1 Control number	222	2 Employer's Sk	ite number			For Official Use Only		
3 Employer's name, address, and ZIP code			4 Sub- total	Cor- rection	Void	Make No Entry Here		
10 Employee's social security numb	er 11 Federal inc	come tax withheld	12 Wages, t	ips, other co	mpensation	13 FICA tax withheld	14 Total FICA wages	
15 Employee's name (first, s	niddle, last)		16 Pension plan coverage? Yes/No			17+	18 FICA tips	
			20 State Ind	come tax wi	thheid	21 State wages, tips, etc.	ZZ Name of State	
19 Employee's address and ZIP code			23 Local Income tax withheld			24 Local wages, tips, etc.	25 Name of locality	
Wage and Tax Statement		1978			COPY A For Social Security Administration *See Instructions for Forms W-2 and W-2P and back of Copy D			

Department of the Tressury-Internal Revenue Service 263-454-1

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1 Centrol number		2 Employer's St	te number					
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3 Employer's name, address, and ZIP code		4 Sub- total	Cor- rection	Void	Make No Entry Here			
10 Employee's social security number 11 Federal income tax withheld		12 Wages, Ups, other compensation			13 FICA tex withheld	14 Total FICA wagas		
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			20 State in	come tex w	ithheld	21 State wages, tips, etc.	22 Name of State	
19 Employee's address and	ZiP code		23 Local in	come tax wi	ithheld	24 Local wages, tips, etc.	25 Name of locality	
Wage and Tax Statement			1978			COPY A For Social Security Administration "See Instructions for Forms W-2 and W-2P and back of Copy D		

Form W-2

Department of the Treasury-Internal Revenue Service 263-454-1

1 Control number		2 Employer's Sta	ite number	er l					
	555					For Official Use	Only		
3 Employer's name, address, and ZIP code			 Sub- totai 7 Employer 	Cor- rection	Void	Make No Entry Here			
10 Employee's social security number 11 Federal income tax withheld		12 Wages, tips, other compensation			13 FICA tax withheld	14 Total FICA wages			
15 Employee's name (first	, middle, fast)	<u></u>	16 Pension plan coverage? Yas/No			17*	18 FICA tips		
	×		20 State Inc	come tax wit	bheld	21 State wages, tips, etc.	22 Name of State		
19 Employee's address an	d ZIP code		23 Local Inc	come tax wit	hheid	24 Local wages, tips, etc.	25 Name of locality		
Wage and Tax Statement			1978			COPY A For Social Security Administration *See Instructions for Forms W-2 and W-2P and back of Copy D			

1 Control sumber	225	2 Employer's St	ste number	7			
3 Employer's name, address, and ZIP code			4 Sub- total	Cor- rection	Void	Make No	e Entry Here
10 Employee's social security number 11 Federal Income fax withheld 15 Employee's name (first, middle, last)		12 Wages, tips, other compensation 16 Pension plan coverage? Yes/No			13 FICA tex withheld	14 Total FICA wages 18 FICA lipe	
		······································	20 State in	come tax wi	thbeld	21 State wages, tips, etc.	22 Hame of State
19 Employee's address	and ZIP code		23 Locel in	icome tax wi	thheid	24 Local wages, tips, etc.	25 Name of locality
Wage and Tax Statement			1	978			y, or Local Tax Department yer's copy compared.

A U.S. GOVERNMENT PRINTING OFFICE : 1978-0-263-454

263-454-1

1 Control number	222	2 Employer's St	nte number						
3 Employer's name, address, and ZIP code			4 Sub- totai	Cor- rection	Yoid	Make No Entry Here			
10 Employee's social security :	umber 11 Federal in	come tax withheld	12 Wages, ti	ps, other cor	pensation	13 FICA tax withheld	14 Total FICA wages		
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			20 State inc	ome tax wit	hheid	21 State wages, tips, etc.	22 Name of State		
19 Employee's address and ZIP code			23 Local income tax withheld			24 Local wages, tips, etc.	25 Name of locality		
Wage and Tax Statement		978		••	y, or Local Tax Department yer's copy compared.				

