WAGE AND TAX STATEMENT—1969

(For use in States or Cities authorizing combined form)

Employer's State Identification Number

			Employer's State	Identification Number		Copy A—
ype or print EMPLOYER'S Federal	l identification number, nan	ne, and address above.		;	For In	ternal Revenue Servic
<u> </u>	INCOME TAX INFORMATION	,	SOCIAL SECURIT	Y INFORMATION	STATUS	*
	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single	
withheld	withholding in 1969 ¹	paid in 1969 ²	tax withheld ³	paid in 1969 4	2. Married	**
MPLOYEE'S social security	number		Name of State	State Form	No.	State income tax withhe
			Name of City	City Form	No.	City income tax withheld
			*See Circ. E for sick pa 1 Includes tips reported b	y reporting. **Gross wag y employee. Amount is befo	es for State i	f different from Federal. Juctions or sick pay exclusio
,			Report salary or other See Circular E.	employee compensation	which was no	ot subject to withholding.
			³ One-eighth of this am Benefits. The remaind ⁴ Includes tips reported	ount was withheld to fina er is for old-age, survivor	nce the cost s, and disabi	of Hospital Insurance lity insurance.
Type or print EMPLOYEE'S na	ame and address (includin	ig ZIP code) above.		loyee Tax on Tips		<u> </u>
RM W-2 U.S. Treasury De	epartment, Internal Reven	ue Service	16-80184-1			ions on back of copy [
			v	VACE AND TA	V CTA	TEMENT 100
				VAGE AND IA For use in States or Citi		TEMENT—196
			•	Identification Number	es autilui izi	
pe or print EMPLOYER'S Federal	l identification number nan	ne and address ahove		:	For In	Copy A— ternal Revenue Servic
·	INCOME TAX INFORMATION	no, una address asove.	SOCIAL SECURIT	Y INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single	
withheld	withholding in 1969 ¹	paid in 1969 ²	tax withheld ³	paid in 1969 4	2. Married	**
			•		<u> </u>	
EMPLOYEE'S social security	number		Name of State	State Form	n No.	State income tax withhe
			Name of City	City Form	No	City income tax withheld
			Name of Oily	only ronn	110.	i i
				y reporting. **Gross wag		
			² Report salary or other See Circular E.	employee. Amount is beto employee compensation	ore payroll ded which was no	ductions or sick pay exclusion t subject to withholding.
			One-eighth of this am Benefits. The remainder	ount was withheld to fina er is for old-age, survivor	nce the cost s, and disabi	of Hospital Insurance lity insurance.
Tune or print EMPI OVEE'S no	ome and address (includin	or 7ID anda) above	4 Includes tips reported		-	-
Type or print EMPLOYEE'S na ORM W-2 U.S. Treasury De			■ Uncollected Emp	loyee Tax on Tips EMPLOYER: S		ions on back of copy [
ORW WI-Z 0.3. Treasury De	spartinent, internat Keven	de Service	10 00104 1	2 2072		ions on back or copy a
			V	VAGE AND TA	X STA	TEMENT—196
			•	For use in States or Citi	ies authorizi	ng combined form)
			Employer's State	Identification Number		Сору А—
/pe or print EMPLOY <u>ER</u> 'S Federal	l identification number, nan	ne, and address above.		·	For In	ternal Revenue Servic
	INCOME TAX INFORMATION			Y INFORMATION	STATUS	*
	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969 ²	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages paid in 1969 ⁴	1. Single 2. Married	**
						•••
EMPLOYETS assist assurity			Name of State	State Form	No.	State income tax withhel
EMPLOYEE'S social security	number					
			Name of City	City Form	No.	City income tax withheld
						İ
			Includes tips reported b	y reporting. **Gross wag y employee. Amount is befo	ore payroll dec	luctions or sick pay exclusion
				ampleuse componenties	which was no	a continue de colatido delimina
			² Report salary or other See Circular E.			
			See Circular E. 3 One-eighth of this am Benefits. The remaind	ount was withheld to fina er is for old-age, survivor	nce the cost	of Hospital Insurance
Type or print EMPLOYEE'S na	ame and address (includin	ng ZIP code) above.	See Circular E. 3 One-eighth of this am Benefits. The remaind 4 Includes tips reported	ount was withheld to fina er is for old-age, survivor	nce the cost s, and disabi	of Hospital Insurance lity insurance.

