld 100.00 withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 100.00 core to the plan 100.00 core to th	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code Solution of the code in the c	Department of the Treasury-Internal 000030 It name Suff ME SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 100.00	12a PA 12b PB 12c PB 12c PB 12d PB 12e PB Employe Local Inc a Employee 5 atax 1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 7 name ALPHA NAN	me tax withheld 100.00 withheld 100.00 s 100.00 care benefits 100.00 Retirement plan 100.00 core to the plan 100.00 core to th	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME MIDDLENAME MIDDLENAME LASTNAME MIDDLENAME MIDLENAME MIDDLENAME MIDDLENAME MIDDLENAME MIDDLENAME MIDDLENAM	Department of the Treasury-Internal 000030 It name Suff ME SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 100.00	12a PA 12b PB 12c 12d PB 12c 12d PB 12e PB Employe Local Inc a Employee a tax 1 12a See in:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 MB# 1545-000 MB# 1545-000	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 Copy 2 To Be Filed Wages, tips, other comp	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco	me tax withhel 100.00 ty tax withheld 100.00 withheld 100.00 are benefits 100.00 Retirement plan 100.00 to	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME MIDDLENAME MIDDLENAME LASTNAME MIDDLENAME MIDLENAME MIDDLENAME MIDDLENAME MIDDLENAME MIDDLENAME MIDDLENAM	16 State wages, tips, etc.	12a PA 12b BB 12c Copy 2 1 Employee Local Inc a Employee Exax 1 12a 12a 12a 12a 12a 12a 12a 1	\$ \$ \$ \$ \$ \$ To Be File se's State come Tax se's Social se se's Soci	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 MB# 1545-000 MB# 1545-000	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 Copy 2 To Be Filed Wages, tips, other comp 10000.0	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 ALPHA NAN 2 ALPHA NAN e's State, City, or	me tax withheld 100.00 ty tax withheld 100.00 signature tax has been been been been been been been bee	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code 15 State Employer's state ID number OH 88888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ \$ \$ \$ To Be File les's State come Tax les 550-55-56 18 Local war 100.0 crvice Oh	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 MB# 1545-000 MB# 1545-000	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 Copy 2 To Be Filed Wages, tips, other comp	LOCAL2 Vith Employee ensation 00 00 00 00 1 20 Locality LOCAL1 LOCAL2 Vith Employee ensation	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco	me tax withheld 100.00 ty tax withheld 100.00 signature tax has been been been been been been been bee	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 Employee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAMEMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 If Employee's address and ZIP code 15 State	16 State wages, tips, etc.	12a PA 12b BB 12c 12d DD 12e Employe Local Inc a Employee 5 Exactly a see in: A 12b BB 12c 12c 12c 12d 12e 12e 12e 12e 12e 12e 12e	\$ S S S S S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 100.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 100.00 3 Social security wages 10000.0 5 Medicare wages and tips	LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 ALPHA NAN 2 ALPHA NAN e's State, City, or	me tax withheld 100.00 ty tax withheld 100.00 withheld 100.00 care benefits 100.00 Retirement plan 100.00 Care benefits 100.00 Care ben	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial East SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME LASTNAME MIDDLENAME LASTNAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAME	16 State wages, tips, etc.	12a A 12b B 12c Copy 2 T 12e B Employe Local Inc a Employee Exax 1 1 Revenue Se 12a See in: A 12b B 12c Copy 2 T 12d Copy 2 T 12	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 1000.0 3 Social security wages 10000.0	LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 7 AAPPHA NAN ALPHA NAN e's State, City, or 2 Federal inco	me tax withheld 100.00 ty tax withheld 100.00 care benefits 100.00 Retirement plan 100.00 care benefits 100.00 car	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployer's first name and initial Employee's first name and initial Employee's first name and Initial EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code 15 State Employee's state ID number OH 88888888888888888888888888888888888	16 State wages, tips, etc.	12a	\$ S S S S S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 10000.0	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory medicare 100. 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips	me tax withheld 100.00 Total Income 100.00	Third-party sick pay
Employer identification number (EIN) Employer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Employee's first name and initial EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Employee's address and ZIP code 15 State Employer's state ID number OH 88888888888888888888888888888888888	Department of the Treasury-Internal 000030 t name Suff #E SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 Department of the Treasury-Internal	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 100.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security wages 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 10000.0 9 Advance EIC payment 10000.0 9 Advance EIC payment 10000.0	LOCAL2 Vith Employee ensation 00 00 00 00 1 20 Locality LOCAL1 LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory mptoyee 100. 100. 100. 100. ALPHA NAN ALPHA NAN 2ALPHA NAN 2'S State, City, or 2 Federal inco 4 Social securi 6 Medicare tax	me tax withheld 100.00 withheld 100.00 Retirement plan 100.00 MEL Local Income 100.00 Withheld 100.00 Retirement plan 100.00 Withheld 100.00 Withheld 100.00 Withheld 100.00 Withheld 100.00 withheld 100.00 care benefits	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Employer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Employee's first name and initial EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code Employee's state ID number OH B88888888888888888888888888888888888	Department of the Treasury-Internal 000030 t name Suff #E SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 Department of the Treasury-Internal	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 10.00 1 Wages, tips, other comp 100.00 3 Social security wages 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 1000.0 11 Nonqualified plans 1000.0	LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory medicare 100. 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips	me tax withheld 100.00 Total Income 100.00	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Las SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME MIDDLENAME SEMPLOYEE NOT MITTELL MIDDLENAME SEMPLOYEE NOT MITTELL MIDDLENAME SEMPLOYEE NOT MIDDLENAME SEMPLOYEE ADDRESS 3 COMPANY 30 ADDRRESS 1 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	Department of the Treasury-Internal 000030 t name Suff #E SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 Department of the Treasury-Internal	12a PA 12b BB 12c 12d DB 12e Employee Local Inc a Employee 5 at ax 12b BB 12c 12c 12d DB 12e This information is service. If you are penalty or other size recome is service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service. If you are penalty or other size recome is stream or a service.	S S S S S S S S S S	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 1000.0 3 Social security tips 2 1 Wages, tips, other comp 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 1000.0 11 Nonqualified plans 10000.0 10000.0 10000.0 10000.0 10000.0 10000.0 10000.0	LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 11 Statutory 10 Dependent 11 Statutory 11 Dependent 13 Statutory 11 Dependent 13 Statutory 13 Statutory 13 Statutory 14 Social securi	me tax withheld 100.00 withheld 100.00 Retirement 100.00 withheld 100.00 return to a construct the construction of the constru	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Demployee's first name and initial Demployee's ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code 15 State Employer's state ID number (BIN) Demployer identification number (EIN) Demployer identification number (EIN) Demployer in name, address, and ZIP code COMPANY 30 COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 Demployer's first name and initial	Department of the Treasury-Internal 000030 t name Suff #E SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 Department of the Treasury-Internal	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 12 BOX 14 TITLE 1 100.0 13 Social security tips 100.0 14 Other 100.0 15 Wages, tips, other comp 100.0 16 Wages, tips, other comp 100.0 17 Social security tips 100.0 18 Copy 2 To Be Filed Wages 10000.0 19 Advance EIC payment 1000.0 10 Wages, tips, other comp 10000.0 10 Social security wages 10000.0 10 Social security tips 100.0 11 Nonqualified plans 100.0 11 Nonqualified plans 100.0	LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 11 Statutory 10 Dependent 12 Federal inco 13 Statutory 14 Social securi 15 Medicare tax 16 Medicare tax 17 Statutory 18 Allocated tips 18 Allocated tips 19 Dependent 10 Dependent 11 Statutory 11 OD	me tax withheld 100.00 ty tax withheld 100.00 are benefits 100.00 to the tax withheld 100.00 to the tax withheld 100.00 to the tax withheld 100.00 ty tax withheld 100.00 ty tax withheld 100.00 ty tax withheld 100.00 to withheld 100.00 to the tax withheld 100.00 to	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Demployee's first name and initial Demployee's first name and initial Demployee's ADDRESS 2 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code Demployee's address and ZIP code Demployee's address and ZIP code Demployer's state ID number OH Demployer's state ID number OH Demployer's name, address, and ZIP code COMPANY 30 Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Demployee's first name and initial SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 2	Department of the Treasury-Internal 000030 t name Suff #E SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 Department of the Treasury-Internal	12a	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 1000.0 3 Social security tips 2 1 Wages, tips, other comp 10000.0 5 Medicare wages and tips 10000.0 7 Social security tips 1000.0 9 Advance EIC payment 1000.0 11 Nonqualified plans 10000.0 10000.0 10000.0 10000.0 10000.0 10000.0 10000.0	LOCAL2 Vith Employee ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 11 Statutory 10 Dependent 13 Statutory 10 Dependent 13 Statutory 10 Dependent 13 Statutory employee	me tax withheld 100.00 by tax withheld 100.00 care benefits 100.00 care	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial EASTNAME MIDDLENAME LASTNAME MIDDLENAME LASTNAM	Department of the Treasury-Internal 000030 It name Suff ME SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 100.00 Department of the Treasury-Internal 000030 It name Suff ME SUFX	12a 9A 12b 9B 12c 12d 9D 12e 9E Employee Local Inc a Employee Local Inc a Employee 12a See in: 9A 12b 9B 12c 12c 12d 9D 12e 12e 12e 12e 12e 12e 12e 12	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 9 Advance EIC payment 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 10.00 100.00 1 Wages, tips, other comp 100.00 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security wages 10000.0 1 Wages, tips, other comp 10000.0 3 Advance EIC payment 1000.0 1 Wages, tips, other comp 10000.0 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4	Proceedings of the control of the co	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 11 Statutory of the securi	me tax withheld 100.00 by tax withheld 100.00 care benefits 100.00 by tax withheld 100.00 care benefits 100.00 by tax withheld 100.00 by	Third-party sick pay
Form W-2 Wage and Tax Statement 2010 Demployer identification number (EIN) Demployer's name, address, and ZIP code COMPANY 30 COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095 Demployee's first name and initial Employee's ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE ADDRESS 3 EMPLOYEE CITY UT 84321-1234 Demployee's address and ZIP code Demployer's state ID number and address and ZIP code Demployer's state ID number and address and ZIP code Demployer's name, address, and ZIP code Demployer's name, and ZIP code Demployer's name, address,	Department of the Treasury-Internal 000030 t name Suff #E SUFX 16 State wages, tips, etc. 17 State incom 1000.00 100.00 Department of the Treasury-Internal	12a 9A 12b 9B 12c 12d 9D 12e 9E Employee Local Inc a Employee Local Inc a Employee 12a See in: 9A 12b 9B 12c 12c 12d 9D 12e 12e 12e 12e 12e 12e 12e 12	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	100.00 100.00	100.00 1 Wages, tips, other comp 10000.0 3 Social security wages 10000.0 5 Medicare wages and tips 1000.0 7 Social security tips 100.0 11 Nonqualified plans 100.0 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 4 19 Local income tax 10.00 1 Wages, tips, other comp 100.00 3 Social security tips 1000.0 5 Medicare wages and tips 1000.0 7 Social security tips 1000.0 1 Wages, tips, other comp 10000.0 3 Social security tips 1000.0 1 Nonqualified plans 1000.0 1 Nonqualified plans 1000.0 1 Nonqualified plans 100.0 1 Nonqualified plans 100.0 1 Nonqualified plans 100.0 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 1	ensation 00 00 00 00 00 00 00 00 00 00 00 00 00	2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 13 Statutory employee 100. 100. 100. 100. 2 Federal inco 4 Social securi 6 Medicare tax 8 Allocated tips 10 Dependent 11 Statutory of the securi	me tax withheld 100.00 by tax withheld 100.00 care benefits 100.00 by tax withheld 100.00 b	Third-party

