

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: _____

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

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