. -- -

Type or print EMPLOYER(S Fe	deral Identification number, nar	ne, and address above.	Employer's State	Identification Number	Copy Reve	Copy A—For Internal Revenue Service Center	
FEDERAL INCOME TAX INFORMATION			SOCIAL SECUR	ITY INFORMATION	STATUS	*	
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972 ²	FICA employee tax withheld ³	Total FICA wages paid in 1972 ⁴	1. Single 2. Married	.##	
EMPLOYEE'S social secu	urity number ►	-	Name of State Name of City	State Form City Form N		State income tax withheld	
			*See Circ. E for sick ¹ Includes tips reporter exclusion. ² Report salary or other ³ The social security (F and 4.6% for oid-ag ⁴ Includes tips reported	pay reporting. **Gross w d by employee. Amount i r employee compensation 'ICA) rate of 5.2% incluc e, survivors, and disability	vages for Stat s before pays which was no les .6% for H	e if different from Federal roll deductions or sick pay	
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Uncollected Em	ployee Tax on Tips		\$	

FORM W-2 Department of the Treasury, Internal Revenue Service

EMPLOYER: See instructions on back of Copy D.

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

-'s State Identification Number

Type or print EMPLOYER'S F	ederal Identification number, na	me, and address above.	Employer's State	Identification Nur	nder		A-For Internal enue Service Center
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	ITY INFORMATION	N N	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1972 $^{\rm 1}$	Other compensation paid in 1972. ²	FICA employee tax withheld ³	Total FICA paid in 19		1. Single 2. Married	*
EMPLOYEE'S social sec	urity number ►		Name of State	Sta	ite Form N	0.	State income tax withheld
			Name of City	Cit	y Form No		City income tax withheld
			¹ Includes tips reported exclusion. ² Report salary or other	d by employee. <i>F</i> r employee compe TCA) rate of 5.20 e, survivors, and	Amount is ensation wi % include	before payr hich was no s .6% for H	e if different from Federal oll deductions or sick pay t subject to withholding. lospital Insurance Benefits
Type or print EMPLOYE	E'S name and address (inclu	iding ZIP code) above.	Uncollected Em	ployee Tax c	on Tips		\$
FORM W-2 Departmen	t of the Treasury Internal Re	venue Service		EMPLO	YER: See	instructio	ns on back of Copy D.

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		
Type or print EMPLOYER'S Fe	ederal Identification number, na	me, and address above.				enue Service Center
FED	FEDERAL INCOME TAX INFORMATION			ITY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972. ²	FICA employee tax withheld ^a	Total FICA wages paid in 1972 ⁴	1. Single 2. Married	.**
EMPLOYEE'S social secu	ırity number ►		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form N	lo.	City income tax withheld
			¹ Includes tips reported exclusion. ² Report salary or other ³ The social security (F	d by employee. Amount i r employee compensation TCA) rate of 5.2% incluc e, survivors, and disability	s before payı which was no les .6% fort	e if different from Federal. roll deductions or sick pay t subject to withholding, lospital insurance Benefits
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Uncollected Em	ployee Tax on Tips	;	\$

FORM W-2 Department of the Treasury, Internal Revenue Service

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WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

Employer's State Identification Number

Type or print EMPLOYER'S Federal Identification number, name, and address above.			Employer's State	Identification Number	State	Copy 1—For e or City Tax Dept.
FEDERAL INCOME TAX INFORMATION			SOCIAL SECUR	ITY INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation paid in 1972	FICA employee tax withheld	Total FICA wages paid in 1972	1. Single 2. Married	
withheld	withholding in 1972 ¹	para in 1972	tax writineid	paru m 1972	Z. Married	**
EMPLOYEE'S social sect	urity number ►		Name of State	State Form	m No.	State income tax withheld
			Name of City	City Form	No.	City income tax withheld
			Includes tips reporte exclusion, INSTRUCT	ed by employee. Amoun IONS TO EMPLOYERS:	t is before pay State or city	f different from Federal. rroll deductions or sick pay copies of this wage and tax ccordance with State or city
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Employee's copy a	ATE OR CITY USE ONI nd employer's	<u>.Y</u>	