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-000			12a See instructions		1 Wages, tips, other compensation	•
c Employer's name, address, and ZIP code COMPANY 30			⁸ A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 30 ADDRRESS 1 COMPANY 30 ADDRRESS 2			⁶ 2B \$ 12c	100.00		100.00
COMPANY 30 ADDRRESS 3 COMPANY 30 CITY NC 10538-2095			åC \$	100.00	5 Medicare wages and tips 10000.00	6 Medicare tax withheld 100.00
COMPANY 30 CITY NC 10538-2095			12d ∮D \$	100.00	7 Social security tips	8 Allocated tips
e Employee's first name and initial Last	name	Suff.	12e		9 Advance EIC payment	100.00 10 Dependent care benefits
FIRSTNAME MIDDLENAME LASTNAM	E SUFX		E \$	100.00	100.00 11 Nonqualified plans	100.00 13 Statutory Retirement Third-party
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Internal Revenue Service	ce.	100.00	employee plan sick pay
EMPLOYEE CITY UT 84321-1234			Copy B To Be F Employee's FEI		BOX 14 TITLE 1 .	100.00
			Tax Return. a Employee's social	security number	BOX 14 TITLE 2 . BOX 14 TITLE 3 .	100.00 100.00
f Employee's address and ZIP code			555-55-	-5530 [°]	BOX 14 TITLE 4 .	100.00
15 State Employer's state ID number 88888888888888888888888888888888888	1000.00	7 State income t 100.00	100	wages, tips, etc. 0.00 0.00	100.00LOC	ocality name CAL1ALPHA NAME
UT 888888888888888888888888888888888888						CAL2ALPHA NAME Be Filed With Employee's FEDERAL Tax Return.
-	•	•				
b Employer identification number (EIN) 10-000	00030		12a		1 Wages, tips, other compensation	
c Employer's name, address, and ZIP code COMPANY 30			∯A \$ 12b	100.00	10000.00 3 Social security wages	10000.00 4 Social security tax withheld
COMPANY 30 ADDRRESS 1			åB ∣\$	100.00		100.00
COMPANY 30 ADDRRESS 2 COMPANY 30 ADDRRESS 3			12c C \$	100.00	5 Medicare wages and tips	6 Medicare tax withheld
COMPANY 30 CITY NC 10538-2095			12d		7 Social security tips	100.00 8 Allocated tips
e Employee's first name and initial Last X000010	name	Suff.	. ₽D \$ 12e	100.00	100.00 9 Advance EIC payment	100.00 10 Dependent care benefits
SORT KEY THREE			<u> </u>	100.00	100.00	100.00
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2	E SUFX				11 Nonqualified plans 100.00	13 Statutory Retirement Third-party employee plan sick pay
EMPLOYEE ADDRESS 3			Copy 2 To Be F Employee's Sta		14 Other BOX 14 TITLE 1 .	100.00
EMPLOYEE CITY UT 84321-1234	PLOYEE CITY UT 84321-1234			ax Return.	BOX 14 TITLE 2 .	100.00
& Forelesses and decreased 7/D and a	lovee's address and ZIP code			security number -5530	BOX 14 TITLE 3 . BOX 14 TITLE 4 .	100.00 100.00
TEmployee's address and ZIP code	ployee's address and ZIP code tate Employer's state ID number 16 State wages, tips, etc. 17 State incom					poolity name
	16 State wages, tips, etc. 17 1000.00	7 State income t 100.00	tax 18 Local v	wages, tips, etc.	19 Local income tax 100.00 LOC	AL1ALPHA NAME
15 State Employer's state ID number SC 888888888888888888888888888888888888	1000.00	100.00	100).00).00	100.00 LOC	ocality name AL1ALPHA NAME AL2ALPHA NAME
15 State Employer's state ID number 888888888888888888888888888888888888	1000.00	100.00	100).00).00	100.00 LOC	AL2ALPHA NAME
15 State Employer's state ID number SC 88888888888888888888888888888888	1000.00 1000.00 Department of the Treasu	100.00	100).00).00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld
15 State Employer's state ID number SC 88888888888888888888888888888888	1000.00 1000.00 Department of the Treasu	100.00	evenue Service).00).00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00
15 State Employer's state ID number SC 88888888888888888888888888888888	1000.00 1000.00 Department of the Treasu	100.00	100 evenue Service (100 \$\frac{1}{2}\text{a}\$ \$ 12b \$\frac{1}{2}\text{B}\$ \$	0.00 0.00 OMB# 1545-000	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00	ALZALPHA NAME loyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
15 State Employer's state ID number SC 88888888888888888888888888888888	1000.00 1000.00 Department of the Treasu	100.00	100 100 evenue Service (102 12a \$\frac{5}{2}A	0.00 0.00 OMB# 1545-000 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
15 State Employer's state ID number SC 88888888888888888888888888888888	1000.00 1000.00 Department of the Treasu	100.00	100 100 evenue Service 12a ½A	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00
15 State	1000.00 1000.00 Department of the Treasu	100.00	100 100	100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00
15 State	Department of the Treasu	100.00 100.00 ury-Internal R	100 100	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security itips 100.00 9 Advance EIC payment 100.00	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld
15 State	Department of the Treasu	100.00 100.00 ury-Internal R	100 100	100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld
15 State	Department of the Treasu	100.00 100.00 ury-Internal R	100 100	100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Siatutory Retirement Third-party
15 State	Department of the Treasu	100.00 100.00 ury-Internal R	100 100	100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld
15 State	Department of the Treasu	100.00 100.00 ury-Internal R	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00
15 State	Department of the Treasu	100.00 100.00 ury-Internal R	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 LOC	ALZALPHA NAME ALZALPHA NAME Ioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Polar Retirement Stick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00
15 State	1000.00 Department of the Treasu 00030 Results of the Treasu 00030 16 State wages, tips, etc. 17 1000.00 1	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 LOC LOC	ALZALPHA NAME 2 Federal income tax withheld
15 State	Department of the Treasu 00030 Results of the Treasu 00030 Results of the Treasu 00030	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 LOC LOC	ALZALPHA NAME ALZALPHA NAME Ioyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Polar Retirement Stick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00
15 State	1000.00	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOC 100.00 Copy 2 To Be Filed With Emp	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 2 ccality name ALZALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return
15 State	1000.00	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 000 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOC 100.00 Copy 2 To Be Filed With Empl	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 100.00 20cality name ALZALPHA NAME ALZALPHA NAME Coloyee's State, City, or Local Income Tax Return
15 State	1000.00	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 LOC 100.00 Copy 2 To Be Filed With Empl	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Returnent Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20ality name ALTALPHA NAME ALZALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00
15 State	1000.00	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20ality name ALZALPHA NAME ALZALPHA NAME ALZALPHA NAME Dioloyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld
15 State	1000.00	100.00 100.00 ary-Internal R Suff.	100 100 100 100 100 100 100 100 100 100 120	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Returnent Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20ality name ALTALPHA NAME ALZALPHA NAME ployee's State, City, or Local Income Tax Return 1 2 Federal income tax withheld 10000.00 4 Social security tax withheld 10000.00
15 State	1000.00	100.00 100.00 ary-Internal R Suff.	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 7 Social security tips	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Income tax withheld 100.00 100.00 100.00 100.00 100.00 100.00 2 Cacality name ALZALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00
15 State	1000.00	100.00 100.00 Jury-Internal R	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits
15 State	1000.00	100.00 100.00 Jury-Internal R	100 100	100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 100.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement plan sick pay 100.00 100.00 100.00 100.00 100.00 100.00 20cality name ALZALPHA NAME ALZALPHA NAME Dioyee's State, City, or Local Income Tax Return 2 Federal income tax withheld 1000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 8 Allocated tips 100.00 100.00
15 State	1000.00	100.00 100.00 Jury-Internal R	100 100	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00	ALZALPHA NAME 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement sick pay sick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 3 Allocated tips 100.00 100.00 4 Social security tax withheld 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 10 Dependent care benefits 100.00 11 Statutory Retirement Third-party sick pay sick pay
15 State	1000.00	100.00 100.00 Jury-Internal R	100 100	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 100.00 1 Wages, tips, other compensation 100.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 7 Social security tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans	ALZALPHA NAME 2 Federal income tax withheld
15 State	1000.00	100.00 100.00 Jury-Internal R	100 100 100 100 100 100 100 100 100 100 120	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 100.00 1 Wages, tips, other compensation 100.00 3 Social security tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security tips 10000.00 7 Social security tips 10000.00 11 Nonqualified plans 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 11 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 10 Dependent care benefits 100.00 13 Statutory Retirement Stick pay 100.00 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 100.00 100.00 100.00 4 Social security tax withheld 100.00 6 Medicare tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 10 Statutory Retirement Stick pay 100.00 10 Dependent care benefits 100.00 10 Retirement State Withheld 100.00 10 Retirement State Park
15 State	name E SUFX 16 State wages, tips, etc. 17 1000.00 Department of the Treasu 100030 Department of the Treasu 00030 Department of the Treasu 00030	100.00 100.00 Jury-Internal R	100 100	100.00 100.00	100.00 LOC 08 Copy 2 To Be Filed With Empl 1 Wages, tips, other compensation 10000.00 3 Social security wages 10000.00 5 Medicare wages and tips 100.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4 19 Local income tax 100.00 1 Wages, tips, other compensation 100.00 3 Social security wages 10000.00 5 Medicare wages and tips 10000.00 5 Medicare wages and tips 10000.00 7 Social security wages 10000.00 11 Nonqualified plans 10000.00 9 Advance EIC payment 100.00 11 Nonqualified plans 100.00 12 BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 2 BOX 14 TITLE 3 BOX 14 TITLE 4	ALZALPHA NAME loyee's State, City, or Local Income Tax Return. 2 Federal income tax withheld 10000.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 13 Statutory Palan Sick pay 100.00 100.00 100.00 100.00 100.00 2 Federal income tax withheld 100.00 100.00 100.00 2 Federal income tax withheld 100.00 4 Social security tax withheld 100.00 4 Social security tax withheld 100.00 8 Allocated tips 100.00 10 Dependent care benefits 100.00 11 Sistatutory Retirement 100.00 12 Federal income tax withheld 100.00 13 Statutory 100.00 14 Social security tax withheld 100.00 15 Pederal income tax withheld 100.00 16 Medicare tax withheld 100.00 17 Sistatutory Retirement 100.00 18 Allocated tips 100.00 19 Dependent care benefits 100.00 10 Dependent care benefits 100.00

