1 Control number 22222		For Official	Use Only			
2 Employer's name, address, and ZIP code		3 Employer's identification	n number	4 Emplo	yer's State number	
		5 Stat. em- De- Pen playee ceased plar	sion Legal n rep.	emp. t	Sub-Cor- total rection Void E EIC payment	
8 Employee's social security number 9 Federal income	tax withheld	10 Wages, tips, other con	npensation	11 FICA	tax withheld	
12 Employee's name (first, middle, last)		13 FICA wages 14 FIC			14 FICA tips	
		16 Employer's use		Lac object Military		
		17 State income tax	18 State wage	s, tips, etc.	19 Name of State	
15 Employee's address and ZIP code		20 Local income tax	21 Local wage	s, tips, etc.	22 Name of locality	
orm W-2 Wage and Tax Statement 198		A For Social Security Ad nstructions for Forms W te Forms on This Pag		Wasser statement in company	Department of the Treasu Internal Revenue Servi	
1 Control number		For Official	Use Only			
2 Employer's name, address, and ZIP code		3 Employer's identification	n number	4 Emplo	oyer's State number	
		5 Stat.em- De- Pen ployee ceased plan	sion Legal n rep.		Sub- Cor- total rection Void	

For Official Use Only 2 Employer's name, address, and ZIP code 3 Employer's identification number 4 Employer's State number 5 Stat. em Deployee ceased plan rep. 6 * 7 Advance EIC payment 8 Employee's social security number 9 Federal income tax withheld 10 Wages, tips, other compensation 11 FICA tax withheld 12 Employee's name (first, middle, last) 13 FICA wages 14 FICA tips 16 Employer's use 17 State income tax 18 State wages, tips, etc. 19 Name of State 20 Local income tax 21 Local wages, tips, etc. 22 Name of locality

Form W-2 Wage and Tax Statement 1981

15 Employee's address and ZIP code

Copy A For Social Security Administration * See Instructions for Forms W-2 and W-2P Department of the Treasury Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

1 Control number 22222	For Official Use Only				
2 Employer's name, address, and ZIP code	3 Employer's identification number	4 Employer's State number			
	5 Stat. em De-Pension Legal ployee cased plan rep.	942 Sub- emp. total rection Void			
	6 *	7 Advance EIC payment			
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	16 Employer's use				
	17 State income tax 18 Statewag	es, tips, etc. 19 Name of State			
15 Employee's address and ZIP code	20 Local income tax 21 Local wag	es, tips, etc. 22 Name of locality			

1 Control number	55555					
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:			16 Employer's use			
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			17 State income tax	18 State wag	es, tips, etc.	19 Name of State
			20 Local income tax	21 Local wage	es, tips, etc.	22 Name of locality
Wage and Ta	Statement 19	81 Copy 1 For Employee	State, City, or Local is and employer's co	Tax Department py compared.		· · · · · · · · · · · · · · · · · · ·
1 Control number	55555					
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			5 Stat. em- De- ployee ceased	Pension Legal plan rep.	942 emp.	Sub- total Cor- rection Void
			6		7 Advan	ce EIC payment
8 Employee's social security nur	mber 9 Federal inc	ome tax withheld	10 Wages, tips, other	compensation	11 FICA	tax withheld
12 Employee's name, addr	ess, and ZIP code		13 FICA wages		14 FICA	tips
			16 Employer's use			
			17 State income tax	18 State wage	es, tips, etc.	19 Name of State
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of locality
Wage and Tax	Statement 19	81 Copy 1 For Employee	State, City, or Local 1 s and employer's co	ax Department by compared.		
	55555					
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			5 Stat. em De- ployee ceased	Pension Legal plan rep.	emp.	Sub- total rection Void ce EIC payment
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Compressed a social security hun	3 redetal luc	ome tex attimete	to mages, tips, other	Compensation	II FICA	LEA WILLINGTO
12 Employee's name, addre	ess, and ZIP code		13 FiCA wages		14 FICA	tips
				1 10 04.1	a šina :å:	10 Name of Co.
			17 State income tax	18 State wage	a, upa, etc.	19 Name of State
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of locality

1 Control number	22222					
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12 Employee's name, address, and ZIP code			13 FICA wages		14 FICA tips	
			16 Employer's use		<u> </u>	
			17 State income tax	18 State wage	s, tips, etc.	19 Name of State
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of locality
orm W-2 Wage and Tax	Statement 19	Copy B To be This information i	iled with employee's F s being furnished to the In	FEDERAL tax internal Revenue S	return Service.	Department of the Treasury Internal Revenue Service
1 Control number	55555					

