| 1 Control number | 22222 | | For Paperwork Reduction Act Notice, see back of Copy D. For Official Use Only OMB No. 1545–0008 | | | | | | | | |
|-------------------------------------|-------------------|---------------------------|---|---------------|--------------|--------|--------------|----------------|---------------------|-----------------|------|
| 2 Employer's name, address, and | ZIP code | | 3 Employer | 's identifica | ation nu | umber | | 4 Employ | er's State | number | |
| | | | 5 Stat.em- ployee | De- ceased | Pens plan | | .egal ep. | 942 emp. | Sub- total | Cor- rection | Void |
| | | 6 * 7 Advance EIC payment | | | | | | | ment | | |
| 8 Employee's social security number | er 9 Federal inco | me tax withhold | 10 Wages, tips, other compensation 11 | | | | | | 1 FICA tax withheld | | |
| 12 Employee's name (first, middle, | last) | | 13 FICA wa | ages | | | | 14 FICA tip | os | | |
| | | | 16 Employe | er's use | | | | | | | |
| | | | 17 State inc | come tax | | 18 Sta | ate wage | es, tips, etc. | 19 Nar | ne of Stat | e |
| | | | 20 Local in | come tax | | 21 Loc | cal wage | s, tips, etc. | 22 Nar | ne of loca | lity |
| 15 Employee's address and ZIP co | | | | | | | | | | | |

Form W–2 Wage and Tax Statement 1982

Copy A For Social Security Administration *See Instructions for Forms W–2 and W–2P Department of the Treasury Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

| 1 Control number | 22222 | For Paperwork Red Notice, see back of OMB No. 1545–000 | f Copy D. For Official Use Only | | | | | | | | | |
|-------------------------------------|-------------------|--|--|--|----------------|---------------------------------------|---------------------|--|--|--|--|--|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identific | 3 Employer's identification number 4 Emplo | | | | | | | | |
| | | | 5 Stat.em- De- ployee ceased | Pension Legal plan rep. | emp. | Sub- Cor- total rection | Void | | | | | |
| | | | | | | | | | | | | |
| 8 Employee's social security number | er 9 Federal inco | 10 Wages, tips, other | 10 Wages, tips, other compensation 11 Flue | | | | | | | | | |
| 12 Employee's name (first, middle, | last) | | 13 FICA wages | | 14 FICA tip | ps | | | | | | |
| | | | 16 Employer's use | | | | | | | | | |
| | | | 17 State income tax | 18 State wage | es, tips, etc. | 19 Name of State | | | | | | |
| 15 Employee's address and ZIP co | de | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of localit | ý | | | | | |
| Form W–2 Wage and Ta | ax Statement | 1982 | Copy A For Social Secu *See Instructions for Fo | | | Department of the Internal Revenue | Treasur e Servic | | | | | |

Do NOT Cut or Separate Forms on This Page

| 1 Control number | 22222 | For Paperwork Reduction Act Notice, see back of Copy D. For Official Use Only OMB No. 1545–0008 | | | | | | | | | |
|---|---------|---|----------------------------|----------------|---------------|---------------------------------------|----------------------|---------------|-----------------|------|--|
| 2 Employer's name, address, and Z | IP code | | 3 Employer | r's identifica | ation nu | mber | 4 Employ | ver's State | number | | |
| | | | 5 Stat.em- ployee | De- ceased | Pensi plan | on Legal rep. | 942 emp. | Sub- total | Cor- rection | Void | |
| | | 6 * 7 Advance EIC pay | | | | | | ment | | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, | tips, other | nsation | 11 FICA t | 11 FICA tax withheld | | | | |
| 12 Employee's name (first, middle, la | ast) | | 13 FICA wages 14 FICA tips | | | | | | | | |
| | | | 16 Employe | er's use | | | | | | | |
| | | | 17 State ind | come tax | | 18 State w | ages, tips, etc. | 19 Nan | ne of Stat | e | |
| 15 Employee's address and ZIP code | | | | come tax | | 21 Local wages, tips, etc. 22 Name of | | | ne of loca | lity | |