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-0	000040		12a See	instructions fo	r box 12	1 Wages, tips, other compe	nsation	2 Federal income tax with	ield	
c Employer's name, address, and ZIP code			åΑ	I\$	100.00	10000.0	0	10000.00		
COMPANY 40			12b	17		3 Social security wages		4 Social security tax withheld		
COMPANY 40 ADDRRESS 1			å₿	\$	100.00	10000.0	0	100.00		
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax withheld		
	MPANY 40 ADDRRESS 3 MPANY 40 CITY FOREIGN STATE FOREIGN POSTAL				100.00	10000.0	0	100.00		
FOREIGN COUNTRY		12d ẵD	I \$	400.00	7 Social security tips		8 Allocated tips			
	ployee's first name and initial Last name S				100.00	100.0	0	100.00		
SORT KEY THREE	ouii.	12e E	\$	100.00	9 Advance EIC payment	2	10 Dependent care benefi			
FIRSTNAME MIDDLENAME LASTNA	ME SUFX		This inform	nation is being for	imished to the	100.00	J	100.00 13 Statutory Retirement	Third-party	
EMPLOYEE ADDRESS 2			Internal R	evenue Service.	iniished to the	11 Nonqualified plans	0	employee plan	sick pay	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE I	FOREIGN POSTAL		1 '	To Be File	ed With	14 Other BOX 14 TITLE 1		100.00		
FOREIGN COUNTRY				nployee's FEDERAL BOX 14 TITLE 1 . BOX 14 TITLE 2 .			100.00			
					curity number	BOX 14 TITLE 3		100.00		
f Employee's address and ZIP code			1 .,	555-55-5	,	BOX 14 TITLE 4		100.00		
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 100.00	tax	18 Local wa 100.0		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME		
NC 88888888888888888888	1000.00	100.00		100.0	ō	100.00		ALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue S	Service (OMB# 1545-0	008 Сору	/ B To Be File	ed With Employee's FEDERA	L Tax Return	
b Employer identification number (EIN)	000040		12a			1 Wages, tips, other compe	nsation	2 Federal income tax with	neld	
c Employer's name, address, and ZIP code			8.	\$	100.00	10000.0	Λ	10000.00		

b Employer identification number (EIN) 10-00	00040		12a			1 Wages, tips, other compe	ensation	2 Federal inco	me tax withhe	ld
c Employer's name, address, and ZIP code			åA	 \$	100.00	40000		1	00.000	
COMPANY 40			12b	14		3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0	0		100.00	
	MPANY 40 ADDRRESS 2					5 Medicare wages and tips	6 Medicare tax			
	PANY 40 ADDRRESS 3 PANY 40 CITY FORFIGN STATE FORFIGN POSTAI		<u>iC</u>	\$	100.00	10000.0	0	100.00		
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY			12d	l de	400.00	7 Social security tips		8 Allocated tips	3	
e Employee's first name and initial Last	name	Suff.	12e	\$	100.00	100.0	0		100.00	
X000011			E	\$	100.00	9 Advance EIC payment	_	10 Dependent		
SORT KEY THREE			e L	ĮΨ	100.00	100.0	0	42 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAM	IE SUFX					11 Nonqualified plans 100.0	0	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3			Copy 2	To Be Filed	With	14 Other BOX 14 TITLE 1	<u> </u>			
EMPLOYEE CITY FOREIGN STATE FO	OREIGN POSTAI			ee's State, C	ity, or		•	100.0		
FOREIGN COUNTRY	SILLIOIN I COINE		Local	ncome Tax R	eturn.	BOX 14 TITLE 2	•	100.0		
			a Employ	ee's social secur		BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code				555-55-5536	3	BOX 14 TITLE 4		100.0	00	
15 State	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wages 100.00	, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAM	1E	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-0000040 c Employer's name, address, and ZIP code			12a [§] Δ	\$	100.00	1 Wages, tips, other competed 10000.00		2 Federal incor	ne tax withhe	ld
COMPANY 40			12b	ĺΨ	100.00	3 Social security wages		4 Social securit	ty tax withheld	t
COMPANY 40 ADDRRESS 1			₽B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREI	CN DOSTAL		iC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	GNFOSTAL		12d	I dh	400.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name		Suff.	₽D 12e	\$	100.00	100.00)		100.00	
SORT KEY THREE			≗E	 \$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUF	X		ĕ	ĮΨ	100.00	100.00)		100.00	
EMPLOYEE ADDRESS 2						11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			Camur	To Do Filos	1 \ \ / ; do	100.00)		Χ	
EMPLOYEE CITY FOREIGN STATE FOREIGN	N POSTAL			? To Be Filed /ee's State, (BOX 14 TITLE 1		100.0	00	
FOREIGN COUNTRY				ncome Tax F		BOX 14 TITLE 2		100.0	00	
				ee's social sec		BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code				555-55-553	36	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 16 Stat UT 888888888888888888888888888888888888	te wages, tips, etc.	17 State income t 100.00	ax	18 Local wage 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	00.00	100.00		100.00		100.00	LOCAL2	ALPHA NAM	IĒ	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-000040		12a See	instructions for b	oox 12	1 Wages, tips, other comper	nsation	2 Federal incom	e tax withhe	d
c Employer's name, address, and ZIP code		ľΑ	I\$	100.00	10000.00)	10	00.000	
COMPANY 40		12b	17		3 Social security wages		4 Social security	tax withheld	1
COMPANY 40 ADDRRESS 1		βB	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2		12c			5 Medicare wages and tips		6 Medicare tax v	withheld	
COMPANY 40 ADDRRESS 3		įC	\$	100.00	10000.00	,		100.00	
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY		12d			7 Social security tips	,	8 Allocated tips	100.00	
e Employee's first name and initial Last name	Suff.	₿D	\$	100.00	100.00)		100.00	
• •	ouii.	12e		400.00	9 Advance EIC payment		10 Dependent o		
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SUFX		<u>a</u> E	n is being furnished to the	100.00	100.00)		100.00	
EMPLOYEE ADDRESS 2		Service. If you	on is being turnished to the i are required to file a tax ri er sanction may be imposei	eturn, a negligence	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		income is taxa	ble and you fail to report it.	-	100.00)		X	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			For EMPLC	YEE'S	14 Other BOX 14 TITLE 1		100.0	Λ	
FOREIGN COUNTRY			RDS. (See No	tice to	BOX 14 TITLE 1	•	100.0	-	
I OKLIGIN COONTKT		' '	ee on back.)		BOX 14 TITLE 2	•	100.0	-	
		a Employ	ee's social secu 555-55-553	,	BOX 14 TITLE 3	•		-	
f Employee's address and ZIP code				-			100.0	U	
15 State	7 State income t 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	^{name} ALPHA NAMI	E	
NC 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	<u>ĀLPHĀ NĀMI</u>	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-0	000040		12a See	instructions f	or box 12	1 Wages, tips, other comp	ensation	2 Federal income tax withh	eld
c Employer's name, address, and ZIP code			ĺΑ	I \$	100.00	10000.0	00	10000.00	
COMPANY 40			12b	17		3 Social security wages		4 Social security tax withhe	eld
COMPANY 40 ADDRRESS 1			åB	\$	100.00	10000.0	00	100.00	
COMPANY 40 ADDRRESS 2						5 Medicare wages and tips	-	6 Medicare tax withheld	
COMPANY 40 ADDRRESS 3						10000.00		100.00	
	MPANY 40 CITY FOREIGN STATE FOREIGN POSTAL					7 Social security tips		8 Allocated tips	
	REIGN COUNTRY				100.00	100.0	00	100.00	
SORT KEY THREE	oloyee's first name and initial Last name Su RT KEY THREE				100.00	9 Advance EIC payment		10 Dependent care benefit	
FIRSTNAME MIDDLENAME LASTNA	ME SUFX		This info	mation is being	umiched to the	100.0)()	100.00 13 Statutory Retirement	Third-party
EMPLOYEE ADDRESS 2			Internal F	Revenue Service	amistica to the	11 Nonqualified plans 100.0	00	employee plan	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE	FOREIGN POSTAL			3 To Be Fil vee's FED		14 Other BOX 14 TITLE 1		100.00	
FOREIGN COUNTRY			Tax R	,	-11/12	BOX 14 TITLE 2		100.00	
					ecurity number	BOX 14 TITLE 3		100.00	
f Employee's address and ZIP code				555-55-5	537	BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 100.00	tax	18 Local wa 100.0	ges, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME	
NC 8888888888888888888	1000.00	100.00		100.0	0	100.00	LOCAL	ALPHA NAME	
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue	Service	OMB# 1545-0	0008 Cop	y B To Be File	ed With Employee's FEDERA	L Tax Return
b Employer identification number (EIN) 10-0	000040		12a			1 Wages, tips, other comp	ensation	2 Federal income tax withh	neld
c Employer's name, address, and ZIP code		8 .	Left.	400.00	10000 0	1 0	10000 00		

b Employer identification number (EIN) 10-00	00040		12a			1 Wages, tips, other compe	ensation	2 Federal incor	me tax withhe	ld
c Employer's name, address, and ZIP code	00040		§Δ	 \$	100.00	40000			00.000	
COMPANY 40			12b	ĮΨ	100.00	3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0	0		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
	ANY 40 ADDRRESS 3 ANY 40 CITY FOREIGN STATE FOREIGN POSTAL		į̇̃C	\$	100.00	10000.0	0		100.00	
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY			12d	Leb.	400.00	7 Social security tips		8 Allocated tips	3	
e Employee's first name and initial Last	name	Suff.	12e	\$	100.00	100.0	0		100.00	
X000012			E	 \$	100.00	9 Advance EIC payment		10 Dependent		
SORT KEY THREE			eL_	ĮΨ	100.00	100.00	0	42 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAM	IE SUFX					11 Nonqualified plans 100.0	0	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 2			Copy 2	To Be Filed	With		U		Δ_	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOR	OBEION BOSTAI			ee's State, C	itv. or	14 Other BOX 14 TITLE 1		100.0	00	
FOREIGN COUNTRY	JREIGIN FOSTAL			ncome Tax R		BOX 14 TITLE 2		100.0	00	
I GREIGH GGGHTKT			a Emplo	ee's social secu	rity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code				555-55-553	7	BOX 14 TITLE 4		100.0	00	
15 State	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wages 100.00	, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAM	1E	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-000	20040		12a			1 Wages, tips, other compe	nsation	2 Federal incor	me tax withhe	ld
c Employer's name, address, and ZIP code	00040		åA	\$	100.00	40000			00.000	
COMPANY 40			12b	17		3 Social security wages		4 Social securit	ty tax withhel	d
COMPANY 40 ADDRRESS 1 COMPANY 40 ADDRRESS 2			å₿	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 CITY FOREIGN STATE F	FOREIGN POSTAL		iC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	OKEIOITI OOME		12d	 \$	100.00	7 Social security tips		8 Allocated tips	;	
e Employee's first name and initial Last r	name	Suff.	12e	19		100.00)	<u> </u>	100.00	
SORT KEY THREE			åΕ	\$	100.00	9 Advance EIC payment	,	10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME	E SUFX		_			100.00)	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2						100.00)	employee	plan X	sick pay
EMPLOYEE ADDRESS 3	DEION DOCTAL		Copy 2	To Be Filed	With	14 Other				
EMPLOYEE CITY FOREIGN STATE FO FOREIGN COUNTRY	REIGN POSTAL			ee's State,		BOX 14 TITLE 1		100.0		
FOREIGN COUNTRY				ncome Tax I		BOX 14 TITLE 2	•	100.0		
			a Employ	ree's social sec	•	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code				555-55-55		BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wage 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAM	1E	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-0000040		12a See	instructions for b	ox 12	1 Wages, tips, other comper	nsation	2 Federal incom	e tax withhel	d
c Employer's name, address, and ZIP code		Å	1\$	100.00	10000.00)	10	00.000	
COMPANY 40	<u> </u>	12b	17		3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1		βB	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2	i	12c	•		5 Medicare wages and tips		6 Medicare tax v	vithheld	
COMPANY 40 ADDRRESS 3		įC	\$	100.00	10000.00	,		100.00	
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		12d	•		7 Social security tips		8 Allocated tips	100.00	
FOREIGN COUNTRY e Employee's first name and initial Last name	Suff.	₿D	\$	100.00	100.00			100.00	
	Juli.	12e			9 Advance EIC payment		10 Dependent c		
SORT KEY THREE		įŁ	\$	100.00	100.00		·	100.00	
FIRSTNAME MIDDLENAME LASTNAME SUFX		Service. If you	n is being furnished to the l are required to file a tax re	turn, a negligence	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2			r sanction may be imposed ble and you fail to report it.	-	100.00)	Проуче	X	SICK Pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			For EMPLC	YEE'S	14 Other BOX 14 TITLE 1		100.0	^	
			RDS. (See No	tice to			100.0	-	
FOREIGN COUNTRY		. ,	ee on back.)		BOX 14 TITLE 2	•	100.0	-	
		a Employ	ee's social secu	,	BOX 14 TITLE 3	•	100.0	-	
f Employee's address and ZIP code			555-55-553	7	BOX 14 TITLE 4		100.0	0	
	State income ta 100.00	ЭX	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	^{name} ALPHA NAME	≣	
NC 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	ALPHA NAME	<u> </u>	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN)	10-0000040		12a See	instructions for	box 12	1 Wages, tips, other compe	nsation	2 Federal income tax wi	thheld
c Employer's name, address, and ZIP code			åΑ	 \$	100.00	10000.0	0	10000.0	00
COMPANY 40			12b	17		3 Social security wages		4 Social security tax wit	hheld
COMPANY 40 ADDRRESS 1			åB	 \$	100.00	10000.0	0	100.0	00
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips	-	6 Medicare tax withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STA	TE FOREICN POSTAL		ic.	\$	100.00	10000.0	0	100.0	00
FOREIGN COUNTRY	TE FOREIGN POSTAL		12d			7 Social security tips	-	8 Allocated tips	
e Employee's first name and initial	Last name	Suff.	₿D	\$	100.00	100.0	0	100.0	00
SORT KEY THREE	Last name	Suii.	12e E	I \$	100.00	9 Advance EIC payment		10 Dependent care ben	
FIRSTNAME MIDDLENAME LAS	TNAME SUFX		e	17		100.0	0	100.0	
EMPLOYEE ADDRESS 2			Internal Re	mation is being fur evenue Service.	nished to the	11 Nonqualified plans 100.0	0	13 Statutory Retirem plan	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STA	TE EODEIGN DOSTAL			To Be File		14 Other BOX 14 TITLE 1	-	100.00	
FOREIGN COUNTRY	RIE I OKLIGIN FOSTAL			ee's FEDE	RAL	BOX 14 TITLE 1	•	100.00	
FOREIGN COUNTRY			Tax Re			BOX 14 TITLE 2	•	100.00	
			a Employ	ee's social sec 555-55-55	,		•		
f Employee's address and ZIP code	1	1				BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAME	
Form W-2 Wage and Tax Statement 20	D10 Department of the Tre	asury-Internal R	evenue S	Service O	MB# 1545-0	008 Сору	/ B To Be File	ed With Employee's FEDE	RAL Tax Return.
	10-0000040		12a			1 Wages, tips, other compe		2 Federal income tax w	
c Employer's name, address, and ZIP code				\$	100.00	10000.0		10000.0	20