			(For use in States or Citic		TEMENT—1969 ng combined form)
Type or print EMPLOYER'S	S Federal identification number, n	ame, and address above.	Employer's State	Identification Number	\neg	Copy 1—For State or City Tax Dept.
_	FEDERAL INCOME TAX INFORMATION	٧	SOCIAL SECUR	ITY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1969	1. Single 2. Married	**
EMPLOYEE'S social s	ecurity number		Name of State	State Form	No.	State income tax withheld
	'		Name of City	City Form	No.	City income tax withheld
			¹ Includes tips reported INSTRUCTIONS TO I	EMPLOYERS: State or cit	ore payroll dec	f different from Federal. ductions or sick pay exclusion. this wage and tax state- ordance with State or city
Type or print EMPLOY	<u>′EE′</u> S name and address (includ	ling ZIP code) above.	FOR STA Employee's copy a copy compared .	TE OR CITY USE ONLY and employer's	,	
						16—80184-1
			(WAGE AND TA For use in States or Citic		-
Type or print EMPLOY <u>ER</u> 'S	S Federal identification number, n	ame, and address above.				Copy 1—For State or City Tax Dept.
	FEDERAL INCOME TAX INFORMATION	١	SOCIAL SECUR	ITY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1969	1. Single 2. Married	

Type or print EMPLOY <u>ER</u> 'S Federal identification number, name, and address above.					İ	State or City Tax Dept.				
FEDERAL INCOME TAX INFORMATION			SOCIAL SECUR	ITY INFORMATION	STATUS	*				
Federal income tax withheld	Wages paid subject to									_
withheld	withholding in 1969 ¹	paid in 1969	tax withheld	paid in 1969	2. Married	**				
EMPLOYEE'S social sec	curity number		Name of State	State Fo	orm No.	State income tax withheld				
			Name of City	City For	m No.	City income tax withheld				
			¹ Includes tips reported INSTRUCTIONS TO	by employee. Amount is I EMPLOYERS: State or	efore payroll de city copies o	if different from Federal. eductions or sick pay exclusion f this wage and tax state cordance with State or cit				
			FOR STA	TE OR CITY USE ON	ILY					
Type or print EMPLOYEE'S name and address (including ZIP code) above.			Employee's copy a copy compared.	and employer's						

16-80184-1

WAGE AND TAX STATEMENT—1969 (For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		Copy 1—For
Type or print EMPLOY <u>ER</u> 'S F	Federal identification number, nan	ne, and address above.				State or City Tax Dept.
FE	DERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single	
withheld	withholding in 1969 ¹	paid in 1969	tax withheld	paid in 1969	2. Married	泰安
EMPLOYEE'S social sec	curity number		Name of State	State Form	No.	State income tax withheld
	,		Name of City	City Form	No.	City income tax withheld
			¹ Includes tips reported b INSTRUCTIONS TO E	MPLOYERS: State or cit	ore payroll ded ty copies of	if different from Federal. ductions or sick pay exclusion. this wage and tax state- cordance with State or city
			FOR STAT	TE OR CITY USE ONLY		
Type or print EMPLOYE	E'S name and address (includin	ıg ZIP code) above.	Employee's copy a copy compared	nd employer's		

WAGE AND TAX STATEMENT—19 (For use in States or Cities authorizing combined form)

