

SAMPLE W-2 FORM

a Employee's social security number 010-00-0101	OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 16-0000000	1 Wages, tips, other compensation 6,000		2 Federal income tax withheld 620		
c Employer's name, address, and ZIP code STATE UNIVERSITY OF NEW YORK 345 UNIVERSITY ST COLLEGETOWN, NY 00000	3 Social security wages		4 Social security tax withheld		
	5 Medicare wages and tips		6 Medicare tax withheld		
	7 Social security tips		8 Allocated tips		
d Control number 9			10 Dependent care benefits		
e Employee's first name and initial Last name JOY KIM 123 UNIVERSITY LANE COLLEGETOWN, NY 00000	Suff.	11 Nonqualified plans		12a See instructions for box 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party Sick pay <input type="checkbox"/>	12b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		14 Other		12c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
f Employee's address and ZIP code				12d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15 State Employer's state ID number NY	16 State wages, tips, etc. 16-0000000	17 State income tax 6000	18 Local wages, tips, etc. 240	19 Local income tax	20 Locality name

W-2 Wage and Tax Statement

Form Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2011

Department of the Treasury—Internal Revenue Service