b Employer identification number (EIN) 10-00	00040		12a			1 Wages, tips, other compe	nsation	2 Federal incom	ne tax withhe	d
c Employer's name, address, and ZIP code			åΑ	 \$	100.00	10000.0	0	10	00.000	
COMPANY 40			12b	14	.00.00	3 Social security wages		4 Social security	y tax withheld	i
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0	0		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FO	DEICNI DOCTAL		₿C	\$	100.00	10000.0	0		100.00	
FOREIGN COUNTRY	REIGN POSTAL		12d			7 Social security tips		8 Allocated tips		
	name	Suff.	.ID	\$	100.00	100.0	0		100.00	
X000013	nanc	Cuii.	12e ≗⊏	ıφ	400.00	9 Advance EIC payment		10 Dependent of	are benefits	
SORT KEY THREE			iE	\$	100.00	100.0	0		100.00	
FIRSTNAME MIDDLENAME LASTNAM	F SUFX					11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2	2 001 /1					100.0	0	Cingle) co	X	Sick pay
EMPLOYEE ADDRESS 3				To Be File		14 Other BOX 14 TITLE 1		100.0	n	
EMPLOYEE CITY FOREIGN STATE FO	DREIGN POSTAL			ee's State,		BOX 14 TITLE 1		100.0		
FOREIGN COUNTRY				ncome Tax		501/44 TITLE 6	•		-	
			a Employ	ee's social se				100.0		
f Employee's address and ZIP code				555-55-55	38	BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 1 100.00	ax	18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00	5	100.00	LOCAL2	ALPHA NAM	Ē	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) c Employer's name, address, and ZIP code	00040		12a [§] A	\$	100.00	1 Wages, tips, other compe 10000.00		2 Federal incor	ne tax withhe	ld
COMPANY 40 COMPANY 40 ADDRRESS 1			12b B	I\$	100.00	3 Social security wages	0	4 Social securit	ty tax withheld	1
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c (C	\$	100.00	5 Medicare wages and tips 10000.00		6 Medicare tax		
COMPANY 40 CITY FOREIGN STATE FOREIGN COUNTRY		0 "	12d ∮D	\$	100.00	7 Social security tips	-	8 Allocated tips		
SORT KEY THREE	name	Suff.	12e åE	\$	100.00	9 Advance EIC payment 100.00		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAM EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3	IE SUFX					11 Nonqualified plans 100.00		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOREIGN COUNTRY	DREIGN POSTAL		Employ Local I	2 To Be Filed yee's State, ncome Tax yee's social sec	City, or Return.	14 Other BOX 14 TITLE 1 BOX 14 TITLE 2 BOX 14 TITLE 3	-	100.0 100.0 100.0	00	
f Employee's address and ZIP code			,	555-55-55	•	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wag 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	IE	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00		ALPHA NAM		

Form W-2 Wage and Tax Statement 2010

15 L 17 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	40.0 :	() (0					
b Employer identification number (EIN) 10-0000040	12a See instruction	is for box 12	1 Wages, tips, other compens	sation	2 Federal incon		ld
c Employer's name, address, and ZIP code	— åA \$	100.00	10000.00		1	00.000	
COMPANY 40	12b		3 Social security wages		4 Social securit	y tax withheld	d
COMPANY 40 ADDRRESS 1	åB ∣\$	100.00	10000.00			100.00	
COMPANY 40 ADDRRESS 2	12c		5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL	[€C \$	100.00	10000.00			100.00	
FOREIGN COUNTRY	12d		7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name Su	<u> </u> 3D \$	100.00	100.00			100.00	
SORT KEY THREE	12e	100.00	9 Advance EIC payment		10 Dependent of	care benefits	
******	å⊏ \$		100.00			100.00	
FIRSTNAME MIDDLENAME LASTNAME SUFX	This information is being furnis Service. If you are required to	file a tax return, a negligence	11 Nongualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2	penalty or other sanction may income is taxable and you fail		100.00		employee	X	sick pay
EMPLOYEE ADDRESS 3	Copy C For El	/PLOYFF'S				[7]	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL	RECORDS. (S		14 Other BOX 14 TITLE 1 .		100.0	0	
FOREIGN COUNTRY	Employee on ba		BOX 14 TITLE 2 .		100.0	0	
	a Employee's socia	al security number	BOX 14 TITLE 3 .		100.0	0	
f Employee's address and ZIP code	555-55	5-5538	BOX 14 TITLE 4 .		100.0	0	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incor 1000.00 1000.00	e tax 18 Local	wages, tips, etc. 0.00	19 Local income tax 100.00	20 Locality r LOCAL1A	name ALPHA NAM	E	
NC 888888888888888888888888888888888888	10	0.00			ĀLPHĀ NĀM		

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

	-0000040		12a See	instructions	for box 12	1 Wages, tips, other compe	nsation	2 Federal income	tax withhel	d
c Employer's name, address, and ZIP code			ĺΑ	 \$	100.00	10000.0	.00 10000.0		000.00	
COMPANY 40			12b			3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1			å₿	\$	100.00	10000.0	0		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax w		
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE	EODEIGNI DOSTAI		§C	\$	100.00	10000.00		100.00		
FOREIGN COUNTRY	I OKLIGITI OSTAL		12d 7 Social security tips					8 Allocated tips		
	ast name	Suff.	. ID	\$	100.00	100.0	0		100.00	
SORT KEY THREE	astriaine	Suii.	12e ⁵E	I\$	100.00	9 Advance EIC payment	_	10 Dependent ca		
FIRSTNAME MIDDLENAME LASTN		This is to a	IP	furnished to the	100.0	0		100.00 Retirement	Third-party	
EMPLOYEE ADDRESS 2			Internal R	nation is being evenue Service	turnished to the	11 Nonqualified plans 100.0	n	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE	FOREIGN POSTAL		1	To Be Fi	led With	14 Other BOX 14 TITLE 1	<u> </u>	100.00		
FOREIGN COUNTRY	TONEIGHT GOTAL		Tax Re	ee's FED turn.	EKAL	BOX 14 TITLE 2		100.00		
			a Employ	ee's social s	ecurity number	BOX 14 TITLE 3		100.00)	
f Employee's address and ZIP code				555-55-5	539	BOX 14 TITLE 4		100.00)	
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 100.00	tax	18 Local w 100.	ages, tips, etc. 00	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME		
NC 8888888888888888888	1000.00	100.00		100.	00	100.00	LOCAL2	ALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue \$	Service	OMB# 1545-0	008 Cop	/ B To Be File	ed With Employee's	FEDERAL	Tax Return
	0000040		12a			1 Wages, tips, other compe		2 Federal income		d
c Employer's name, address, and ZIP code			ľΑ	\$	100.00	10000.0	0	10	10000.00	
COMPANIX 40										