			Employer's State 1	dentification Number		Copy B—10 be
ype or print EMPLOYER'S Fe	ederal identification number, nam	e, and address above.				filed with employee FEDERAL tax return
FEC	DERAL INCOME TAX INFORMATION		SOCIAL SECURIT	TY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969 ²	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages		
manaju	Michigania III 1303 -	hain iit 1303 -	tax withheld •	paid in 1969 ⁴	Z. married	**
					<u> </u>	
EMPLOYEE'S social sec	urity number		Name of State	State For	m No.	State income tax withh
			Name of City	City Form	1 No.	City income tax withhel
			-			
			² Add this item to wage your income tax return ³ One-eighth of this amo	y employee. Amount is be s in figuring the amoun ount was withheld to fin er is for old-age, survive	fore payroll ded t to be reporte ance the cost	luctions or sick pay exclusion das wages and salaries of Hospital Insurance
Type or print EMPLOYEE	'S name and address (including	g ZIP code) above.	Uncollected Emp		<u> </u>	\$
ORM W-2 U.S. Treasu	ry Department, Internal Revenu	ue Service	T Onconcotou Emp	loyee tax on tip.	<u> </u>	16-80184-1
				or use in States or Cit	ties authorizi	ng combined form) Copy B—To be filed with employee
ype or print EMPLOY <u>ER</u> 'S F	ederal identification number, nam	ne, and address above.				FEDERAL tax return
FEI	DERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 1	Other compensation paid in 1969 2	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages	1. Single 2. Married	
	_			,		**
EMPLOYEE'S			Name of State	State For	rm No.	State income tax withh
EMPLOY <u>EE'</u> S social sec	curity number					I
	,		Name of City	City Form	n No.	City income tax withhe
			² Add this item to wage your income tax return ³ One eighth of this am	y employee. Amount is be in figuring the amount ount was withheld to fir er is for old-age, survive	efore payroll dec it to be reporte	ductions or sick pay exclusions as wages and salaries
Type or print EMPLOYEE	E'S name and address (including	g ZIP code) above.		loyee Tax on Tip	s	\$
Type or print EMPLOY <u>ER</u> 'S F	ry Department, Internal Reven Gederal identification number, nan		(F Employer's State	VAGE AND T		TEMENT—196 ng combined form) Copy B—To be filed with employed FEDERAL tax retur
Federal income tax	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single	-
withheld	withholding in 1969 1	paid in 1969 ²	tax withheld 3	paid in 1969 ⁴	2. Married	**
EMPLOYEE'S social sec	curity number		Name of State	State Fo	rm No.	State income tax withh

Name of City

City Form No.

*Excludable sick pay. **Gross wages for State if different from Federal.

1 Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusion.

2 Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.

3 One-eighth of this amount was withheld to finance the cost of Hospital Insurance Benefits. The remainder is for old-age, survivors, and disability insurance.

4 Includes tips reported by employee.

Uncollected Employee Tax on Tips

Type or print EMPLOYEE'S name and address (including ZIP code) above.

City income tax withheld

NOTICE TO EMPLOYEE:

- Income Tax Wages.—This statement is important. Copy B must be filed with your U.S.
 Income Tax Return for 1969 and Copy 2 must be filed with your State or City
 Income Tax Return for 1969. If your social security number, name, or address is
 stated incorrectly, correct the information on copies B and 2 and notify your
 employer.
- Social Security Wages.—If your wages were subject to social security taxes, but are not shown, your social security wages are the same as wages shown under "FED-ERAL INCOME TAX INFORMATION," but not more than \$7,800.
- 3. Credit For F.I.C.A. Tax.—If more than \$374.40 of F.I.C.A. (social security and hospital insurance) employee tax was withheld during 1969 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions for your Federal income tax return.
- 4. A copy of this form has been sent to the Internal Revenue Service.

This is not a tax return but you must file it with your tax return. See instructions on back of copy C.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1968-O-290-042

16-80184-1

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WAGE AND TAX STATEMENT—1969 (For use in States or Cities authorizing combined form)