Form W–2 Wage and Tax Statement 1982

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | | | | |
|---|------------|-------------------|---|---------------|--------------|-------|--------------|----------------|---------------|-----------------|------|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identification number 4 Employer's State num | | | | | | | e number | |
| | | | 5 Stat.em- ployee | De- ceased | Pens plan | | .egal ep. | 942 emp. | Sub- total | Cor- rection | Void |
| | | | 6 | | | | | 7 Advance | e EIC pay | rment | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other compensation 11 FICA tax v | | | | | | ax withhe | ld | |
| 12 Employee's name, address, and | I ZIP code | | 13 FICA wa | ages | | | | 14 FICA ti | ps | | |
| | | | 16 Employe | er's use | | | | | | | |
| | | | 17 State inc | come tax | | 18 St | ate wage | es, tips, etc. | 19 Nai | me of State | e |
| | | | 20 Local in | come tax | | 21 Lo | cal wage | s, tips, etc. | 22 Nai | me of local | lity |

Wage and Tax Statement 1982

Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared.

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | |
|---|------------|-------------------|--|-------------------------|---------------------------|------------------------------------|--|--|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identification | number | 4 Employer's State number | | | |
| | | | ployee ceased pla | ension Legal an rep. | emp. | Sub- total Cor- rection Void | | |
| | | | 6 | | 7 Advance | EIC payment | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other com | pensation | 11 FICA tax withheld | | | |
| 12 Employee's name, address, and | I ZIP code | | 13 FICA wages | | 14 FICA tip | 05 | | |
| | | | 16 Employer's use | | | | | |
| | | | 17 State income tax | 18 State wage | s, tips, etc. | 19 Name of State | | |
| | | | 20 Local income tax | 21 Local wages | s, tips, etc. | 22 Name of locality | | |
| | | | or State, City, or Local by ee's and employer's co | | | | | |

Wage and Tax Statement 1982

Employee's and employer's copy compared.

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | |
|---|---|---------------------|--|-------------------|----------------------|-------------------------|------|--|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identification n | er's State number | | | | |
| | | | 5 Stat.em- De- Pen ployee ceased plan | | emp. | Sub-Cor-Vitotal Fection | /oid | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other compe | ensation | 11 FICA tax withheld | | | |
| 12 Employee's name, address, and | I ZIP code | | 13 FICA wages 14 FICA tips | | | | | |
| | | | 16 Employer's use | | | | | |
| | | | 17 State income tax | 18 State wage | s, tips, etc. | 19 Name of State | | |
| | 20 Local income tax | 22 Name of locality | | | | | | |
| Wage and T | or State, City, or Local Tabyee's and employer's copy | | | | | | | |

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | | | | |
|---|------------|-------------------|---|---------------|--------------|------------|---------------------------|----------------|---------------|-----------------|------|
| 2 Employer's name, address, and | ZIP code | | 3 Employer | 's identifica | umber | | 4 Employer's State number | | | | |
| | | | 5 Stat.em- ployee | De- ceased | Pens plan | ion L r | .egal ep. | 942 emp. | Sub- total | Cor- rection | Void |
| | | | 6 | | | | | 7 Advance | EIC pay | ment | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other compensation 11 FIC | | | | | | tax withheld | | |
| 12 Employee's name, address, and | I ZIP code | | 13 FICA wa | ages | | | | 14 FICA tip | os | | |
| | | | 16 Employe | er's use | | | | | | | |
| | | | 17 State inc | come tax | | 18 St | ate wage | es, tips, etc. | 19 Nar | me of State | e |
| | | | 20 Local in | come tax | | 21 Lo | cal wage | s, tips, etc. | 22 Nar | me of loca | lity |

Form W–2 Wage and Tax Statement 1982

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 Internal Revenue Service

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | |
|---|----------|-------------------|---------------------------------|----------------------------|-------------------|---------------------------------|--|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identifica | 4 Employ | er's State number | | |
| | | | 5 Stat.em- De- ployee ceased | Pension Legal plan rep. | emp. | Sub- Cor- total rection Void | |
| | | 6 | EIC payment | | | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other | 11 FICA ta | ax withheld | | |
| 12 Employee's name, address, and | ZIP code | | 13 FICA wages | 14 FICA tip | 05 | | |
| | | | 16 Employer's use | | | | |
| | | | 17 State income tax | 18 State wage | es, tips, etc. | 19 Name of State | |
| | | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of locality | |
| | | Copy B To be f | iled with employee's Fi | DERAL tax return | | Department of the Treasury | |

Form W–2 Wage and Tax Statement 1982

This information is being furnished to the Internal Revenue Service.