b Employer identification number (EIN) 10-00	00040		12a			1 Wages, tips, other compe		2 Federal incor		ld
c Employer's name, address, and ZIP code			ľΑ	 \$	100.00	10000.00	0	1	0000.00	
COMPANY 40			12b	1.7		3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.00	0		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FO	DEICN DOCTAL		ic.	\$	100.00	10000.00	0		100.00	
FOREIGN COUNTRY	REIGN POSTAL		12d			7 Social security tips	-	8 Allocated tips		
	name	Suff.	₿D	\$	100.00	100.00	0		100.00	
X000014	name	ouii.	12e	146		9 Advance EIC payment		10 Dependent	care benefits	
SORT KEY THREE			ěЕ	\$	100.00	100.00	0	· .	100.00	
FIRSTNAME MIDDLENAME LASTNAM	F SUFX					11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2	200.70					100.00	0	Giiipio) co	X	
EMPLOYEE ADDRESS 3				To Be Filed		14 Other BOX 14 TITLE 1		100.0	20	
EMPLOYEE CITY FOREIGN STATE FO	REIGN POSTAL			/ee's State, C		BOX 14 TITLE 1	•	100.0		
FOREIGN COUNTRY				ncome Tax F		BOX 14 TITLE 2	•	100.0		
			a Emplo	/ee's social secu	,		•			
f Employee's address and ZIP code				555-55-553	19	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t	ax	18 Local wage 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAN	iĒ	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) c Employer's name, address, and ZIP code			12a [§] Δ	\$	100.00	1 Wages, tips, other competed 10000.00		2 Federal incor	ne tax withhe	ld
COMPANY 40			12b	17	100100	3 Social security wages		4 Social securit	ty tax withheld	t
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN	CN DOSTAL		įC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	GN FOSTAL		12d	I dh	400.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name		Suff.	₽D 12e	\$	100.00	100.00)		100.00	
SORT KEY THREE			≗E	 \$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUF	X		ĕL	ĮΨ	100.00	100.00)		100.00	
EMPLOYEE ADDRESS 2						11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			0	T- D- El	1 1 4 / 3 / 3 / 3	100.00)		Χ	
EMPLOYEE CITY FOREIGN STATE FOREIGN	N POSTAL			? To Be Filed /ee's State, (BOX 14 TITLE 1		100.0	00	
FOREIGN COUNTRY				ncome Tax F		BOX 14 TITLE 2		100.0	00	
				ee's social sec		BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code				555-55-553	39	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 16 State UT 8888888888888888888 10	e wages, tips, etc.	17 State income t 100.00	ax	18 Local wage 100.00		19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	00.00	100.00		100.00		100.00	LOCAL2	ĀLPHĀ NĀM	IĒ	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-000040		12a See	instructions for b	oox 12	1 Wages, tips, other comper	sation	2 Federal incom	ne tax withhel	d
c Employer's name, address, and ZIP code		åΑ	 \$	100.00	10000.00			00.000	
COMPANY 40		12b	17		3 Social security wages		4 Social security	y tax withheld	1
COMPANY 40 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3		12c			5 Medicare wages and tips		6 Medicare tax v	withheld	
COMPANY 40 ADDRICESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		₿C	\$	100.00	10000.00			100.00	
FOREIGN COUNTRY		12d	I¢.	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00			100.00	
SORT KEY THREE		έΕ	I \$	100.00	9 Advance EIC payment		10 Dependent of		
FIRSTNAME MIDDLENAME LASTNAME SUFX			n is being furnished to the are required to file a tax re		100.00 11 Nonqualified plans	'	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2		penalty or other	er sanction may be imposed ble and you fail to report it.		100.00	,	employee	X	sick pay
EMPLOYEE ADDRESS 3		Copy C	For EMPLC	YEE'S	14 Other BOX 14 TITLE 1				
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		RECO	RDS. (See No	tice to			100.0	-	
FOREIGN COUNTRY		_ ,	ee on back.)		BOX 14 TITLE 2		100.0	-	
		a Employ	ree's social secu	,	BOX 14 TITLE 3		100.0	-	
f Employee's address and ZIP code			555-55-553		BOX 14 TITLE 4		100.0	0	
15 State	7 State income t 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	_{name} ALPHA NAMI	E	
NC 8888888888888888888 1000.00	100.00		100.00		100.00	LOCAL2	<u>ĀLPHĀ NĀMI</u>	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	00040		12a See	instructions fo	r box 12	1 Wages, tips, other compe	nsation	2 Federal income tax withh	eld	
c Employer's name, address, and ZIP code			åΑ	\$	100.00	10000.0	0	10000.00		
COMPANY 40			12b			3 Social security wages		4 Social security tax withhe	ld	
COMPANY 40 ADDRRESS 1			å₿	\$	100.00	10000.0	0	100.00		
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax withheld		
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FO	DEICNI DOCTAL		į̈́C	\$	100.00	10000.0	0	100.00		
FOREIGN COUNTRY	REIGN POSTAL		12d			7 Social security tips		8 Allocated tips		
	name	Suff.	.₽D	\$	100.00	100.0	0	100.00		
SORT KEY THREE	name	Suii.	12e E	I.C.	100.00	9 Advance EIC payment		10 Dependent care benefits	3	
FIRSTNAME MIDDLENAME LASTNAM	IF SUFX		e	\$		100.0	0	100.00		
EMPLOYEE ADDRESS 2	00.7.		This infor	mation is being fu evenue Service.	mished to the	11 Nonqualified plans		13 Statutory Retirement employee plan	Third-party sick pay	
EMPLOYEE ADDRESS 3						100.0	0	employee plan		
EMPLOYEE CITY FOREIGN STATE FO	ORFIGN POSTAL			To Be File		14 Other BOX 14 TITLE 1	_	100.00		
FOREIGN COUNTRY	SILLIOIT OOTAL		Tax Re	ee's FEDE	KAL	BOX 14 TITLE 2	_	100.00		
				ree's social se	curity number	BOX 14 TITLE 3		100.00		
f Employee's address and ZIP code			a zp.o,	555-55-55	,	BOX 14 TITLE 4		100.00		
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local was 100.0	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name I ALPHA NAME		
NC 888888888888888888888888888888888888	1000.00	100.00		100.0	5	100.00		ALPHA NAME		
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue \$	Service C	MB# 1545-0	008 Cop	B To Be File	ed With Employee's FEDERA	Tax Return.	
b Employer identification number (EIN) 10-0000040						1 Wages, tips, other compe		2 Federal income tax withh	eld	
c Employer's name, address, and ZIP code			åΑ	\$	100.00	10000.0	0	10000.00		
COMPANY 40			12b			3 Social security wages		4 Social security tax withhe	ld	

b Employer identification number (EIN) c Employer's name, address, and ZIP code)40		12a §^	\$	100.00	1 Wages, tips, other compe 10000.00		2 Federal incor	ne tax withhe	ld
COMPANY 40 COMPANY 40 ADDRRESS 1			12b			3 Social security wages	-	4 Social securi		t
COMPANY 40 ADDRRESS 2			₿B 12c	\$	100.00	10000.00 5 Medicare wages and tips		6 Medicare tax	100.00	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIG	IGN POSTAL		ic	\$	100.00	10000.00		• Wicaldare tax	100.00	
FOREIGN COUNTRY			12d ῧD	\$	100.00	7 Social security tips 100.00	n	8 Allocated tips	100.00	
e Employee's first name and initial Last name X000015	ne	Suff.	12e E	\$	100.00	9 Advance EIC payment		10 Dependent	care benefits	
SORT KEY THREE FIRSTNAME MIDDLENAME LASTNAME SI EMPLOYEE ADDRESS 2	SUFX		ēL	Ψ	100.00	100.00 11 Nonqualified plans 100.00		13 Statutory employee	Retirement	Third-party sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FORE	EIGN POSTAL		Employ	! To Be Filed \ /ee's State, C	ity, Oi	14 Other BOX 14 TITLE 1 BOX 14 TITLE 2	-	100.0		
FOREIGN COUNTRY				ncome Tax Rovee's social secur		BOX 14 TITLE 3	•	100.0	00	
f Employee's address and ZIP code				555-55-5540)	BOX 14 TITLE 4		100.0	00	
15 State UT 88888888888888888888888888888888888	State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wages, 100.00	tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	IE	
NC 8888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAM	IĒ	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-000	00040		12a			1 Wages, tips, other compe	nsation	2 Federal incor	me tax withhe	ld
c Employer's name, address, and ZIP code	J0040		åA	\$	100.00	40000			00.000	
COMPANY 40			12b	17		3 Social security wages		4 Social securit	ty tax withhel	d
COMPANY 40 ADDRRESS 1 COMPANY 40 ADDRRESS 2			å₿	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 CITY FOREIGN STATE F	OREIGN POSTAL		iC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	ONLIGHT COME		12d	 \$	100.00	7 Social security tips		8 Allocated tips	3	
e Employee's first name and initial Last r	name	Suff.	12e	19		100.00)	<u> </u>	100.00	
SORT KEY THREE			åΕ	\$	100.00	9 Advance EIC payment	,	10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME	E SUFX		_			100.00)	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2						100.00)	employee	X	sick pay
EMPLOYEE ADDRESS 3	DEIGN DOCTAL		Copy 2	To Be Filed	With	14 Other			,	
EMPLOYEE CITY FOREIGN STATE FO FOREIGN COUNTRY	REIGN POSTAL			ee's State,		BOX 14 TITLE 1		100.0		
FOREIGN COUNTRY				ncome Tax I		BOX 14 TITLE 2	•	100.0		
			a Employ	ree's social sec	•	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code				555-55-554		BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wage 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAM	1E	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-000040		12a See	instructions for b	ox 12	1 Wages, tips, other comper	nsation	2 Federal incom	e tax withhel	d
c Employer's name, address, and ZIP code		åΑ	I\$	100.00	10000.00			00.000	_
COMPANY 40		12b	17		3 Social security wages		4 Social security	tax withheld	1
COMPANY 40 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3		12c			5 Medicare wages and tips		6 Medicare tax v	withheld	
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		<u>₿C</u>	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY		12d	1dt	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		E	I\$	100.00	9 Advance EIC payment		10 Dependent c		
FIRSTNAME MIDDLENAME LASTNAME SUFX			n is being furnished to the	nternal Revenue	100.00)	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2		penalty or other	are required to file a tax re er sanction may be imposed ble and you fail to report it.		11 Nonqualified plans 100.00	,	employee	plan X	sick pay
EMPLOYEE ADDRESS 3			For EMPLC	YEE'S		,			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			RDS. (See No	tice to	14 Other BOX 14 TITLE 1		100.0	0	
FOREIGN COUNTRY		Employe	ee on back.)		BOX 14 TITLE 2	-	100.0	0	
		a Employ	ee's social secu	,	BOX 14 TITLE 3	-	100.0	-	
f Employee's address and ZIP code			555-55-554		BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 16 State wages, tips, etc. 17 UT 888888888888888888888888888888888888	7 State income to 100.00	ax	18 Local wages 100.00	, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	_{name} ALPHA NAMI	E	
NC 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	<u>ĀLPHĀ NĀMI</u>	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN)	10-000040		12a See	instructions for	box 12	1 Wages, tips, other comper	nsation	2 Federal income	e tax withhel	d
c Employer's name, address, and ZIP code			åΑ	\$	100.00	10000.00)	10	00.000	
COMPANY 40			12b	ΙΨ		3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1			åB	 \$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2			12c	- '		5 Medicare wages and tips	,	6 Medicare tax w		
COMPANY 40 ADDRRESS 3	TE EGDELON DOOTAL		[§] C	\$	100.00	10000.00	1		100.00	
COMPANY 40 CITY FOREIGN STAT	TE FOREIGN POSTAL		12d			7 Social security tips		8 Allocated tips	100.00	
FOREIGN COUNTRY	Lastanas	Suff.	₿D	\$	100.00	100.00) l		100.00	
e Employee's first name and initial SORT KEY THREE	Last name	Suir.	12e ⁵⊏	Left.	400.00	9 Advance EIC payment		10 Dependent ca		
FIRSTNAME MIDDLENAME LAST	TNAME SLIFX		įΕ	\$	100.00	100.00)		100.00	
EMPLOYEE ADDRESS 2	THE SOLK		This infor	mation is being fur evenue Service.	nished to the	11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3						100.00)		X	
EMPLOYEE CITY FOREIGN STA	TE FOREIGN POSTAL			3 To Be File		14 Other BOX 14 TITLE 1		100.00)	
FOREIGN COUNTRY	TET ONLIGHT OOTNE		Tax Re	ee's FEDE	KAL	BOX 14 TITLE 2		100.00)	
				eturri. /ee's social sec	urity number	BOX 14 TITLE 3		100.00		
f Employee's address and ZIP code			Linplo,	555-55-55	,	BOX 14 TITLE 4		100.00		
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wag 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1			
NC 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ĀLPHĀ NĀMĒ		
Form W-2 Wage and Tax Statement 20	10 Department of the Tre	asury-Internal R	evenue	Service O	MB# 1545-0	008 Copy	B To Be File	ed With Employee's	s FEDERAL	Tax Return.
b Employer identification number (EIN)	10-000040		12a			1 Wages, tips, other comper	nsation	2 Federal income	e tax withhe	d
c Employer's name, address, and ZIP code			å۸	1\$	100.00	10000.00)	10	00.000	

b Employer identification number (EIN) 10-000040	12a		1 Wages, tips, other comper	ecation	2 Federal income	tov withhol	d
b Employer identification number (EIN) c Employer's name, address, and ZIP code	§Δ	I\$ 100.00	40000.00			000.00	ď
COMPANY 40	12b	φ 100.00	3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1	₿B	\$ 100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3	12c		5 Medicare wages and tips		6 Medicare tax w	ithheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL	ijC	\$ 100.00	10000.00)		100.00	
FOREIGN COUNTRY	12d	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff. 12e	\$ 100.00	100.00)		100.00	
X000016	i E	\$ 100.00	9 Advance EIC payment		10 Dependent ca		
SORT KEY THREE	eL_	Ψ 100.00	100.00)		100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME SUFX			11 Nonqualified plans 100.00)		plan X	sick pay
EMPLOYEE ADDRESS 2 EMPLOYEE ADDRESS 3		/ 2 To Be Filed With	14 Other BOX 14 TITLE 1	,	100.00		
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY		oyee's State, City, or Il Income Tax Return.	BOX 14 TITLE 2 .	• •	100.00)	
TONEIGH GOGHTHAT	a Emp	loyee's social security number		-	100.00)	
f Employee's address and ZIP code		555-55-5535	BOX 14 TITLE 4		100.00)	
15 State Employer's state ID number	State income tax 100.00	18 Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME		
NC 888888888888888888888888888888888888	100.00	100.00	100.00	LOCAL2	ALPHA NAME		