A U.S. GOVERNMENT PRINTING OFFICE : 1978-0-263-454

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1 Centrol number	2 Employer's St	ate aumber	1					
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3 Employer's name, address, and ZIP code		4 Sub- total	Cor- rection	Void	Make No	entry Here		
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			20 State Inc	ome tax with	held	21 State wages, tips, stc.	22 Name of State	
19 Employee's address an	d ZIP code		23 Local inc	ome tax with	neld	24 Local wages, tips, etc.	25 Name of locality	
Wage and Tax Statement			1978			Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared.		

1 Control member	r	2 Employer's Sta	te sunber	٦				
	555							
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15 Employee's name (first	, middle, last)		16 Pension plan coverage? Yes/No			17	18 FICA tips	
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			20 State in	come tax with	bid	21 State wages, tips, stc.	22 Name of State	
			23 Local in	come tax withi	veid	24 Locel wages, tips, str.	25 Name of locality	
19 Employee's address an	d ZIP code							
Wage and	1978			Copy B To be filed with employee's FEDERAL tax return				

This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internet Revenue Service 263-454-1

1 Control number	222	2 Employer's \$1	ate number]				
3 Employer's name, address, and ZIP code		4 Sub- total 7 Employer	Cor- rection 'a identification	Void aumber	Make No	Entry Here		
10 Employee's social security number 11 Federal Income tax withheid			12 Wages, tipe, other compensation			13 FICA tax withhold	14 Total FLCA wages	
15 Employee's name (first	, middle, last)		16 Pension plan coverage? Yes/No			17	18 FICA tips	
			20 State Inc	ome tax withhe	4	21 Stats weges, tips, stc.	22 Name of State	
19 Employee's address and ZIP code			23 Local Income tex withheld			24 Local wages, Lips, etc.	25 Manue of locality	
Wage and Tax Statement			1978			Copy B To be filed with employee's FEDERAL tax return		

Form W--2 This Information is being furnished to the Internal Revenue Service.

Department of the Treasury—Internal Revenue Service 263-454-1

1 Control number		2 Employer's Sta	to number	7				
	222							
J Employer's name, address, and ZIP code			4 Sub- totat 7 Employer	Cor- rection 1	oid	Make No Entry Here		
10 Employee's social security number 11 Federal Income tax withheld			12 Wages, tips, other compensation			13 FICA tax withheld	14 Total FICA wages	
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			20 State inc	ome tax withhel	1	21 State wages, tips, etc.	22 Name of State	
19 Employee's address and ZIP code			23 Local Income tex withheld			24 Local wages, tips, etc.	25 flame of locality	
Wage and	I Tax Stat	ement 197		978		Copy B To be filed with employee's FEDERAL return		

Form W-2

The Tax Reduction and Simplification Act of 1977 extended the earned income credit through 1978. You may be able to get a special refund or credit of up to \$400. Instructions for Form 1040 and Form 1040A give information on who must file a U.S. income tax return and who can claim the earned income credit.

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The Tax Reduction and Simplification Act of 1977 extended the earned income credit through 1978. You may be able to get a special refund or credit of up to \$400. Instructions for Form 1040 and Form 1040A give information on who must file a U.S. income tax return and who can claim the earned income credit. 263-454-1

TO U.S. BOVERNMENT PRINTING OFFICE + 197-0-283-454

The Tax Reduction and Simplification Act of 1977 extended the earned income credit through 1978. You may be able to get a special refund or credit of up to \$400. Instructions for Form 1040 and Form 1040A give information on who must file a U.S. income tax return and who can claim the earned income credit.