			Employer's State Io	lentification Number		Copy C—
pe or print EMPLOYER'S F	Federal identification number, nam	e, and address above.				For employee's record
	DERAL INCOME TAX INFORMATION		SOCIAL SECURIT		STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969 ²	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages paid in 1969 ⁴	1. Single 2. Married	**
EMPLOYEE'S social sec	curity number		Name of State	State Form	m No.	State income tax withhe
			Name of City	City Form	No.	City income tax withhe
			² Add this item to wage your income tax return. ³ One-eighth of this amo	y employee. Amount is be in figuring the amoun ount was withheld to fir er is for old-age, survive	efore payroll de It to be reported It ance the cost	ductions or sick pay exclusi ed as wages and salaries of Hospital Insurance
Type or print EMPLOYE	E'S name and address (including	g ZIP code) above.	Uncollected Emp	lovee Tax on Tip	s	\$
						TEMENT—19
			•	For use in States or C	ities authoriz	ing combined form)
one or print FMDI OVEDIC	Federal identification number, nan	and address above		dentification Number		Copy C— For employee's reco
		ie, and address above.		TV INFORMATION	STATUS	*
Federal income tax	EDERAL INCOME TAX INFORMATION Wages paid subject to	Other compensation	F.I.C.A. employee	TY INFORMATION Total F.I.C.A. wages		-
withheld	withholding in 1969 ¹	paid in 1969 ²	tax withheld 3	paid in 1969 4	2. Married	**
EMPLOYEE'S social se	ecurity number	'	Name of State	State For	rm No.	State income tax with
	,		Name of City	City Form	n No.	City income tax withh
			² Add this item to wage your income tax return ³ One-eighth of this am	by employee. Amount is be in figuring the amount ount was withheld to file ount for old-age, survive	efore payroll de nt to be repor inance the cos	eductions or sick pay exclus ted as wages and salarie: t of Hospital Insurance
Type or print EMPLOY	EE'S name and address (includin	g ZIP code) above.	Uncollected Emp	oloyee Tax on Tip	os	. \$
	sury Department, Internal Reven		(F	AGE AND T for use in States or Ci dentification Number		TEMENT—196 ing combined form) Copy C—
pe or print EMPLOY <u>ER</u> 'S	Federal identification number, nam	e, and address above.				For employee's recor
FE	EDERAL INCOME TAX INFORMATION		SOCIAL SECURIT	Y INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969 ²	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages paid in 1969 ⁴	1. Single 2. Married	**
EMPLOY <u>EE'</u> S social se	curity number		Name of State	State For	m No.	State income tax withh
			Name of City	City Form	ı No.	City income tax withhe
			² Add this item to wage your income tax return ³ One-eighth of this am	y employee. Amount is book in figuring the amount ount was withheld to file or is for old-age, survive	efore payroll de n t to be report nance the cost	ductions or sick pay exclus ed as wages and salaries of Hospital Insurance

Uncollected Employee Tax on Tips

Type or print EMPLOYEE'S name and address (including ZIP code) above.

\$

WHO MUST FILE

A Federal Income Tax Return

If your income in 1969 was \$600 or more (\$1,200 if 65 years of age or over), you must file an income tax return. Forms may be obtained from the Internal Revenue Service, your employer, bank, or post office.

A single person with income of less than \$600 (\$1,200 if 65 years of age or over) should file a return to get a refund if income tax was withheld. A married person with income less than her (his) own personal exemption(s) should file a joint return with husband or wife to get the smaller tax or larger refund. To assure any benefit of the split-income provisions, a married couple should file a joint income tax return.

State and City Returns

Consult the appropriate State or city office.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1968—O-290-042

16-80184-1

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☆ U.S. GOVERNMENT PRINTING OFFICE: 1968—O-290-042

WAGE AND TAX STATEMENT—1969 (For use in States or Cities authorizing combined form) Conv 2—To be filed

,	Employer's State Identification Number			Copy 2—10 be filed with Employee's State or	
nd address above.				ity Income Tax Return	
	SOCIAL SECURIT	TY INFORMATION	STATUS	*	
ther compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single		
paid in 1969	tax withheld	paid in 1909	Z. Mairieu	**	
	Name of State	State Form	n No.	State income tax withheld	
	Name of City	City Form	No.	City income tax withheld	
	1 Includes tips reported b THIS STATEMENT IS	y employee. Amount is befo NOTICE TO EMF IMPORTANT. IT MUST	re payroll dedu PLOYEE BE ATTACHED	uctions or sick pay exclusion. TO YOUR STATE OR CITY	
	FOR STAT	E OR CITY USE ONL	Υ		
P code) above.	l conic commenced				
			<u> </u>	16-80184-1	
	ther compensation paid in 1969	ther compensation paid in 1969 The paid in 1969 Name of State Name of City *Excludable sick pay. 1 Includes tips reported by Income TAX RETURN FOR STATEMENT IS INCOME TAX RETURN IS INCOME TAX RETURN IS INCOME TAX RETURN IS INCOME TAX RETURN IS INCOME TAX RETURN IS INCOME TAX R	ther compensation paid in 1969 SOCIAL SECURITY INFORMATION	SOCIAL SECURITY INFORMATION STATUS	

WAGE AND TAX STATEMENT—1969 (For use in States or Cities authorizing combined form)

