

# W2 INFORMATION

**EMPLOYER** \_\_\_\_\_

**EMPLOYER'S ID #** \_\_\_\_\_

**STATE ID #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Wages: \_\_\_\_\_ Fed W/H: \_\_\_\_\_

SS W/H: \_\_\_\_\_

Medicare W/H: \_\_\_\_\_

State W/H: \_\_\_\_\_

Tips: \_\_\_\_\_

Special Instructions: (Statutory, deceased, pension plan, legal rep, deferred comp)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Wages: \_\_\_\_\_ Fed W/H: \_\_\_\_\_

SS W/H: \_\_\_\_\_

Medicare W/H: \_\_\_\_\_

State W/H: \_\_\_\_\_

Tips: \_\_\_\_\_

Special Instructions: (Statutory, deceased, pension plan, legal rep, deferred comp)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Wages: \_\_\_\_\_ Fed W/H: \_\_\_\_\_

SS W/H: \_\_\_\_\_

Medicare W/H: \_\_\_\_\_

State W/H: \_\_\_\_\_

Tips: \_\_\_\_\_

Special Instructions: (Statutory, deceased, pension plan, legal rep, deferred comp)

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