1 Control number	222	2 Employer's St	le number]			
\$ Employer's name, address, and ZIP code		4 Sub- total 7 Employer	Cor- rection	Void	Make No	o Entry Here	
10 Employee's societ security number 11 Federal Income tax withheld			12 Wages, tips, other compensation			13 FICA tax withheld	14 Tatal FICA wages
15 Employee's name (f	irst, middle, last)		16 Pension plan coverage? Yes/No			17	18 FICA tips
			20 State In	come tax w	lthheld	21 State wages, tips, etc.	22 Name of Stato
19 Employee's address and ZIP code			23 Local Income tax withheld			24 Local wages, tips, etc.	25 Name of locality
Wage and Tax Statement			1978			Copy C For employee's records	

Department of the Treasury---(aternal Revenue Service 263-454-1

1 Control number	2 Employer's State number	7				
S Employer's name, address, and ZIP code	4 Sub- total 7 Employer	Cor. Vold rection Vold	Make No Entry Here			
10 Employes's social security number 11 Federal inco	ome tax withheld 12 Wages, t	ips, other compensation	13 FICA tax withheld 14 Total FICA wages			
15 Employee's name (first, middle, last)	15 Pension	plan coverage? Yes/No	17	18 FICA tipe		
	20 State in	come tax withheld	21 State weges, tips, etc.	22 Name of State		
19 Employee's address and ZIP code	Za Lecal in	come tax withheld	24 Local wages, tips, etc.	25 Name of locality		
Wage and Tax Stat	978	Copy C For employee's r	ecords			

Form W--2 This information is being furnished to the Internal Revenue Service. Department of the Treasury--Internal Revenue Service 263-454-1

1 Control number	1	2 Employer's Sta	ete number	1				
1	222							
3 Employer's name, address, and ZIP code			4 Sub- total	Cor- Vo rection	bid			
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			7 Employer'	's Identification at	umber	Make No	Entry Here	
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15 Employee's name (first	, middle, last)		16 Pension plan coverage? Yes/No			17	18 FICA tips	
·			20 State Inc.	ome tax withheld		21 State wages, tips, etc.	22 Name of Stato	
19 Employee's address ar	d 710 code		23 Local inc	come tax withheld		24 Local wages, tips, etc.	25 Name of locality	
19 Employee's address an	O LIP CODE		<u> </u>]		1	
Wage and Tax Statement			1978			Copy C For employee's records		

Form W-2

Notice to Employee:

File Copy B of this form with your Federal income tax return for 1978. Attach Copy 2 to your State or local income tax return you file for 1978. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2, and let your employer know.

If you have non-wage income of more than \$500 and will owe tax of \$100 or more, you should file Form 1040ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year.

Credit for FICA Tax.---If more than one employer paid you wages during 1978 and more than the maximum FICA (social security and hospital insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security (FICA) rate of 6.05%, under Public Law 93–233, includes 1.10% for hospital insurance benefits and 4.95% for old-age, survivors, and disability insurance.

Box 16.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, box 16 will show YES. Otherwise, box 16 will show NO. Armed forces reservists, national guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Form 5329.

TUS, GOVERNMENT PRRITING OFFICE : 1979-O-289-454

263-454-1

Notice to Employee:

File Copy B of this form with your Federal income tax return for 1978. Attach Copy 2 to your State or local income tax return you file for 1978. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2, and let your employer know.

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Credit for FICA Tax.—If more than one employer paid you wages during 1978 and more than the maxi-

mum FICA (social security and hospital insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security (FICA) rate of 6.05%, under Public Law 93-233, includes 1.10% for hospital insurance benefits and 4.95% for old-age, survivors, and disability insurance.

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AUS. COVERINGENT PRINTING OFFICE : 1979-0-263-454

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Notice to Employee:

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mum FICA (social security and hospital insurance) employee tax, railroad retirement (RRTA) tax, or combined FICA and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security (FICA) rate of 6.05%, under Public Law 93–233, includes 1.10% for hospital insurance benefits and 4.95% for old-age, survivors, and disability insurance.