(1 of use in states of states authorizing combined form)					ng combined formy	
		1	Employer's State I	dentification Number		Copy 2—To be filed th Employee's State or
Type or print EMPLOYER'S F	Federal identification number, na	me, and address above.				ity Income Tax Return
FEDERAL INCOME TAX INFORMATION		SOCIAL SECURIT	TY INFORMATION	STATUS	*	
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1969	1. Single 2. Married	
Withheld	Withholding III 1909 -	paid iii 1303	tax municia	para in 1505	Z. Marrico	**
	1		Name of State	State Form	No.	State income tax withheld
EMPLOYEE'S social sec	curity number					
	•		Name of City	City Form	No.	City income tax withheld
						<u> </u>
				*Gross wages for State if y employee. Amount is befo NOTICE TO EMP	re payroli dedı	om Federal. actions or sick pay exclusion.
					BE ATTACHE	TO YOUR STATE OR CITY
			FOR STAT	E OR CITY USE ONLY	1	
Type or print EMPLOYE	E'S name and address (includi	ng ZIP code) above.	Employee's copy ar copy compared .	nd employer's		

16-80184-1

WAGE AND TAX STATEMENT—1969

(For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		Copy 2—To be filed ith Employee's State or
i <mark>ype or print EMPLOY<u>ER</u>'S</mark>	S Federal identification number, nar	me, and address above.				City Income Tax Return
F	FEDERAL INCOME TAX INFORMATION	1	SOCIAL SECURI	ITY INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1969	1. Single 2. Married	
withheld	withholding in 1969 ¹	paid in 1969	tax withheld	hain in 1203	Z. Marrieu	**
EMPLOYEE'S social se	ecurity number		Name of State	State Form	n No.	State income tax withheld
	1		Name of City	City Form	No.	City income tax withheld
				**Gross wages for State by employee. Amount is befo	ore payroll dedu	rom Federal. uctions or sick pay exclusion.
		!	THIS STATEMENT IS INCOME TAX RETURN	IMPORTANT. IT MUST N TO CLAIM CREDIT FOR	BE ATTACHER ANY TAX WI	D TO YOUR STATE OR CITY ITHHELD.
		!	FOR STAT	TE OR CITY USE ONL	.ү	
Type or print EMPLOY	(EE'S name and address (including	ng ZIP code) above.	Employee's copy ar copy compared .	nd employer's		

	X STAT es authorizi	States or Citi		Employer's State I			
Copy D— For Employer	7	Nullibei	dentification	Employer's State 1	me, and address above.	ederal identification number, na	vpe or print EMPLOYER'S F
*	STATUS	ATION	TY INFORMA	SOCIAL SECURIT	FEDERAL INCOME TAX INFORMATION		
	1. Single 2. Married	Total F.I.C.A. wages			Other compensation paid in 1969 ²	tax Wages paid subject to	Federal income tax
**	Z. Marrieu	III 1909 *	paid	tax withheld •	paid iii 1909 -	withholding in 1969 ¹	withheld
State income tax withheld	No.	State Form		Name of State	EMPLOY <u>EE'</u> S social security number ▶		
City income tax withheld	No.	City Form		Name of City			
ctions or sick pay exclusion ot subject to withholding f Hospital Insurance	ore payroll ded which was r nce the cost	Amount is befo compensation ithheld to final	by employee. er employee nount was wi	*See Circ. E for sick pi ¹ Includes tips reported that ² Report salary or othe See Circular E. ³ One-eighth of this am Benefits. The remaind ⁴ Includes tips reported			
\$		x on Tips	oloyee Ta	Uncollected Emp	ing ZIP code) above.	'S name and address (includ	Type or print EMPLOYEE
•		AND TAX					
Copy D— For Employer		States or Citi	For use in S		ime, and address above.	ederal identification number, na	vne or print FMPLOYER'S F.
	es authorizi	States or Cition	For use in S dentification	Employer's State I		ederal identification number, na	<u> </u>
For Employer		States or Cition	For use in Section dentification TY INFORMA Total F.I.	(ederal identification number, na DERAL INCOME TAX INFORMATION Wages paid subject to withholding in 1969 ¹	<u> </u>
For Émployer	STATUS 1. Single 2. Married	States or Citie Number ATION C.A. wages	For use in Section dentification TY INFORMA Total F.I.	Employer's State I SOCIAL SECURIT F.I.C.A. employee	Other compensation	DERAL INCOME TAX INFORMATION Wages paid subject to withholding in 1969 ¹	FEI Federal income tax
For Émployer	STATUS 1. Single 2. Married	States or Citic Number ATION C.A. wages in 1969 4	For use in Section dentification TY INFORMA Total F.I.	SOCIAL SECURIT F.I.C.A. employee tax withheld 3	Other compensation	DERAL INCOME TAX INFORMATION Wages paid subject to withholding in 1969 ¹	FEI Federal income tax withheld
* ** State income tax withheld City income tax withheld different from Federal. ctions or sick pay exclusion the subject to withholding f Hospital Insurance	STATUS 1. Single 2. Married No. No. No. es for State if ore payroll ded which was rence the cost of the cost	States or Citic Number ATION C.A. wages in 1969 4 City Form City Form **Gross wage Amount is before compensation in the difference in	For use in S dentification TY INFORMA Total F.I. paid i ay reporting. by employee. or employee or employee iter is for old	SOCIAL SECURIT F.I.C.A. employee tax withheld 3 Name of State Name of City *See Circ. E for sick pit Includes tips reported it	Other compensation	DERAL INCOME TAX INFORMATION Wages paid subject to withholding in 1969 ¹	FEI Federal income tax withheld
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(For use in States or Cities authorizing combined form)
Employer's State Identification Number

