	For Officia	I Use Only	Wage	and Tax	State	ement	19 76
			[Type or print EMPLOYER'S name, address, ZIP code and		Copy A Fo evenue Servi	
				Federal identifying number.	Emplo	yer's State iden	tifying number
21 🗌	Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employ withheld	ee tax	4 Total Fl	CA wages
	Type or print Employee's name (Name must aline with arr	e, address, and ZIP code below. ow)	5 Was employee covered by a qualified pension plan, etc.?	6 *		7*	
Name 🕨			8 State or local tax with- held	9 State or local	wages	10 State or	locality
			11 State or local tax with- held	12 State or local	wages	13 State or	locality
			* See instructions on back of				
I	Form W-2		Form W–3 and back of Co Wage	py D Departm			11976
	For Unicia	I Use Only		Type or print EMPLOYER'S name, address, ZIP code and Federal identifying	, C R	Copy A Fo evenue Servi yer's State ider	ce Center
				number.		.	
21 📋	Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employ withheld	ee tax	4 Total Fi	CA wages
Name D	Type or print Employee's name (Name must aline with arr	e, address, and ZIP code below. ow)	5 Was employee covered by a qualified pension plan, etc.?	6 *		7*	
			8 State or local tax with- held	9 State or local	wages	10 State or	locality
			11 State or local tax with- held	12 State or local	wages	13 State of	· locality
ł	Form W-2	See instructions on	Form W–3 and back of Co		ent of the	Treasury—Intern	nal Revenue Servic
	1		I		01.1		40 70
	For Officia	I Use Only	Wage	and Tax	1		1976
				EMPLOYER'S name, address ZIP code and Federal	, R	Copy A Fo Revenue Servi	ce Center
				identifying number.	Emplo	ver's State ider	tifying number
21	Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employ withheld	ree tax	4 Total Fl	CA wages
Neme	Type or print Employee's name (Name must aline with arr	e, address, and ZIP code below. ow)	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *	
Name 🕨			8 State or local tax with- held	9 State or local	l wages	10 State o	r locality
			11 State or local tax with- held	12 State or loca	l wages	13 State o	r locality
			* See instructions on back	of Copy D			

Department of the Treasury-Internal Revenue Service

See instructions on Form W-3 and back of Copy D

		Wage	and Tax St	tatement 19 76
		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax 4 Total FICA wages
Type or print Employee's nam	e, address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local wa	ges 10 State or locality
		11 State or local tax with- held	12 State or local wa	ges 13 State or locality
		a de la del Miller d'al de la compañía de la compañ		

Wage and Tax Statement 1976

			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Ci En empl	Copy 1 For State, ty, or Local Tax Dept. mployee's copy and over's copy compared rer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and othe compensation	r 3 FICA employed withheld	e tax	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?			7
		8 State or local tax with held	- 9 State or local v	wages	10 State or locality
		11 State or local tax with held	- 12 State or local v	wages	13 State or locality

	<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared Employer's State identifying number
1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax 4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		6	7
	8 State or local tax with- held	9 State or local w	vages 10 State or locality
	11 State or local tax with- held	12 State or local w	vages 13 State or locality
		1 Federal income tax withheld 2 Wages, tips, and other compensation ne, address, and ZIP code below. 5 Was employee covered by a qualified pension plan, etc.? 8 State or local tax withheld 11 State or local tax withheld	1 Federal income tax withheld 2 Wages, tips, and other compensation 3 FICA employee withheld 1 Federal income tax withheld 2 Wages, tips, and other compensation 3 FICA employee withheld 1 Federal income tax withheld 2 Wages, tips, and other compensation 3 FICA employee withheld 1 Federal income tax withheld 5 Was employee covered by a qualified pension plan, etc.? 6 8 State or local tax withheld 9 State or local v 11 State or local tax withheld 12 State or local v

		Wage	and Tax S	Statement 19976
		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy B To be filed with employee's FEDERAL tax return Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax 4 Total FICA wages
Type or print Employee's nam	e, address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local v	vages 10 State or locality
		11 State or local tax with- held	12 State or local v	vages 13 State or locality

Form W-2

This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

Wage and Tax Statement 1976

		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy B To be filed with employee's FEDERAL tax return Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax 4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local w	vages 10 State or locality
		11 State or local tax with- held	12 State or local w	vages 13 State or locality
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Form W-2

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Department of the Treasury-Internal Revenue Service

		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.		Copy B To be iled with employee's FEDERAL tax return er's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6		7
		8 State or local tax with- held	9 State or local v	vages	10 State or locality
		11 State or local tax with- held	12 State or local v	vages	13 State or locality

See instructions for Form 1040 or Short Form 1040A for information on who must file a U.S. Income Tax Return.