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WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		Copy 1—For
Type or print EMPLOYER'S F	ederal Identification number, na	me, and address above.			State	e or City Tax Dept.
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	TY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to	Other compensation paid in 1972	FICA employee	Total FICA wages paid in 1972	1. Single 2. Married	
withneid	withholding in 1972 ⁻¹			para in 1572	2	144 1
EMPLOYEE'S social sec	urity number ►		Name of State	State Form	No.	State income tax withhel
	J		Name of City	City Form	No.	City income tax withheld
			¹ Includes tips reporter exclusion, INSTRUCT	d by employee. Amount IONS TO EMPLOYERS:	is before pay State or city	f different from Federal. rroll deductions or sick par copies of this wage and tak coordance with State or city
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Employee's copy an	ATE OR CITY USE ONL' nd employer's	Y	

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		Copy 1—For
Type or print EMPLOYER'S F	Type or print EMPLOYER'S Federal Identification number, name, and address above.				State	e or City Tax Dept.
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	ITY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972	FICA employee tax withheld	Total FICA wages paid in 1972	1. Single 2. Married	*
EMPLOYEE'S social sec	urity number 🕨		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form 1	Yo.	City income tax withheld
			¹ Includes tips reporter exclusion, INSTRUCT	IONS TO EMPLOYERS:	is before pay State or city	f different from Federal. rroll deductions or sick pay copies of this wage and tax ccordance with State or city
Type.or print EMPLOYE	E'S name and address (inclu	uding ZIP code) above.	1 - <u></u>		/	

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

1		Employer's State	Identification Number	filed with employee's		
Type or print EMPLOYER'S Federal Identification number, name, and address above.						DERAL tax return
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	TY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to	Other compensation	FICA employee	Total FICA wages	1. Single	1 (
withheid	withholding in 1972 ¹	paid in 1972 ²	tax withheld ^a	paid in 1972 *	2. Married	**
EMPLOYEE'S social secu	urity number N	Name of State State Fo		State Form 1	No.	State income tax withheld
			Name of City	City Form N	0.	City income tax withheld
			 Includes tips reported exclusion. Add this item to wag The social security (F 	es in reporting wages and TCA) rate of 5.2% includ , survivors, and disability in	s before payr salaries on es .6% for I	oll deductions or sick pay
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Uncollected Em	ployee Tax on Tips		\$

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972.

(For use in States or Cities authorizing combined form)

Type or print EMPLOY<u>ER</u>'S Feder al Identification number, name, and address above.			Employer's State	Identification Number	filed	Copy B—To be iled with employee's FEDERAL tax return	
FEC	FEDERAL INCOME TAX INFORMATION			TY INFORMATION	STATUS	*	
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972 ²	FICA employee tax withheld ^a	Total FICA wages paid in 1972 4	1. Single 2. Married	**	
EMPLOYEE'S social sect	urity number >		Name of State	State Form 1	No.	State income tax withheld	
			Name of City	City Form N	0.	City income tax withheld	
			 Includes tips reported exclusion. Add this item to wag The social security (F 	es in reporting wages and ICA) rate of 5.2% includ , survivors, and disability in	s before payr salaries on y es .6% for F	oll deductions or sick pay	
Type or print EMPLOYE	E'S name and address (inclu	iding ZIP code) above.	Uncollected Emp	ployee Tax on Tips		\$	

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 19

(For use in States or Cities authorizing combined form)

Copy B-To be Employer's State Identification Number filed with employee's Type or print EMPLOYER'S Federal Identification number, name, and address above. **FEDERAL** tax return FEDERAL INCOME TAX INFORMATION SOCIAL SECURITY INFORMATION STATUS Federal income tax withheld Wages paid subject to withholding in 1972 ¹ Other compensation paid in 1972 ² FICA employee tax withheld a Total FICA wages paid in 1972 4 1. Single 2. Married ** Name of State State Form No. State income tax withheld EMPLOYEE'S social security number > Name of City City Form No. City income tax withheld *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 Includes tips reported by employee, includes a salaries on your income tax return.
 Add this item to wages in reporting wages and salaries on your income tax return.
 The social security (FICA) rate of 5.2% includes .6% for Hospital Insurance Benefits and 4.6% for old-age, survivors, and disability insurance.
 Includes tips reported by employee. Type or print EMPLOYEE'S name and address (including ZIP code) above. Uncollected Employee Tax on Tips \$