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1 Control number	555	2 Employer's Sta	ite number]					
3 Employer's name, address, and ZIP code			4 Sub- totai	Car- rection	Void	Make No Entry Here			
10 Employee's social security	number 11 Federal in	come tax withheld	12 Wages,	tips, other con	npensation	13 FICA tax withheld	14 Tatel FICA wages		
15 Employee's name (fl	rst, middle, last)	<u></u>	15 Pension	plan coverag	el Yes/No	17	18 FICA tips		
		<u></u>	20 State in	come tax wit	hheld	21 State wages, tips, etc.	22 Name of Stato		
19 Employee's address	and ZIP code		23 Local in	icome tax wil	hheld	24 Local weges, tips, etc.	25 Name of locality		
Wage and Tax Statement			1978			Copy 2 To be filed with employee's State, City, or Local income tax return. Employee's and employee's copy compared.			

* U.S. GOVERNMENT PRINTING OFFICE : 1878-0-253-454

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1 Control number		Z Employer's St	tte number	1				
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3 Employer's name, address, and ZIP code			4 Sub- total	Cor- rection	Void	Make No Entry Here		
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15 Employee's name (first,	middle, last)		16 Pension	plan covera	ze? Yes/No	17	18 FiCA tips	
			20 State in	come tax wi	thheld	21 State wages, tips, atc.	22 Name of State	
19 Employee's address and	d ZIP code		23 Local in	come tax wi	thheld	24 Local wages, tips, etc.	25 Name of locality	
Wage and Tax Statement			1978			Copy 2 To be filed with employee's State, City, or Local income tax return. Employee's and employer's copy compared.		

TUS. GOVERNMENT PRINTING OFFICE : 1978-O-283-454

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1 Control number		2 Employer's St	ite number					
	555			<u> </u>				
3 Employer's name, address, and ZIP code			4 Sub- total	Cor- rection	Void	Make No Entry Here		
10 Employee's social security nun	iber 11 Federal in	come tax withheld	12 Wages,	tips, other co	mpensation	13 FICA tax withheld	14 Total FICA wages	
IS Employee's name (first, middle, last)			16 Pensian plan coverage? Yes/No			17	18 FIÇA tips	
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1 Control annaber		2 Employer's Su	le number	7			
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15 Employee's name (first	, middle, last)		16 Pension plan coverage? Yes/No			17	18 FICA tips
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19 Employee's address an	d ZIP code		23 Local Ind	come tux withhe	d	24 Local wages, tipe, etc.	25 Name of locality
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TUS. GOVERNMENT PRINTING OFFICE : 107-0-263-454

Department of the Treasury-Internal Revenue Service

263-454-1

1 Contral number	225	2 Employer's St	ate number	1				
3 Employer's name, address, and ZIP code		4 Sub- total 7 Employer	Cor- rection	Void	Make No	o Entry Here		
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1 Control number		2 Employer's State sumber						
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3 Employer's name, address, and ZiP code			4 Sub- total	Car- rection Void	m M	Make No Entry Here		
10 Employes's social security nur	nber 11 Federal inc	ome tax withheld	12 Wages, t	ips, other compensati	n 13 FICA tax withhe	aid	14 Total FICA wages	
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19 Employee's address an	d ZIP code		23 Local inc	one tax withheid	24 Local wages, tip	ia, etc.	25 Name of locality	
Wage and Tax Statement			1	978	Copy D For en	Copy D For employer		

Instructions for Preparing Form W-2

Note: The information requested in boxes 5, 6, 8, and 9 of the prior version of this form is no longer needed because of a change in law. Make no entry in this space.

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1978.

(a) You withheld income tax or social security tax.

(b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.

(c) You paid \$600 or more.

(d) You paid for services any amount, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

By January 31, 1979, give Copies B, C, and 2 to each person who was your employee at the end of 1978. For anyone who stopped working for you before the end of 1978, you should give copies within 30 days after the last wage payment. Send Copy A to the Social Security Administration by February 28, 1979. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

263-454-1

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