epartment of the Treasury Internal Revenue Service

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | | | |
|---|----------|-------------------|--|---------------|--------------|-------------------|-----------------------|-----------------------|------|--|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identification number 4 Employer's State number | | | | | | | |
| | | | 5 Stat.em- ployee | De- ceased | Pens plan | ion Legal rep. | 942 emp. | Sub- total rection | Void | |
| | | | 6 | | | | 7 Advance EIC payment | | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other compensation 11 FICA tax withheld | | | | | | | |
| 12 Employee's name, address, and | ZIP code | | 13 FICA way | ges | | | 14 FICA tip | DS | | |
| | | | 16 Employe | r's use | | | | | | |
| | | | 17 State inc | ome tax | | 18 State wage | es, tips, etc. | 19 Name of State | e | |
| | | | 20 Local inc | ome tax | | 21 Local wage | s, tips, etc. | 22 Name of local | lity | |

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | | | | | |
|---|------------|-------------------|--|---------------|--------------|-------------|--------------|----------------|---------------|-----------------|------|--|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's identification number 4 Employer's State nu | | | | | | | number | | |
| | | | 5 Stat.em- ployee | De- ceased | Pens plan | sion I r | ₋egal ep. | 942 emp. | Sub- total | Cor- rection | Void | |
| | | | 6 | | | | | 7 Advance | EIC pay | ment | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other compensation 11 FICA tax w | | | | | | ax withhel | x withheld | | |
| 12 Employee's name, address, and | I ZIP code | | 13 FICA wa | ages | | | | 14 FICA tip | os | | | |
| | | | 16 Employe | er's use | | | | | | | | |
| | | | 17 State inc | come tax | | 18 St | ate wage | es, tips, etc. | 19 Nar | ne of State | e | |
| | | | 20 Local in | come tax | | 21 Lo | cal wage | s, tips, etc. | 22 Nar | ne of local | ity | |
| | | | | | | | | | | | | |

Form W–2 Wage and Tax Statement 1982 This in

Copy C For employee's records This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | |
|---|------------|-------------------|---------------------------|-----------------------|--------------------|--------------------|----------------------------|-------|
| 2 Employer's name, address, and | ZIP code | | 3 Employer's i | identification nu | 4 Employe | yer's State number | | |
| | | | 5 Stat.em- D ployee ce | e- Pens eased plan | sion Legal rep. | 942 emp. | Sub- Cor- total rection | Void |
| 0. Employed a social associate symptom 20. Endered in some toy withheld | | | 6 | | 7 Advance | EIC payment | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips | s, other compe | 11 FICA ta | tax withheld | | |
| 12 Employee's name, address, and | I ZIP code | | 13 FICA wage | es | 14 FICA tip | DS | | |
| | | | 16 Employer's | suse | | | | |
| | | | 17 State incon | ne tax | 18 State wage | s, tips, etc. | 19 Name of Sta | te |
| | | | 20 Local incon | me tax | 21 Local wages | s, tips, etc. | 22 Name of loca | ality |
| | | | | malevee's reg | | | Demonstrate and a fish | _ |

Form W–2 Wage and Tax Statement 1982 This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

| 1 Control number 22222 | OMB No. 1545–0008 | | | | |
|--|-------------------|-------------------------------------|-----------------------|-------------------|---------------------------------|
| 2 Employer's name, address, and ZIP code | | 3 Employer's identification | 4 Employ | er's State number | |
| | | 5 Stat.em- De- ployee ceased pla | nsion Legal n rep. | 942 emp. | Sub- Cor- Void total rection |
| | | 6 | | 7 Advance | EIC payment |
| 8 Employee's social security number 9 Federal in | ome tax withhold | 10 Wages, tips, other comp | 11 FICA ta | x withheld | |
| 12 Employee's name, address, and ZIP code | | 13 FICA wages | | 14 FICA tip | os |
| | | 16 Employer's use | | | |
| | | 17 State income tax | 18 State wage | es, tips, etc. | 19 Name of State |
| | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of locality |

Form W–2 Wage and Tax Statement 1982 Copy C For employee's records This information is being furnished to the Internal Revenue Service.

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1982 Federal income tax return. 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 and C and tell your employer.

If you have already filed your tax return, or this W-2 corrects the one you included with your return, please amend your Form 1040 or 1040A by filing Form 1040X.