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

Employer's State Identification Number Copy C— For employee's records Type or print EMPLOYER(S Federal Identification number, name, and address above. SOCIAL SECURITY INFORMATION STATUS FEDERAL INCOME TAX INFORMATION Total FICA wages paid in 1972 4 Wages paid subject to withholding in 1972 1 Other compensation paid in 1972 ² FICA employee tax withheld 8 1. Single 2. Married Federal income tax withheld State Form No. State income tax withheld Name of State EMPLOYEE'S social security number >> City Form No. City income tax withheld Name of City *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 ¹ Includes tips reported by employee.
² Add this item to wages in reporting wages and salaries on your income tax return.
³ The social security (FICA) rate of 5.2% includes .6% for Hospital Insurance Benefits and 4.6% for old age, survivors, and disability insurance.
⁴ Includes tips reported by employee. Type or print EMPLOYEE'S name and address (including ZIP code) above. \$ Uncollected Employee Tax on Tips

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		Copy C
Type or print EMPLOYER'S F	ederal Identification number, na	me, and address above.			For	employee's records
FEDERAL INCOME TAX INFORMATION			SOCIAL SECUR	ITY INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation paid in 1972 ²	FICA employee tax withheld®	Total FICA wages paid in 1972 4	1. Single 2. Married	
withheld	withholding in 1972 ¹ paid in 1972 ² tax withheld ^a paid in 1972 ⁴	2. maineu	**			
EMPLOYEE'S social sec	urity number >		Name of State	State For	m No.	State income tax withheld
			Name of City	City Form	n No.	City income tax withheld
			 ¹ Includes tips reporte exclusion. ² Add this item to wag ³ The social security (ges in reporting wages in FICA) rate of 5.2% inc e, survivors, and disabili	t is before pay and salaries on ludes .6% for	m Federal. roll deductions or sıck pay your income tax return. Hospital Insurance Benefits
Type or print EMPLOYE	E'S name and address (inclu	iding ZIP code) above.	Uncollected Em	ployee Tax on Ti	ps	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972. (For use in States or Cities authorizing combined form)

			Employer's State	Identification Number		Copy C
Type or print EMPLOYER'S F	Type or print EMPLOYER'S Federal Identification number, name, and address above. FEDERAL INCOME TAX INFORMATION				For	employee's records
FEI				ITY INFORMATION	STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972 ²	FICA employee tax withhelds	Total FICA wages paid in 1972 4	1. Single 2. Married	
EMPLOYEE'S social sec	urity number >		Name of State	State For	rm No.	State income tax withheld
	<i>ي</i> ـــــ		Name of City	City For	n No.	City income tax withheld
			 Includes tips reporte exclusion. Add this item to wag The social security (1) 	ges in reporting wages FICA) rate of 5.2% inc e, survivors, and disabili	nt is before pay and salaries on cludes .6% for	om Federal. roll deductions or sick pay your income tax return. Hospital Insurance Benefits
Type or print EMPLOYE	E'S name and address (inclu	iding ZIP code) above.	Uncollected Em	ployee Tax on T	ips	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

NOTICE TO EMPLOYEE:

- Income Tax Wages.—This statement is important. Copy B must be filed with your Federal Income Tax Return for 1972 and Copy 2 must be filed with your State or City Income Tax Return for 1972. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- 2. 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 the maximum amount subject to FICA tax.
- 3. Credit For FICA Tax.—If more than the maximum of FICA (social security and hospital insurance) employee tax was withheld during 1972 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.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1972 - 418-016 EI - 36 - 2441915

NOTICE TO EMPLOYEE:

- Income Tax Wages.—This statement is important. Copy B must be filed with your Federal Income Tax Return for 1972 and Copy 2 must be filed with your State or City Income Tax Return for 1972. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- 2. 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 the maximum amount subject to FICA tax.
- 3. Credit For FICA Tax.—If more than the maximum of FICA (social security and hospital insurance) employee tax was withheld during 1972 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.
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NOTICE TO EMPLOYEE:

- Income Tax Wages.—This statement is important. Copy B must be filed with your Federal Income Tax Return for 1972 and Copy 2 must be filed with your State or City Income Tax Return for 1972. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- 2. 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 the maximum amount subject to FICA tax.
- 3. Credit For FICA Tax.—If more than the maximum of FICA (social security and hospital insurance) employee tax was withheld during 1972 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.