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		Wage	and Tax S	tatement 19 76
		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy C For employee's records Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax 4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local w	ages 10 State or locality
		11 State or local tax with- held	12 State or local w	ages 13 State or locality
Form W2 This is	nformation is being furnished to	the Internal Revenue Service	e. Department	of the Treasury—Internal Revenue Servic

Wage and Tax Statement 1976

		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy C For employee's records Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheid	tax 4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held.	9 State or local w	ages 10 State or locality
		11 State or local tax with- held	12 State or local w	ages 13 State or locality

Form W-2

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Department of the Treasury-Internal Revenue Service

		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Employ	Copy C For employee's records yer's State identifying number	
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax	4 Total FICA wages	
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6		7	
		8 State or local tax with- held	9 State or local w	vages	10 State or locality	
		11 State or local tax with- held	12 State or local w	vages	13 State or locality	

NOTICE TO EMPLOYEE:

You must file Copy B of this Form W-2 with your Federal income tax return for 1976. If applicable, file Copy 2 with your State or local income tax return for 1976. If your social security number, name, or address is incorrectly shown, please correct Copies B, C, and 2, and notify your employer.

1. Wages Subject to Social Security (FICA) Taxes.—If your wages are subject to FICA taxes and there is no entry in box 4, then box 4 is either (a) the same as the amount shown in box 2, or (b) is the maximum amount subject to FICA taxes.

2. Credit for FICA Tax.—If more than the maximum FICA (social security and hospital insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld during 1976 because you received wages from more than one employer, claim the excess as a credit against your Federal income

tax. (See your Federal income tax return instructions.) The social security (FICA) rate of 5.85% includes 0.90% for hospital insurance benefits and 4.95% for old-age, survivors', and disability insurance.

3. Box 5.—If you were covered by a qualified pension or profit-sharing retirement plan, the word "YES" will be entered in box 5. If you were not covered by a qualified plan, the word "NO" will be entered in box 5.

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		Wage	and Tax Sta	
		\langle	ZIP code and en	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and mployer's copy compared mployer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee t withheld	ax 4 Total FICA wages
Type or print Employee's nam	e, address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local wag	es 10 State or locality
		11 State or local tax with- held	12 State or local wag	es 13 State or locality

		<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax 4 Total FICA wages
Type or print Employee's nam	Type or print Employee's name, address, and ZIP code below.		6	7
		8 State or local tax with- held	9 State or local w	ages 10 State or locality
		11 State or local tax with- held	12 State or local w	ages 13. State or locality

		Wage	ZIP code and	ement 1976 Copy 2 To be filed themployee's State, City, Local Income Tax Return Employee's copy and obyer's copy compared over's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local wages	10 State or locality
		11 State or local tax with- held	12 State or local wages	13 State or locality

	Wage	and Tax S	State	ement 19 76
	<	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number	Employ	Copy D For employer yer's State identifying number
1 Federal Income tax withheld	2 Wages, tips, and other compensation		tax	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		6		7
		9 State or local w	vages	10 State or locality
	11 State or local tax with- held	12 State or local w	ages	13 State or locality
		1 Federal Income tax withheld 2 Wages, tips, and other compensation address, and ZIP code below. 5 Was employee covered by a qualified pension plan, etc.? 8 State or local tax withheld 11 State or local tax withheld	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number. 1 Federal Income tax withheld 2 Wages, tips, and other compensation 3 FICA employee withheld address, and ZIP code below. 5 Was employee covered by a qualified pension plan, etc.? 6 8 State or local tax with- held 9 State or local w 11 State or local tax with- 12 State or local w	Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number. 1 Federal Income tax withheld 2 Wages, tips, and other compensation 3 FICA employee tax withheld 3 FICA employee tax withheld 6 9 State or local wages 11 State or local tax with- 12 State or local wages