If you have nonwage income of more than \$500 and will owe tax of \$200 or more (\$300 for 1983) you should file Form 1040-ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1982 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

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If you have already filed your tax return, or this W-2 corrects the one you included with your return, please amend your Form 1040 or 1040A by filing Form 1040X.

If you have nonwage income of more than \$500 and will owe tax of \$200 or more (\$300 for 1983) you should file Form 1040-ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1982 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or

Notice to Employee:

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If you have nonwage income of more than \$500 and will owe tax of \$200 or more (\$300 for 1983) you should file Form 1040-ES, Declaration of Estimated Tax for Individuals, and pay the tax in installments during the year. If you retired during 1982 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See Publication 505, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1982 and more than the maximum FICA 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 FICA rate of 6.70%, under Public Law 95-216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance.

Box 5. Pension plan.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, the Pension plan box may be marked. Armed forces reservists, National Guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Publication 590, Tax Information on Individual Retirement Arrangements.

343-029-1

annuity. See Publication 505, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1982 and more than the maximum FICA 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 FICA rate of 6.70%, under Public Law 95-216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance.

Box 5. Pension plan.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, the Pension plan box may be marked. Armed forces reservists, National Guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Publication 590, Tax Information on Individual Retirement Arrangements.

343-029-1

annuity. See Publication 505, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1982 and more than the maximum FICA 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 FICA rate of 6.70%, under Public Law 95-216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance.

Box 5. Pension plan.—If you were covered by a government employee plan, a qualified pension or profit-sharing retirement plan, or a tax sheltered annuity plan, the Pension plan box may be marked. Armed forces reservists, National Guard members, or volunteer firefighters, who have a retirement savings arrangement, should see Publication 590, Tax Information on Individual Retirement Arrangements.

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | | | | |
|---|----------|----------------------|--|----------------|---|--------------|-----------------------|----------------------|-----------------|-------------|-----|
| 2 Employer's name, address, and ZIP code | | | 3 Employer's identification number 4 Employer's State nu | | | | | number | | | |
| | | 5 Stat.em- ployee | De- ceased | Pensio plan | | .egal ep. | 942 emp. | Sub- total | Cor- rection | Void | |
| | | | 6 | | | | 7 Advance EIC payment | | | | |
| 8 Employee's social security number 9 Federal income tax withhold | | | 10 Wages, tips, other compensation | | | | 1 | 11 FICA tax withheld | | | |
| 12 Employee's name, address, and | ZIP code | | 13 FICA wa | ages | | | | 14 FICA ti | os | | |
| | | | 16 Employer's use | | | | | | | | |
| | | | 17 State in | come tax | | 18 St | ate wage | es, tips, etc. | 19 Nan | ne of State | e |
| | | | 20 Local in | come tax | : | 21 Loo | cal wage | s, tips, etc. | 22 Nan | ne of local | ity |

| Wage and Tax S | Statement 1982 |
|----------------|----------------|
|----------------|----------------|

Copy 2 To be filed with employee's State, City, or Local income tax return. Employee's and employer's copy compared.

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | |
|---|---|-------------------|---|---------------------------|----------------|-----------------------|------|
| 2 Employer's name, address, and ZIP code | | | 3 Employer's identification | 4 Employer's State number | | | |
| | | | 5 Stat.em- De- Pe ployee ceased pla | nsion Legal in rep. | émp. | Sub- total rection | Void |
| 8 Employee's social security number | er 9 Federal inco | me tax withhold | 10 Wages, tips, other compensation 11 FICA tax withheld | | | | |
| 12 Employee's name, address, and ZIP code | | | 13 FICA wages | 14 FICA tips | | | |
| | | | 16 Employer's use | | | | |
| | | | 17 State income tax | 18 State wage | es, tips, etc. | 19 Name of State | 3 |
| | | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of locali | ity |
| Wage and T | filed with employee's St n. Employee's and emplo | | | le] | | | |