☆U. S. GOVERNMENT PRINTING OFFICE: 1972 - 418-016 EI - 36 - 2441915

WAGE AND TAX STATEMENT (For use in States or Cities authorizing combined form) 72

Copy 2—To be filed

Employer's State Identification Number

Type or print EMPLOYER'S F	ederal Identification number, nan	ne, and address above.	Sensitive and an and a sensitive sensitive sensitive sensitive sensitive sensitive sensitive sensitive sensitiv	n generalista de la constante de la constante de la constante de la constante de la defensa de la defensa de la		Income Tax Return
FEI	DERAL INCOME TAX INFORMATION		SOCIAL SECURITY INFORMATION		STATUS	*
Federal income tax	Wages paid subject to withholding in 1972 ²	Other compensation	FICA employee tax withheld	Total FICA wages paid in 1972	1. Single 2. Married	
withheld	withholding in 1972 -	paid in 1972	tax withiners	para 10 1372	Z. marrieu	**
EMPLOYEE'S social sec	urity number 🕨	and a second	Name of State	State Form	No.	State income tax withheld
			Name of City	City Form	No.	City income tax withheld
			*Excludable sick pay. ' * Includes tips reported b	Gross wages for State* yemployee. Amount is bef NOTICE TO EMI	ore payroll dedi	om Federal. Ictions or sick pay exclusion.
			THIS STATEMENT IS IN INCOME TAX RETURN TO	MPORTANT. IT MUST I D CLAIM CREDIT FOR A	BE ATTACHED	TO YOUR STATE OR CITY
			FOR STA	TE OR CITY USE ONL	Y	
Type or print EMPLOYE	EE'S name and address (includ	ling ZIP code) above.	Employee's copy an copy compared .	nd employer's		

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

Copy 2-To be filed alayerta Stata Idantification Numb

			Employer's State	Identification Number		Employee's State or
Type or print EMPLOYER'S F	ederal Identifica tion n umber, na	me, and address above.				Income Tax Return
FEC	FEDERAL INCOME TAX INFORMATION			TY INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation paid in 1972	FICA employee tax withheld	Total FICA wage paid in 1972	s 1. Single 2. Married	
withheld	withholding in 1972 ¹	paid in 1972	tax withileid		Z. married	**
EMPLOYEE'S social sec	urity number		Name of State	State Fo	rm No.	State income tax withheld
			Name of City	City For	m No.	City income tax withheld
			*Excludable sick pay. ¹ Includes tips reported b	**Gross wages for Sta by employee. Amount is to NOTICE TO E	pefore payroll dedu	om Federal. Ictions or sick pay exclusion.
			THIS STATEMENT IS II INCOME TAX RETURN T			TO YOUR STATE OR CITY ELD.
				ATE OR CITY USE OF	NLY	
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Employee's copy a copy compared .	nd employer's		

WAGE AND TAX STATEMENT (For use in States or Cities authorizing combined form) 72

Copy 2-To be filed

Type or print EMPLOYER'S Federal Identification number, name, and address above.		Employer's State i	Identification Number	with `	Copy 2—To be filed with Employee's State or City Income Tax Return	
FEC	FEDERAL INCOME TAX INFORMATION		SOCIAL SECURITY INFORMATION		STATUS	*
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation	FICA employee tax withheld	Total FICA wages paid in 1972	1. Single 2. Married	7
		paid in 1972		paid in 1972	Z. Marrieu	**
EMPLOYEE'S social sec	MPLOYEE'S social security number 🕨		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form I	No.	City income tax withheld
			¹ Includes tips reported b THIS STATEMENT IS IN	NOTICE TO EMP MPORTANT. IT MUST B	ore payroll dedu LOYEE IE ATTACHED	to your state or city
			CONTRACTOR AND DESCRIPTION OF A DESCRIPT	O CLAIM CREDIT FOR AN ATE OR CITY USE ONLY	MARY NUMBER OF STREET,	ELD.
Type or print EMPLOYEE'S name and address (including ZIP code) above.			E. I.	nd employer's	<u> </u>	

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

Employer's State Identification Number

Type or print EMPLOYER'S F	ederal Identification number, na	ame, and address above.		Identification Number		Copy D— For Employer
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATUS	*
Federal income tax withheld		Other compensation paid in 1972 ²	FICA employee tax withheld ³	Total FICA wages paid in 1972 *	1. Single 2. Married	
Withleid						.**
EMPLOYEE'S social sec	urity number 🕨		Name of State	State Form No.		State income tax withheld
			Name of City	City Form N	10.	City income tax withheld
			 Includes tips reported exclusion. Report salary or other The social security (F 	d by employee. Amount r employee compensation TCA) rate of 5.2% inclu e, survivors, and disabilit	is before pays which was no des .6% for	te if different from Federal roll deductions or sick pay it subject to withholding. Hospital Insurance Benefits
Type or print EMPLOYEE'S name and address (including ZIP code) above.			Uncollected Em	ployee Tax on Tips		\$