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-000	0040		12a			1 Wages, tips, other compe	nsation	2 Federal incor	ne tax withhe	ld
c Employer's name, address, and ZIP code	0040		åA	\$	100.00	40000			0000.00	
COMPANY 40			12b	ΙΨ		3 Social security wages		4 Social securit	ty tax withhel	d
COMPANY 40 ADDRRESS 1			å₿	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE F	ODEIGN DOSTAL		įC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	OKLIGIN FOSTAL		12d	I do	400.00	7 Social security tips		8 Allocated tips	,	
e Employee's first name and initial Last n	ame	Suff.	ຸຍປ 12e	\$	100.00	100.00)		100.00	
SORT KEY THREE			iE	I\$	100.00	9 Advance EIC payment	_	10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME	SUFX		-	ĮΨ	100.00	100.00)	12 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2						11 Nonqualified plans 100.00	1	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3			Conv 2	To Be Filed	1 \/\/ith	14 Other	,		X	-
EMPLOYEE CITY FOREIGN STATE FO	REIGN POSTAL			ee's State.		BOX 14 TITLE 1		100.0	00	
FOREIGN COUNTRY				ncome Tax		BOX 14 TITLE 2		100.0	00	
			a Employ	ee's social sec	urity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code				555-55-55		BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wage 100.00	es, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
NC 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAN	1Ē	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-000040		12a See	instructions for b	ox 12	1 Wages, tips, other comper	sation	2 Federal incom	e tax withhel	d
c Employer's name, address, and ZIP code		åΑ	I\$	100.00	40000			00.000	Ŭ
COMPANY 40		12b	ĮΨ		3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3		12c			5 Medicare wages and tips		6 Medicare tax v	vithheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		ic.	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY		12d	1dt	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		Ε	I\$	100.00	9 Advance EIC payment		10 Dependent c		
FIRSTNAME MIDDLENAME LASTNAME SUFX			n is being furnished to the		100.00		13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2		penalty or other	are required to file a tax re er sanction may be imposed ble and you fail to report it.		11 Nonqualified plans 100.00	,	employee	plan X	sick pay
EMPLOYEE ADDRESS 3			For EMPLC	YEE'S	14 Other BOX 14 TITLE 1	'			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			RDS. (See No	tice to			100.0	-	
FOREIGN COUNTRY		Employe	ee on back.)		BOX 14 TITLE 2 .		100.0	-	
		a Employ	ee's social secu	,	BOX 14 TITLE 3		100.0	-	
f Employee's address and ZIP code			555-55-553	-	BOX 14 TITLE 4		100.0	0	
15 State	7 State income to 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAMI	E	
NC 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	ALPHA NAMI	E	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10-00	000040		12a See	instructions fo	r box 12	1 Wages, tips, other comp	ensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code	700010		åΑ	 \$	100.00	10000.0		10000.00	
COMPANY 40			12b	14	.00.00	3 Social security wages		4 Social security tax withheld	
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0	0	100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips	;	6 Medicare tax withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FO	DEICNI DOCTAL		į̈́C	\$	100.00	10000.0	00	100.00	
FOREIGN COUNTRY	TREIGN POSTAL		12d		400.00	7 Social security tips		8 Allocated tips	
	t name	Suff.	12e	\$	100.00	100.0	00	100.00	
SORT KEY THREE	· Harro	00	E	 \$	100.00	9 Advance EIC payment		10 Dependent care benefits	
FIRSTNAME MIDDLENAME LASTNAM	//E SUFX		e	- 1.		100.0	0	100.00	The last annual section
EMPLOYEE ADDRESS 2			This inforr Internal R	mation is being fu evenue Service.	mished to the	11 Nonqualified plans		13 Statutory Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3			Conv F	3 To Be File	d With	100.0	10		
EMPLOYEE CITY FOREIGN STATE FO	OREIGN POSTAL			ee's FEDE		14 Other BOX 14 TITLE 1		100.00	
FOREIGN COUNTRY			Tax Re			BOX 14 TITLE 2		100.00	
			a Employ	ee's social se	curity number	BOX 14 TITLE 3		100.00	
f Employee's address and ZIP code				555-55-55	34	BOX 14 TITLE 4		100.00	
15 State Employer's state ID number 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	lax	18 Local way 100.0	ges, tips, etc. 0	19 Local income tax 100.00	20 Locality LOCAL1	name IALPHA NAME	
UT 88888888888888888888	1000.00	100.00		100.0	0	100.00	LOCAL2	ALPHA NAME	
						000	D T- D- E	ed With Employee's FEDERAL 1	ax Return
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue s	Service (MB# 1545-0	006 Cop	y bio be rii	eu With Employee's FEDERAL	un morum
	Department of the Tre	asury-Internal R	evenue (Service ()MB# 1545-0	006 Cop	y Bio Be Fil	eu with Employee's FEDERAL	un Hotui
Form W-2 Wage and Tax Statement 2010		asury-Internal R	evenue \$	Service ()MB# 1545-0			2 Federal income tax withheld	
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R		Service C	омв# 1545-0 100.00	1 Wages, tips, other comp	ensation	. ,	

 										
b Employer identification number (EIN) 10-000	00040		12a			1 Wages, tips, other compe		2 Federal incor		ld
c Employer's name, address, and ZIP code			ľΑ	 \$	100.00	10000.00	0	1	0000.00	
COMPANY 40			12b	1.		3 Social security wages		4 Social securit	ty tax withhel	d
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.00	0		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3	DEICNI DOCTAL		₿C	\$	100.00	10000.00	0		100.00	
COMPANY 40 CITY FOREIGN STATE FOR FOREIGN COUNTRY	REIGN POSTAL		12d			7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last r	nama	Suff.	₿D	\$	100.00	100.00	0		100.00	
X000017	iairie	Guii.	12e	146		9 Advance EIC payment		10 Dependent	care benefits	
SORT KEY THREE			ěЕ	\$	100.00	100.00	0		100.00	
FIRSTNAME MIDDLENAME LASTNAME	SUFX					11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 2						100.00	0		X	
EMPLOYEE ADDRESS 3				To Be Filed		14 Other BOX 14 TITLE 1		100.0	20	
EMPLOYEE CITY FOREIGN STATE FO	REIGN POSTAL			ee's State, C		BOX 14 TITLE 2	•	100.0		
FOREIGN COUNTRY				ncome Tax R		BOX 14 TITLE 3	•	100.0		
			a Emplo	yee's social secu			•			
f Employee's address and ZIP code				555-55-553	4	BOX 14 TITLE 4	•	100.0	JU	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ĀLPHĀ NĀM	IĒ	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-000	00040		12a			1 Wages, tips, other compe	nsation	2 Federal incor	me tax withhe	ld
c Employer's name, address, and ZIP code	J0040		åA	\$	100.00	40000			00.000	
COMPANY 40			12b	17		3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1 COMPANY 40 ADDRRESS 2			åB	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 CITY FOREIGN STATE F	FOREIGN POSTAL		EC 12d	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	0.12.0.1002		120 D	 \$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last r	name	Suff.	12e	ļΦ		100.00)	100	100.00	
SORT KEY THREE			έE	\$	100.00	9 Advance EIC payment 100.00	1	10 Dependent	tare benefits	
FIRSTNAME MIDDLENAME LASTNAME	E SUFX					11 Nongualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2						100.00)	employee	X	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FO	DEICN DOCTAL		Copy 2	To Be Filed	d With	14 Other	-			
FOREIGN COUNTRY	KEIGN FOSTAL		Employ	ee's State,	City, or	BOX 14 TITLE 1	•	100.0		
I OKLIGIN COONTKT				ncome Tax		BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.0 100.0		
			a Employ	ee's social sec	•	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code 15 State Employer's state ID number	40.04-4	17 State income t		555-55-55		19 Local income tax			00	
WI 888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	100.00	ax	18 Local wage 100.00	es, ups, etc.)	100.00	20 Locality LOCAL1	ALPHA NAM	1E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAM	1Ē	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-0000040		12a See	instructions for b	ox 12	1 Wages, tips, other comper	nsation	2 Federal incom	e tax withhel	d
c Employer's name, address, and ZIP code		åA	I\$	100.00	40000			00.000	
COMPANY 40		12b	ĮΨ		3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3		12c			5 Medicare wages and tips		6 Medicare tax v	withheld	
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		iC	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY		12d	ΙΦ	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		ξE	 \$	100.00	9 Advance EIC payment		10 Dependent of		
FIRSTNAME MIDDLENAME LASTNAME SUFX			n is being furnished to the lare required to file a tax re		100.00)	13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2		penalty or other	r sanction may be imposed ble and you fail to report it.		100.00	,	employee	X	sick pay
EMPLOYEE ADDRESS 3		Copy C	For EMPLC	YEE'S	14 Other BOX 14 TITLE 1	,			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			RDS. (See No	tice to		•	100.0	-	
FOREIGN COUNTRY		. ,	ee on back.)		BOX 14 TITLE 2	•	100.0	-	
		a Employ	ee's social secu	,	BOX 14 TITLE 3	•	100.0	-	
f Employee's address and ZIP code			555-55-553		BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 16 State wages, tips, etc. 17 WI 88888888888888888888888888888888	State income to 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAMI	E	
UT 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	<u>ĀLPHĀ NĀMI</u>	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN)	10-0000040		12a See	instructions fo	r box 12	1 Wages, tips, other compe	nsation	2 Federal incon	ne tax withhe	ld
c Employer's name, address, and ZIP code			åΑ	 \$	100.00	10000.0	0	1	00.000	
COMPANY 40			12b	17		3 Social security wages		4 Social securit	y tax withhel	d
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0)		100.00	
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STA	TE FOREIGN POSTAL		įC	\$	100.00	10000.0)		100.00	
FOREIGN COUNTRY	TE I OREIGIVI OOTAE		12d	I dh	400.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial	Last name	Suff.	₽D 12e	\$	100.00	100.0	0		100.00	
SORT KEY THREE	Lastriano	ou	E	 \$	100.00	9 Advance EIC payment	_	10 Dependent		
FIRSTNAME MIDDLENAME LAS	STNAME SUFX		e	mation is being fu		100.00)	12 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2			Internal F	Revenue Service.	mished to the	11 Nonqualified plans 100.0	1	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3			Copy	3 To Be File	d With	14 Other BOX 14 TITLE 1	,			
EMPLOYEE CITY FOREIGN STA	ATE FOREIGN POSTAL			vee's FEDE				100.0		
FOREIGN COUNTRY			Tax R	eturn.		BOX 14 TITLE 2	•	100.0	00	
			a Emplo	yee's social se	curity number	BOX 14 TITLE 3	•	100.0	00	
f Employee's address and ZIP code				555-55-55	33	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 88888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	17 State income 100.00	ax	18 Local way 100.0	jes, tips, etc. 0	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.0	0	100.00	LOCAL2	ĀĒPHĀ NĀM	IĒ	
Form W-2 Wage and Tax Statement 20	010 Department of the Tre	asury-Internal R	evenue	Service C	MB# 1545-0	008 Copy	B To Be File	ed With Employee	e's FEDERAL	Tax Return
b Employer identification number (EIN)	10-000040		12a			1 Wages, tips, other compe	nsation	2 Federal incor	ne tax withhe	ld
c Employer's name, address, and ZIP code	L		åΑ	\$	100.00	10000.0	0	1	00.000	
COMPANY 40			426		,,,,,	3 Cooled accounts a wages		4 Coolel coouris	ام ططفتین برمد بر	al

b Employer identification number (EIN) 10-00	00040		12a			1 Wages, tips, other compe	ensation	2 Federal inco	me tax withhe	ld
c Employer's name, address, and ZIP code	00040		§Δ	\$	100.00	40000			00.000	
COMPANY 40			12b	ĮΨ	100.00	3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0	0		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FO	REIGN POSTAI		iC	\$	100.00	10000.0	0		100.00	
FOREIGN COUNTRY	KEIGIVI GOTAL		12d	Leb.	400.00	7 Social security tips		8 Allocated tips	3	
e Employee's first name and initial Last	name	Suff.	12e	\$	100.00	100.0	0		100.00	
X000018			E	\$	100.00	9 Advance EIC payment		10 Dependent		
SORT KEY THREE			eL_	Ψ	100.00	100.0	0	42 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAM	IE SUFX					11 Nonqualified plans 100.0	0	13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 2			Copy 2	To Be Filed	\/\/ith		U		Χ	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FOR	OBEION BOSTAL			ee's State, C	itv. or	14 Other BOX 14 TITLE 1		100.0	00	
FOREIGN COUNTRY	JREIGIN FOSTAL			ncome Tax R		BOX 14 TITLE 2		100.0	00	
I OKLION COOMIKI			a Employ	/ee's social secu	rity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code				555-55-553	3	BOX 14 TITLE 4		100.0	00	
15 State	16 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wages 100.00	, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	1E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ALPHA NAM	1Ē	