2 Employer's name, address, and ZIP code 3 Employer's identification number 4 Employer's State number 5 Stat. em- De-ployee ceased Cor-rection Pension Sub-total Legal Void plan rep. ployee 7 Advance EIC payment 8 Employee's social security number 9 Federal income tax withheld 10 Wages, tips, other compensation 11 FICA tax withheld 12 Employee's name, address, and ZIP code 13 FICA wages 14 FICA tips 16 Employer's use

Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service Form W-2 Wage and Tax Statement 1981

17 State income tax

20 Local income tax

18 State wages, tips, etc.

21 Local wages, tips, etc.

19 Name of State

22 Name of locality

1 Control number	55555					
2 Employer's name, addr	ess, and ZIP code	3 Employer's	identification	number 4 Er	mployer's State number	
		5 Stat. em- D ployee ce	e- Pensio	n Legal 942 rep. emp.	Sub- Cor- Voice total rection	
		6		7 Ad	ivance EIC payment	
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12 Employee's name, add	dress, and ZIP code	13 FICA wag	es	14	14 FICA tips	
		16 Employe	r's use			
		17 State inco	ome tax 1	8 State wages, tips, e	etc. 19 Name of State	
		20 Local inco	ome tax 2	1 Local wages, tips, e	etc. 22 Name of locality	

1 Control number	55555						
2 Employer's name, addre	ss, and ZIP code		3 Employer's identifica	tion number	4 Employ	yer's State num	ber
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			16 Employer's use				
			17 State income tax	18 State wage	s, tips, etc.	19 Name of Sta	te
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of loca	lity
orm W-2 Wage and Tab	s Statement 19	81 This Information	py C For employee's s being furnished to the	records Internal Revenue		epartment of the Internal Revenue	
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12 Employee's name, add	ess, and ZIP code		13 FICA wages		14 FICA	tips	
			16 Employer's use		I		

Copy C For employee's records
This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service Form W-2 Wage and Tax Statement 1981

17 State income tax

20 Local income tax

1 Control number	55555				
2 Employer's name, addre	ss, and ZIP code	'3 Employer's identification number	4 Employer's State number		
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12 Employee's name, address, and ZIP code		13 FICA wages	14 FICA tips		
		16 Employer's use			
		17 State income tax 18 Statew	ages, tips, etc. 19 Name of State		
		20 Local income tax 21 Local w	rages, tips, etc. 22 Name of locality		

18 State wages, tips, etc. | 19 Name of State

22 Name of locality

21 Local wages, tips, etc.

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance

EIC (earned income credit) payment.

File Copy B of this form with your 1981 Federal income tax return. Attach Copy 2 to your 1981 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have nonwage income of more than \$500 and will owe tax of \$100 or more, you should file Form 1040—ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1981 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040—ES or by having tax withheld from your pension or annuity. See Publication 505, Tax Withholding and Estimated Tax, for details.

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Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1981 and more than the maximum FICA employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The FICA rate of 6.65%, under Public Law 95–216, includes 1.30% for hospital insurance benefits and 5.35% for retirement, survivors, and disability insurance.

Box 5. Pension plan.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, the Pension plan box will be marked. Otherwise no mark will be made in this box. Armed Forces reservists, National Guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Publication 590, Tax Information on Individual Retirement Arrangements.

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1 Control number	55555						
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12 Employee's name, addr	ess, and ZIP code		13 FICA wages		14 FICA	tips	
			16 Employer's use				
			17 State income tax	18 State wage	s, tips, etc.	19 Name of State	
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of localit	ty
Wage and Tax	statement 19	81 Copy 2 To be tax return	oe filed with employee's State, i. Employee's and employer's o		ome		
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Wage and Tax	Statement 19	81 Copy 2 To be tax return	oe filed with employee's State, n. Employee's and employer's o	City, or Local incoopy compared.	ome		
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			20 Local income tax	21 Local wage	es, tips, etc.	22 Name of locality	

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W–2 for each of your employees to whom any of the following items applied during 1981.

- (a) You withheld income tax or FICA (social security) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$600 or more.
- (d) You paid for services any amount, if you are in a trade or business. Include the cash

value of any payment you made that was not in cash.

By February 1, 1982, give Copies B, C, and 2 to each person who was your employee during 1981. For anyone who stopped working for you before the end of 1981, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by March 1, 1982. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

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