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | | |
|---|------------------|-----------------------------------|--|---------------------------------|------------------------------------|---|--|--|
| 2 Employer's name, address, and ZIP code | | | 3 Employer's identifica | tion number | 4 Employ | 4 Employer's State number | | |
| | | | 5 Stat.em- ployee ceased 6 | Pension Legal plan rep. | emp. | Sub- total rection Void EIC payment | | |
| 8 Employee's social security numbe | r 9 Federal inco | me tax withhold | 10 Wages, tips, other compensation 11 FICA tax withh | | | withheld | | |
| 12 Employee's name, address, and | ZIP code | | 13 FICA wages 14 FICA tips | | | ps | | |
| | | | 16 Employer's use | | | | | |
| | | 17 State income tax 18 State wage | | es, tips, etc. 19 Name of State | | | | |
| | | | 20 Local income tax 21 Local wage | | es, tips, etc. 22 Name of locality | | | |
| Copy 2 To be filed with employee's State, City, or Local income | | | | | | e | | |

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | |
|---|-------------------|---------------------------------|--|----------------------------|---------------------------------|---------------------|--|
| 2 Employer's name, address, and ZIP code | | | 3 Employer's identifica | 4 Employe | er's State number | | |
| | | 5 Stat.em- De- ployee ceased | Pension Legal plan rep. | | Sub- Cor- Void total rection | | |
| | | | 6 | | 7 Advance EIC payment | | |
| 8 Employee's social security number | er 9 Federal inco | me tax withhold | 10 Wages, tips, other compensation 11 FICA t | | | tax withheld | |
| 12 Employee's name, address, and ZIP code | | | 13 FICA wages | | 14 FICA tip | 14 FICA tips | |
| | | | 16 Employer's use | | | | |
| | | | 17 State income tax | 18 State wage | s, tips, etc. | 19 Name of State | |
| | | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of locality | |
| - W/ 2 Wage and T | av Statamant | 1092 | Copy D For emr | Department of the Treasury | | | |

Form W–2 Wage and Tax Statement 1982

Copy D For employer

Internal Revenue Service

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | |
|---|-------------------|-----------------------------------|-------------------------------|---|---------------|---------------------|------|
| 2 Employer's name, address, and ZIP code | | | 3 Employer's identification r | 3 Employer's identification number 4 Empl | | | |
| | | | ployee ceased plan | nsion Legal rep. | emp. | | /oid |
| | | 6 | | 7 Advance EIC payment | | | |
| 8 Employee's social security number | er 9 Federal inco | me tax withhold | 10 Wages, tips, other comp | ax withheld | | | |
| 12 Employee's name, address, and ZIP code | | | 13 FICA wages 14 FICA t | | | 05 | |
| | | | 16 Employer's use | | | | |
| | | 17 State income tax 18 State wage | | es, tips, etc. 19 Name of State | | | |
| | | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of locality | |
| - W 2 Were and T | av Ctatamant | 1092 | Copy D For employ | Department of the T | reasury | | |

Form W–2 Wage and Tax Statement 1982

Copy D For employer

Internal Revenue Service

| 1 Control number | 22222 | OMB No. 1545–0008 | | | | | |
|---|-------------------|----------------------------------|---|---------------------------------|--------------------------------|---------------------|--|
| 2 Employer's name, address, and ZIP code | | | 3 Employer's identifica | ation number | 4 Employer's State number | | |
| | | 5 Stat.em- De- ployee ceased | Pension Legal plan rep. | emp. | Sub-Cor- total rection Void | | |
| 8 Employee's social security number | r 9 Federal incor | me tax withhold | 10 Wages, tips, other compensation 11 FICA tax withheld | | | x withheld | |
| 12 Employee's name, address, and ZIP code | | | 13 FICA wages | | 14 FICA tips | | |
| | | | 16 Employer's use | | | | |
| | | 17 State income tax 18 State wag | | es, tips, etc. 19 Name of State | | | |
| | | | 20 Local income tax | 21 Local wage | s, tips, etc. | 22 Name of locality | |

Instructions for Preparing Form W-2

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1982:

- (a) You withheld income tax or FICA (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 any amount for services, 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, 1983, give Copies B and C to each person who was your employee during 1982. For anyone who stopped working for you before the end of 1982, you may give copies any time after

343-029-1

✿ U.S. GOVERNMENT PRINTING OFFICE : 1981-0-343-029

Instructions for Preparing Form W-2

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- (c) You paid \$600 or more.
- (d) You paid any amount for services, 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, 1983, give Copies B and C to each person who was your employee during 1982. For anyone who stopped working for you before the end of 1982, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 28, 1983. (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.

Paperwork Reduction Act Notice.—The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you have to give it to us. We ask for the information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

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