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-000	20040		12a			1 Wages, tips, other compe	nsation	2 Federal incor	me tay withhe	ld
c Employer's name, address, and ZIP code	J0040		åA	\$	100.00	40000			00.000	
COMPANY 40			12b	17		3 Social security wages		4 Social securit	ty tax withhel	d
COMPANY 40 ADDRRESS 1 COMPANY 40 ADDRRESS 2			åB	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3			12c			5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 CITY FOREIGN STATE F	FOREIGN POSTAL		EC 12d	\$	100.00	10000.00)		100.00	
FOREIGN COUNTRY	0.12.0.1002		120 D	 \$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last r	name	Suff.	12e	ĮΦ		100.00)	100	100.00	
SORT KEY THREE			έE	\$	100.00	9 Advance EIC payment 100.00	1	10 Dependent	tare benefits	
FIRSTNAME MIDDLENAME LASTNAME	E SUFX					11 Nongualified plans		13 Statutory	Retirement	Third-party
EMPLOYEE ADDRESS 2						100.00)	employee	X	sick pay
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE FO	DEICN DOCTAL		Copy 2	To Be Filed	d With	14 Other	-			
FOREIGN COUNTRY	KEIGN FOSTAL		Employ	ee's State,	City, or	BOX 14 TITLE 1	•	100.0		
I OKLIGIN COONTKT				ncome Tax		BOX 14 TITLE 2 BOX 14 TITLE 3	•	100.0 100.0		
			a Employ	ee's social sec	,	BOX 14 TITLE 3	•	100.0		
f Employee's address and ZIP code 15 State Employer's state ID number	40.04-4	17 State income t		555-55-55		19 Local income tax			00	
VA 888888888888888888888888888888888888	16 State wages, tips, etc. 1000.00	100.00	ax	18 Local wage 100.00	es, ups, etc.)	100.00	20 Locality LOCAL1	ALPHA NAM	1E	
UT 888888888888888888888888888888888888	1000.00	100.00		100.00)	100.00	LOCAL2	ALPHA NAN	1Ē	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-000040		12a See	instructions for b	oox 12	1 Wages, tips, other comper	sation	2 Federal incom	ne tax withhel	d
c Employer's name, address, and ZIP code		ĺΑ	I\$	100.00	10000.00			00.000	
COMPANY 40		12b	IΨ		3 Social security wages		4 Social security	y tax withheld	
COMPANY 40 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3	12c			5 Medicare wages and tips	6 Medicare tax withheld				
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL	<u>₽C</u>	\$	100.00	10000.00)	100.00			
FOREIGN COUNTRY		12d	ι¢	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		E	I.S.	100.00	9 Advance EIC payment		10 Dependent c		
FIRSTNAME MIDDLENAME LASTNAME SUFX			ation is being furnished to the Internal Revenue you are required to file a tax return, a negligence		100.00		100.00 13 Statutory Retirement Third-		
EMPLOYEE ADDRESS 2		penalty or other	i are required to file a tax re er sanction may be imposed ble and you fall to report it.		11 Nonqualified plans 100.00	,	employee	plan X	sick pay
EMPLOYEE ADDRESS 3						'		Λ_	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			RDS. (See No	tice to	14 Other BOX 14 TITLE 1		100.0	0	
FOREIGN COUNTRY		Employe	ee on back.)		BOX 14 TITLE 2		100.0	-	
		a Employ	/ee's social secu	,	BOX 14 TITLE 3		100.0	-	
f Employee's address and ZIP code			555-55-553		BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 16 State wages, tips, etc. 1 VA 888888888888888888888888888888888888	7 State income t 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	_{name} ALPHA NAMI	E	
UT 88888888888888888888 1000.00	100.00		100.00		100.00	LOCAL2	<u>ĀLPHĀ NĀMI</u>	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN)	10-000040		12a See	instructions fo	or box 12	1 Wages, tips, other compe	ensation	2 Federal income	e tax withheld	i		
c Employer's name, address, and ZIP code			åΑ	\$	100.00	10000.0	0	10	00.000			
COMPANY 40			12b	ļΨ	.00.00	3 Social security wages		4 Social security	tax withheld			
COMPANY 40 ADDRRESS 1			₿B	\$	100.00	10000.0	0		100.00			
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips	-	6 Medicare tax w	rithheld			
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STAT	E EODEIGN DOSTAL		§C	\$	100.00	10000.0	0		100.00			
FOREIGN COUNTRY	E FOREIGN FOSTAL		12d			7 Social security tips		8 Allocated tips				
e Employee's first name and initial	Last name	Suff.	₿D	\$	100.00	100.0	0		100.00			
SORT KEY THREE	Last name	Suii.	12e ⁵E	9 Advance EIC payment				10 Dependent care benefits				
FIRSTNAME MIDDLENAME LAST	NAME SUFX		e —	rmation is being for		100.0	0	_	100.00 Retirement	Third-party		
EMPLOYEE ADDRESS 2	EMPLOYEE ADDRESS 2					11 Nonqualified plans	^	13 Statutory employee	plan	sick pay		
EMPLOYEE ADDRESS 3			Conv	B To Be File	ed With	100.0	U			\perp		
EMPLOYEE CITY FOREIGN STAT	TE FOREIGN POSTAL			vee's FEDE		14 Other BOX 14 TITLE 1	100.00					
FOREIGN COUNTRY			Tax R	,		BOX 14 TITLE 2	100.00					
			a Emplo	yee's social se	curity number	BOX 14 TITLE 3 .		100.00				
f Employee's address and ZIP code				555-55-5	532	BOX 14 TITLE 4		100.00)			
15 State Employer's state ID number	16 State wages, tips, etc. 1000.00	17 State income 1 100.00	ax	18 Local wa 100.0	ges, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME				
UT 888888888888888888888888888888888888	1000.00	100.00		100.0	ō	100.00	LOCAL2	ALPHA NAME	:			
Form W-2 Wage and Tax Statement 201	10 Department of the Tre	asury-Internal R	evenue	Service (OMB# 1545-0	008 Cop	y B To Be Fil	ed With Employee's	s FEDERAL 1	ax Return.		
b Employer identification number (EIN)	10-000040		12a			1 Wages, tips, other compe	ensation	2 Federal income	e tax withhel	t		
c Employer's name, address, and ZIP code			åΑ	\$	100.00	10000.00			00.000	00.00		
COMPANY 40			401			00 : 1 :		40	4 2011 11			

b Employer identification number (EIN) 10-000040	12a		1 Wages, tips, other comper	neation	2 Federal incom	a tay withhal	d
c Employer's name, address, and ZIP code	§Δ	I\$ 100.00	40000.00			00.00	ď
COMPANY 40	12b	φ 100.00	3 Social security wages		4 Social security	tax withheld	
COMPANY 40 ADDRRESS 1	₿B	\$ 100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3	12c		5 Medicare wages and tips		6 Medicare tax v	vithheld	
COMPANY 40 ADDRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL	<u>iC</u>	\$ 100.00	10000.00				
FOREIGN COUNTRY	12d	\$ 100.00	7 Social security tips		8 Allocated tips		ì
e Employee's first name and initial Last name	Suff. 12e		100.00)		100.00	
X000019	E	I\$ 100.00	9 Advance EIC payment	,	10 Dependent care b		
SORT KEY THREE	<u></u>	1,	100.00)	13 Statutory	100.00 Retirement	Third-party
FIRSTNAME MIDDLENAME LASTNAME SUFX EMPLOYEE ADDRESS 2			100.00)	employee	X	sick pay
EMPLOYEE ADDRESS 3		2 To Be Filed With yee's State, City, or	14 Other BOX 14 TITLE 1		100.0		
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY		Income Tax Return.	BOX 14 TITLE 2 .		100.0	0	
TOKEION GOONTKT	a Emplo	yee's social security number	BOX 14 TITLE 3		100.0	0	
f Employee's address and ZIP code		555-55-5532	BOX 14 TITLE 4	. 10		0	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State inc WV 888888888888888888888888888888888888		18 Local wages, tips, etc. 100.00	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAME	Ē	
UT 8888888888888888888 1000.00 100.	00	100.00	100.00	LOCAL2	ALPHA NAME		

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-0000040		12a			1 Wages, tips, other comper		2 Federal incor		ld
c Employer's name, address, and ZIP code		ľΑ	\$	100.00	10000.00)	1	10000.00	
COMPANY 40		12b			3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1		₿B	 \$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2		12c	17		5 Medicare wages and tips		6 Medicare tax withheld		
COMPANY 40 ADDRRESS 3		įC	\$	100.00	10000.00				
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		12d	ĮΨ		10000.00		100.00		
FOREIGN COUNTRY		åD	 \$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	ĮΨ		100.00			100.00	
SORT KEY THREE		έE	1\$	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUFX		ĕL	ĮΨ	100.00	100.00		100.00		
EMPLOYEE ADDRESS 2					11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3					100.00			X	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			2 To Be Filed		14 Other		400	00	
FOREIGN COUNTRY		Employ	/ee's State, (City, or	BOX 14 TITLE 1 .		100.0		
TOKLIGIN COUNTRY		Local I	ncome Tax I	Return.	BOX 14 TITLE 2		100.0		
		a Employ	ee's social sec	urity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code			555-55-553	32	BOX 14 TITLE 4		100.0	00	
15 State Employer's state ID number 16 State wages, tips, etc. 1000.00	17 State income tax 100.00		18 Local wages, tips, etc. 100.00		19 Local income tax 100.00	20 Locality LOCAL1	ality name AL1ALPHA NAME		
UT 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	ALPHA NAM	1Ē	

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-000040	128	See inst	ructions for I	oox 12	1 Wages, tips, other compen	sation	2 Federal incor	me tax withhe	ld
c Employer's name, address, and ZIP code	§A	15	\$	100.00				00.000	
COMPANY 40	121		Ψ		3 Social security wages		4 Social securi	ty tax withhele	d
COMPANY 40 ADDRRESS 1	₿B	:	\$	100.00	10000.00			100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3	120				5 Medicare wages and tips		6 Medicare tax	withheld	
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL	<u>iC</u>		\$	100.00	10000.00			100.00	
FOREIGN COUNTRY	120		d)	400.00	7 Social security tips		8 Allocated tips	3	
	Suff. 12		\$	100.00	100.00			100.00	
SORT KEY THREE	iE.	I:	\$	100.00	9 Advance EIC payment		10 Dependent care benefits		
FIRSTNAME MIDDLENAME LASTNAME SUFX		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence			100.00	100.00 13 Statutory Retirement Third-party			
EMPLOYEE ADDRESS 2	pena	ilty or other sand	equired to file a tax re ction may be impose d vou fail to report it.	d on you if this	11 Nonqualified plans 100.00		13 Statutory employee	plan	sick pay
EMPLOYEE ADDRESS 3			or EMPLC						
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			S. (See Notice to		14 Other BOX 14 TITLE 1 .		100.0	00	
FOREIGN COUNTRY	En	nployee c	on back.)		BOX 14 TITLE 2 .		100.0		
	a E		s social secu	,	BOX 14 TITLE 3 .		100.0		
f Employee's address and ZIP code			55-55-553		BOX 14 TITLE 4 .		100.0	00	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State inc WV 888888888888888888888888888888888888		18 Local wages, ti 100.00		s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	lity name L1ALPHA NAME		
UT 888888888888888888 1 1000.00 100.	.00		100.00		100.00	LOCAL2	ALPHA NAM	ΙĒ	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former m—included solding is a set of the property of

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any

L-Substantiated employee business expense reimbursements (nontaxable)

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions. AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Form 1040 instructions for how to deduct

"Total Tax" in the Form 1040 instructions.

taxable and nontaxable amounts.