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

State Identification Numb

			Employer's State Identification Number			Conv. D	
Type or print EMPLOYER'S F	ederal Identification number, na	ime, and address above.				Copy D— For Employer	
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATUS	*	
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972 ²	FICA employee tax withheld ³	Total FICA wages paid in 1972 *	1. Single 2. Married	**	
EMPLOYEE'S social sec	urity number 🕨		Name of State	State Form No.		State income tax withheld	
			Name of City	City Form No).	City income tax withheld	
			 Includes tips reported exclusion. Report salary or other The social security (Fill) 	by employee. Amount is employee compensation w CA) rate of 5.2% include survivors, and disability	before pays which was no es .6% for	te il different from Federal. te il different from Federal. oll deductions or sick pay t subject to withholding. Hospital Insurance Benefits	
Type or print EMPLOYEE'S name and address (including ZIP code) above.			Uncollected Emp	loyee Tax on Tips	· · · ·	\$	

FORM W-2 Department of the Treasury, Internal Revenue Service

WAGE AND TAX STATEMENT 1972 (For use in States or Cities authorizing combined form)

			Employer's State Identification Number			Conv. D	
Type or print EMPLOYER'S Federal Identification number, name, and address above.					Copy D— For Employer		
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION		STATUS	*	
Federal income tax withheld	Wages paid subject to withholding in 1972 ¹	Other compensation paid in 1972 ²	FICA employee tax withheld ³	Total FICA wages	1. Single		
				paid in 1972 4	2. Married	**	
EMPLOYEE'S social sec	urity number ►		Name of State	State Form	No.	State income tax withheld	
	ا مىپ يېرىكى تىكىنى يېرىكى يېرىكى		Name of City	City Form 1	١ ٥.	City income tax withheld	
			 ¹ Includes tips reported exclusion. ² Report salary or other ³ The social security (FI and 4.6% for old age ⁴ Includes tips reported 1 	by employee. Amount employee compensation CA) rate of 5.2% inclu , survivors, and disabili	is before pay which was no des .6% for	te if different from Federal roll deductions or sıck pay ot subject to withholding. Hospital Insurance Benefit	
Type or print EMPLOYEE'S name and address (including ZIP code) above.			Uncollected Emp	lovee Tax on Tips	· · ·	\$	

FORM W-2 Department of the Treasury, Internal Revenue Service

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) from whom income tax would have been withheld for any payroll period during the year, if the employee had claimed no more than one withholding exemption (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 Center, 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 "0.

(c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If you keep the records described in Circular E you may also enter amounts of excludable sick pay in the space designated.

(d) Other compensation. Include all other compensation (amounts includible in gross income but not subject to income tax withholding) paid to an employee.

(e) Total amount of FICA employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in 1972 ☆ U. S. GOVERNMENT PRINTING OFFICE: 1972 - 418-016 EI - 36 - 2441915

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) from whom income tax would have been withheld for any payroll period during the year, if the employee had claimed no more than one withholding exemption (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 Center, 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 "0."

(c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If you keep the records described in Circular E you may also enter amounts of excludable sick pay in the space designated.

(d) Other compensation. Include all other compensation (amounts includible in gross income but not subject to income tax withholding) paid to an employee.

(e) Total amount of FICA employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in 1972 ☆ U. S. GOVERNMENT PRINTING OFFICE: 1972 - 418-016 EI - 36 - 2441915

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) from whom income tax would have been withheld for any payroll period during the year, if the employee had claimed no more than one withholding exemption (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 Center, 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 "0."

(c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If you keep the records described in Circular E you may also enter amounts of excludable sick pay in the space designated.

(d) Other compensation. Include all other compensation (amounts includible in gross income but not subject to income tax withholding) paid to an employee.

(e) Total amount of FICA employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in 1972

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to correct the tax for a prior year, enter the amount withheld in 1972 increased by the adjustment for an overcollection or decreased by the adjustment for an undercollection). If FICA wages were paid or tips reported but no employee tax was deducted, enter "None" or "0."

(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 FICA, enter "None" or "O." No FICA wage entry need be made if (1) FICA wages equal the total wages for income tax withholding purposes, or (2) FICA wages are the maximum and the total wages for income tax withholding purposes exceed the maximum amount subject to FICA tax.

(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 Center. For further information see Form 941 and Circular E. Farmers, see Circular A.

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