Form W-2

Department of the Treasury-Internal Revenue Service

Wage and Tax Statement 76 19 Type or print EMPLOYER'S Copy D name, address, ZIP code and For employer Federal identifying number. Employer's State identifying number 1 Federal Income tax withheld 2 Wages, tips, and other 3 FICA employee tax 4 Total FICA wages

Employee's social security number	1 Federal Income tax withheld	2 Wages, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6	7
		8 State or local tax with- held	9 State or local wages	10 State or locality
		11 State or local tax with- held	12 State or local wages	13 State or locality
		1		

Form W-2

Department of the Treasury---Internal Revenue Service

		Wage	and Tax S	Staten	nent 19 76	
			Type or print EMPLOYER'S name, address, ZIP code and		Copy D For employer	
		\	Federal identifying number.	Employer's State identifying number		
Employee's social security number	1 Federal income tax withheld	2 Wages, tips, and other compensation	3 FICA employee withheld	tax	4 Total FICA wages	
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6		7	
		8 State or local tax with- held	9 State or local w	vages 1	0 State or locality	
		11 State or local tax with- held	12 State or local w	vages 1	3 State or locality	

Instructions for Preparing Form W-2

This 6-part wage and tax statement is acceptable in most States, but if you are in doubt, ask your appropriate State or local official about its acceptability.

Prepare this form for each employee:

(a) from whom you have withheld income tax or social security tax during the year, or

(b) from whom you would have withheld income tax for any payroll period during the year if the employee had claimed no more than one withholding allowance, or

(c) to whom you paid \$600 or more during the year, or

(d) to whom you paid remuneration (which is includible in your employee's gross income) for services, including the cash value of such remuneration paid in any medium other than cash. This applies if you are engaged in a trade or business and the employee is covered by a deferred compensation plan described in section 404 of the Internal Revenue Code (whether or not such plan is "qualified").

Give Copies B, C, and 2 to the employee either (a) on or before January 31, 1977, if the employee is in your employ at the close of the year,

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Give Copies B, C, and 2 to the employee either (a) on or before January 31, 1977, if the employee is in your employ at the close of the year, or (b) within 30 days after the last wage payment, if employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before February 28, 1977. (For further information, see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, name, and address; and the following information, as applicable:

Box 1.--Federal income tax withheld.

Box 2. Wages, tips, and other compansation.—The sum of wages paid (including sick pay and non-cash remuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal income tax withholding). The amount in box 2 is before any payroll deductions.

Box 3. FICA employee tax withheld.—Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1976 to correct the FICA taxes for a prior year, see Form W-3.

Box 4. Total FICA wages.—Total wages paid and tips reported (before payroll deductions) subject to FICA. Non-cash remuneration is con-

or (b) within 30 days after the last wage payment, if employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before February 28, 1977. (For further information, see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, name, and address; and the following information, as applicable:

Box 1.--Federal income tax withheld.

Box 2. Wages, tips, and other compensation.—The sum of wages paid (including sick pay and non-cash remuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal income tax withholding). The amount in box 2 is before any payrol! deductions.

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Box 5.—If employee was covered by a qualified pension or profit-sharing retirement plan enter the word "Yes." If employee was not covered by a qualified plan enter the word "No."

Boxes 6 and 7.—Complete boxes 6 and/or 7 if the following applies:

(a) If there was uncollected employee FICA tax on tips.—See Circular E for Instructions.

(b) Enter the cost of group-term life insurance you provided for your employee to the extent that it exceeds \$50,000 of coverage.

If (a) or (b) does not apply, you may show "excludable sick pay" (See Circular E for instructions) or any other information that you want to furnish to your employee.

Any entry made in these boxes must be clearly identified on all copies.

If this is a corrected form check the box in the left margin and type the words CORRECTED RETURN in all caps directly above the title "Wage and Tax Statement."

☆ GPO : 1975--O-575-024

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