Contracts

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

b Employer identification number (EIN) 10	-000040		12a See	instructions f	or box 12	1 Wages, tips, other compe	ensation	2 Federal incor	ne tax withhel	ıd	
c Employer's name, address, and ZIP code			laΑ	 \$	100.00	10000.0	0	10000.00			
COMPANY 40			12b	17		3 Social security wages		4 Social securit	y tax withheld	1	
COMPANY 40 ADDRRESS 1			å₿	\$	100.00	10000.0	0		100.00		
COMPANY 40 ADDRRESS 2			12c			5 Medicare wages and tips		6 Medicare tax	withheld		
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE	FOREIGN POSTAI		[§] C	\$	100.00	10000.0	0	100.00			
FOREIGN COUNTRY	TOREIGITTOGTAL		12d		400.00	7 Social security tips		8 Allocated tips			
	Last name	Suff.	.∦D 12e	\$	100.00	100.0	0	100.00			
SORT KEY THREE	SORT KEY THREE					9 Advance EIC payment	10 Dependent care benefits				
FIRSTNAME MIDDLENAME LASTN	This infor	nation is being t	umished to the	100.0 11 Nonqualified plans	0	13 Statutory	100.00 Retirement	Third-party			
EMPLOYEE ADDRESS 2				evenue Service.	unistica to the	11 Nonqualified plans	0	employee	X	sick pay	
EMPLOYEE ADDRESS 3 EMPLOYEE CITY FOREIGN STATE	FOREIGN POSTAL	I POSTAL			ed With ERAL	14 Other BOX 14 TITLE 1		100.0			
FOREIGN COUNTRY			Tax Return.			BOX 14 TITLE 2 .		100.00			
			a Employ	ee's social s	ecurity number	BOX 14 TITLE 3	100.00				
f Employee's address and ZIP code				555-55-5	531	BOX 14 TITLE 4 .		100.0	00		
15 State	16 State wages, tips, etc. 1000.00	17 State income 100.00	tax	18 Local wa 100.0		19 Local income tax 100.00 LOCAL		name ALPHA NAM	1E		
NC 888888888888888888888888888888888888	1000.00	100.00		100.0	oo	100.00	LOCAL2	ALPHA NAN	IĒ		
Form W-2 Wage and Tax Statement 2010	Department of the Tre	asury-Internal R	evenue :	Service	OMB# 1545-0	008 Cop	y B To Be File	ed With Employe	e's FEDERAL	Tax Return	
	-000040		12a			1 Wages, tips, other compe		2 Federal incor		ld	
Employer's name, address, and ZIP code				 \$	100.00	10000.00			10000.00		
COMPANIV 40					100.00						

b Employer identification number (EIN) 10-00000 c Employer's name, address, and ZIP code	040		12a Å	\$	100.00	1 Wages, tips, other competed 10000.00		2 Federal incon	ne tax withhe	ld	
COMPANY 40			12b	Ψ		3 Social security wages		4 Social securit	y tax withheld	1	
COMPANY 40 ADDRRESS 1 COMPANY 40 ADDRRESS 2			åB 12c	\$	100.00	10000.01)	100.00			
COMPANY 40 ADDRRESS 3			C \$		100.00	,	5 Medicare wages and tips		6 Medicare tax withheld		
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL FOREIGN COUNTRY				ĮΦ	100.00	10000.00 7 Social security tips		100.00 8 Allocated tips			
	OREIGN COUNTRY mployee's first name and initial Last name Suf				100.00	100.00)	100.00			
X000020						9 Advance EIC payment		10 Dependent	care benefits		
SORT KEY THREE	SORT KEY THREE				100.00	100.00)	13 Statutory	100.00 Retirement	Third-party	
FIRSTNAME MIDDLENAME LASTNAME S EMPLOYEE ADDRESS 2	SUFX					11 Nonqualified plans 100.00)	employee	X	sick pay	
EMPLOYEE ADDRESS 3				To Be Filed		14 Other BOX 14 TITLE 1	_	100.0	00		
EMPLOYEE CITY FOREIGN STATE FORE FOREIGN COUNTRY	EIGN POSTAL			imployee's State, City, or ocal Income Tax Return.		BOX 14 TITLE 2		100.0			
FOREIGIN COUNTRY				ee's social secu		BOX 14 TITLE 3		100.0	00		
f Employee's address and ZIP code				555-55-553		BOX 14 TITLE 4		100.00			
15 State UT Employer's state ID number 16 88888888888888888888888888888888	6 State wages, tips, etc. 1000.00	17 State income t 100.00	ax	18 Local wages 100.00	, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAM	E		
NC 888888888888888888888888888888888888	1000.00	100.00		100.00		100.00	LOCAL2	ĀLPHĀ NĀM	Ē		

Department of the Treasury-Internal Revenue Service OMB# 1545-0008 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

b Employer identification number (EIN) 10-0000040		12a			1 Wages, tips, other comper		2 Federal incor		ld
c Employer's name, address, and ZIP code		ÅΑ	\$	100.00	10000.00)	1	00.000	
COMPANY 40		12b			3 Social security wages		4 Social securi	ty tax withhel	d
COMPANY 40 ADDRRESS 1		₿B	 \$	100.00	10000.00)	100.00		
COMPANY 40 ADDRRESS 2		12c	17		5 Medicare wages and tips		6 Medicare tax withheld		
COMPANY 40 ADDRRESS 3		įC	\$	100.00			• modrodro tax		
COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL		12d	Ψ	.00.00	10000.00)	100.00		
FOREIGN COUNTRY		βD	\$	100.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	Ψ		100.00			100.00	
SORT KEY THREE		iE	IS.	100.00	9 Advance EIC payment		10 Dependent		
FIRSTNAME MIDDLENAME LASTNAME SUFX		ĕL	ļΦ	100.00	100.00		100.00		
EMPLOYEE ADDRESS 2					11 Nonqualified plans		13 Statutory employee	Retirement plan	Third-party sick pay
EMPLOYEE ADDRESS 3					100.00)		X	
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL		Copy 2	2 To Be Filed	l With	14 Other		400	00	
FOREIGN COUNTRY		Employ	ee's State, (City, or	BOX 14 TITLE 1		100.0		
FOREIGN COUNTRY		Local I	ncome Tax I	Return.	BOX 14 TITLE 2		100.0		
		a Employ	ee's social sec	urity number	BOX 14 TITLE 3		100.0	00	
f Employee's address and ZIP code			555-55-553	31	BOX 14 TITLE 4		100.0	00	
15 State	17 State income t 100.00	ax	18 Local wages, tips, etc. 100.00		19 Local income tax 100.00	20 Locality LOCAL1	cality name AL1ALPHA NAME		
NC 8888888888888888888 1000.00	100.00		100.00		100.00		ALPHA NAM		

Form W-2 Wage and Tax Statement 2010

b Employer identification number (EIN) 10-0000040		12a See	instructions for b	ox 12	1 Wages, tips, other comper	sation	2 Federal incom	e tax withhel	d
c Employer's name, address, and ZIP code		åΑ	I\$	100.00	40000			00.000	
COMPANY 40		12b	ΙΨ		3 Social security wages		4 Social security	tax withheld	i
COMPANY 40 ADDRRESS 1		₿B	\$	100.00	10000.00)		100.00	
COMPANY 40 ADDRRESS 2 COMPANY 40 ADDRRESS 3		12c			5 Medicare wages and tips	6 Medicare tax withheld			
COMPANY 40 ADDRRESS 3 COMPANY 40 CITY FOREIGN STATE FOREIGN POSTAL	ic.	\$	100.00	10000.00	100.00				
FOREIGN COUNTRY		12d	I do	400.00	7 Social security tips		8 Allocated tips		
e Employee's first name and initial Last name	Suff.	12e	\$	100.00	100.00)		100.00	
SORT KEY THREE		Ε	I\$	100.00	9 Advance EIC payment		10 Dependent c		
FIRSTNAME MIDDLENAME LASTNAME SUFX			penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.		100.00		13 Statutory	100.00 Retirement	Third-party
EMPLOYEE ADDRESS 2		penalty or other			11 Nonqualified plans 100.00		employee	plan X	sick pay
EMPLOYEE ADDRESS 3					14 Other BOX 14 TITLE 1	'			
EMPLOYEE CITY FOREIGN STATE FOREIGN POSTAL			RDS. (See No	tice to		100.0	-		
FOREIGN COUNTRY		Employe	ee on back.)		BOX 14 TITLE 2 .		100.0	-	
		a Employ	ee's social secu	,	BOX 14 TITLE 3		100.0	-	
f Employee's address and ZIP code			555-55-553		BOX 14 TITLE 4		100.0	0	
15 State Employer's state ID number 16 State wages, tips, etc. 17 UT 888888888888888888888888888888888888	7 State income to 100.00	ax	18 Local wages 100.00	s, tips, etc.	19 Local income tax 100.00	20 Locality LOCAL1	name ALPHA NAMI	E	
NC 888888888888888888888888888888888888	100.00		100.00		100.00	LOCAL2	ALPHA NAMI	Ē	

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 maybe able to take the EIC for 2010 if (a) you do not have a qualifying child and you earned less than \$13,460 (\$18,470 if married filing jointly), (b) you have one qualifying child and you earned less than \$35,535 (\$40,545 if married filing jointly), (c) you have two qualifying child and you earned less than \$40,363 (\$45,373 if married filing jointly), or (d) you have three or more qualifying children and you earned less tahn \$43,352 (\$48,362 if married filling jointly, five and any qualifying children must have valid social security numbers (SSNs). You cannot take the EC if your investment income is more than \$3,100. 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 \$1,830 of the EIC in advance by completing Form W-5. Famed 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-2.C, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA or 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 that displays your correct name at any SSA office or by calling 1-800-772-1213. You may also visit the SSA at

Credit for excess taxes. If you had more than one employer in 2010 and more than \$6,621.60 in social security and/or Tier I 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 \$3,088,80 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 Ainstructions and Pub. 505, Tax Withholding and Estimated Tax.

Instructions for Employee

Box 1. That 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 is also included in box 1. Complete 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 fit 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, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$16,500 (\$11,500 if you only have SIMPLE plans; \$19,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$16,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2010, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 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 3 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 through H, S, Y, Ad, or BB, 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—T axable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

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 agreemen

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

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

-Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

-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 m—included solding is a set of the property of

"Total Tax" in the Form 1040 instructions. P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this a

R-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts

-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)
--Adoption benefits (not included in box 1). 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

See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
 W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria)

plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

plan) to but heart sating account. Report of windows, yet and reamy precedent (now).

Z—Income under section 409A on a nonqualified deferred compensation plan.

This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA-Designated Roth contributions under a section 401(k) plan.

BB—Designated Roth contributions under a section 403(b) plan
CC (For employer use only)—HIRE exempt wages and tips

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct : 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. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.