		Г	Employer's State 10	dentification Number		Copy D
Type or print EMPLOY <u>ER</u> 'S	Federal identification number, na	me, and address above.				For Employer
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURIT	Y INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1969 ¹	Other compensation paid in 1969 ²		Total F.I.C.A. wages	1. Single 2. Married	l
withheld	Attiniolania ili 1909 -		tax withheld s	paid iii 1909 -	Z. Mailleu	**
EMPLOYEE'S social se	MPLOYEE'S social security number		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form	No.	City income tax withheld
			*See Circ. E for sick pay reporting. **Gross wages for State if different from Federal. 1 Includes tips reported by employee. Amount is before payroll deductions or sick pay exclusi 2 Report salary or other employee compensation which was not subject to withholdi See Circular E. 3 One-eighth of this amount was withheld to finance the cost of Hospital Insurance Benefits. The remainder is for old-age, survivors, and disability insurance. 4 Includes tips reported by employee.			luctions or sick pay exclusion. not subject to withholding. of Hospital Insurance
Type or print EMPLOYE	E'S name and address (includi	Uncollected Emp	loyee Tax on Tips		\$	

TO EMPLOYER: While use of this 6 part wage and tax statement is acceptable in most States, if you are in doubt contact your appropriate State or city official.

- 1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) whose wages (including tips reported), for purposes of income tax withholding, exceeded the amount of one withholding exemption for any payroll period (even though no income tax was withheld). If "other compensation" plus wages, if any, of \$600 or more is paid to an employee in the year copy A of Form W-2 must be furnished to the Internal Revenue Service, even though no wages are subject to income tax withholding.
 - 2. Fill in—(a) Your identification number, name, and address.
- (b) The amount of income tax deducted and withheld. If no amount was deducted and withheld enter "None" or "O." $\,$
- (c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If an employer keeps the records described in Circular E he may also enter amounts of excludable sick pay in the space designated.
- (d) Other compensation. This block should include all other compensation (amounts includable in gross income but not subject to income tax withholding) paid to an employee.
- (e) Total amount of F.I.C.A. employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in 1969

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to correct the tax for a prior year enter the amount withheld in 1969 increased by the adjustment for an overcollection or decreased by the adjustment for an undercollection). If F.I.C.A. wages were paid or tips reported but no employee tax was deducted, enter "None" or "O"

- (f) Total wages paid and tips reported (before payroll deductions) subject to the Federal Insurance Contributions Act. Non-cash remuneration is considered wages. If not subject to F.I.C.A., enter "None" or "O." No F.I.C.A. wage entry need be made if (1) F.I.C.A. wages exactly equal the total wages for income tax withholding purposes, or (2) F.I.C.A. wages are \$7,800 and the total wages for income tax withholding purposes exceed \$7,800.
- (g) Uncollected employee tax on tips. See Circular E for instructions.
- (h) The employee's social security number, name, and address.
- (i) State and local government employers who have been assigned an identification number with the prefix 69 should also show this number.
- 3. Give copies B, C, and 2 to the employee (a) on or before January 31 following the calendar year if the employee is in your employ at the close of such year, or (b) within 30 days after the last payment of wages, if his employment is terminated before the close of such year.
- 4. Forward copy A to the Internal Revenue Service. For further information see Form 941 and Circular E. Farmers, see Circular A.

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