1 Control number	55555	For Paperwork Reduction / Notice, see back of Copy D OMB No. 1545-0008	s of Copy D. For Official Use Only					
2 Employer's name, address, and ZIP code			3 Employer's identification number		4 Employer's State number			
			5 Statutory Deceased employee	Legal rep.	emp.	total Void Void Ce EIC payment		
8 Employee's social security numbers	ber 9 Federal	income tax withheld	10 Wages, tips, other compensation 11 Social sectors		Social security tax withheld			
12 Employee's name (firs	t, middle, last)		13 Social security w	ages	14 Socia	l security tips		
			16 *		1			
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of State		
15 Employee's address a	nd ZIP code		20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality		
Form W-2 Wage and Ta	ax Statemen	t 1985 Copy	A For Social Security /	Administratio	on	Department of the Treasury		

* See Instructions for Forms W-2 and W-2P

Internal Revenue Service

1 Control number	55555	For Paperwork Reduction A Notice, see back of Copy D. OMB No. 1545-0008					
2 Employer's name, addr	ess, and ZIP code		3 Employer's identificat	ion number	4 Emplo	yer's State number	
			5 Statutory Deceased	Legal rep.	emp.	ototal Void	
			6 Allocated tips		7 Advan	ce EIC payment	
8 Employee's social security num	ber 9 Federal	income tax withheld	10 Wages, tips, other compensation 11 Social s		L Social security tax withheld		
12 Employee's name (fire	st, middle, last)		13 Social security w	ages	14 Socia	l security tips	
			16 *				
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of State	
15 Employee's address a	nd ZIP code		20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality	
Form W-2 Wage and T	ax Statement	1985 Copy A	For Social Security A	Administratio	on	Department of the Treasury	

* See Instructions for Forms W-2 and W-2P

Internal Revenue Service

1 Control number	55555	For Paperwork Reduction Notice, see back of Copy D OMB No. 1545-0008					
2 Employer's name, addro	ess, and ZIP code		3 Employer's identificat	ion number	4 Emplo	yer's State number	
			5 Statutory Deceased employee	Legal rep.	emp.	ototal Void	
8 Employee's social security number 9 Federal income tax withheld		income tax withheld	10 Wages, tips, other compensation 11 Social secu		security tax withheld		
12 Employee's name (firs	st, middle, last)		13 Social security w	ages	14 Socia	l security tips	
			16 *		I		
			17 State income tax	18 State wa	ages, tips, etc.	19 Name of State	
15 Employee's address a	nd ZIP code		20 Local income tax		ages, tips, etc.	22 Name of locality	
rum W-2 Wage and T	av Statomoni		A For Social Security /	Administratio	on	Department of the Treasur	

Form W-2 Wage and Tax Statement 1985 * See Instructions for Forms W-2 and W-2P

1 Control number						
	OMB No. 1545-0008					
2 Employer's name, address, ar	nd ZIP code	3 Employer's identificat	ion number	4 Emplo	yer's State nur	nber
		5 Statutory Deceased employee	Legal rep.	942 Sut emp.	ototal	Void
		6 Allocated tips		7 Advan	ce EIC paymen	t
O Smaller it is the						
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	mpensation	11 Social	L Social security tax withheld	
12 Employee's name, address,	and ZIP code	12 Seciel coourity w		14 Casia	1	
12 Linployee's name, address,		13 Social security w	ages	14 Socia	l security tips	
		16				
		17 State income tax	18 State wa	ges, tips, etc.	19 Name of St	tate
				-Bee,		
		20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of Io	cality
				/		,

Form W-2 Wage and Tax Statement 1985

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

1 Control number						
	OMB No. 1545-0008					
2 Employer's name, address, and ZIP code		3 Employer's identifica	tion number	4 Emplo	yer's State number	
		5 Statutory Deceased employee 6 Allocated tips	Legal rep.	emp.	ototal Void	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation 11 Social security ta		security tax withheld		
12 Employee's name, address	and ZIP code	13 Social security wages		14 Socia	14 Social security tips	
		16		1		
		17 State income tax	18 State wa	iges, tips, etc.	19 Name of State	
		20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality	
Form W-2 Wage and Tax S	Statement 1985 Copy	1 For State, City, or L	ocal Tax Dep	artment	<u> </u>	

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

1 Control number							
		OMB No. 1545-0008					
2 Employer's name, address, and ZIP code		3 Employer's identificat	3 Employer's identification number		yer's State number		
			5 Statutory Deceased employee 6 Allocated tips	Legal rep.	emp.	ototal Void	
8 Employee's social security num	ber 9 Federal	income tax withheld	10 Wages, tips, other compensation 11 Social security tax with			security tax withheld	
12 Employee's name, ad	dress, and ZIP code	9	13 Social security wages		14 Social security tips		
			16		<u> </u>		
			17 State income tax	18 State wa	iges, tips, etc.	19 Name of State	
			20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality	
Form W-2 Wage and Tax Statement 1985 Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared							

1 Control number			
	OMB No. 1545-0008		
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number
		5 Statutory Deceased Legal	942 Subtotal Void
		employeé rep.	emp.
		6 Allocated tips	7 Advance EIC payment
8 Employee's social security number	9 Federal income tax withhe	d 10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address,	and ZIP code	13 Social security wages	14 Social security tips
		16	· · · · · · · · · · · · · · · · · · ·
		17 State income tax 18 State wa	ages, tips, etc. 19 Name of State
		20 Local income tax 21 Local wa	ages, tips, etc. 22 Name of locality

Form W-2 Wage and Tax Statement 1985 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						
		OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identification number 4 Employer		yer's State number		
			5 Statutory Deceased employee	Legal rep.	942 Sut emp.	ototal Void
			6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security numbe	r 9 Federali	ncome tax withheld	10 Wages, tips, other compensation		11 Social security tax withheld	
12 Employee's name, addr	ess, and ZIP code		13 Social security w	ages	14 Socia	l security tips
			16			
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and Ta	x Statement	1985 Copy B T	o be filed with employee's Fl	EDERAL tax retu	Jrn [Department of the Treasury

This information is being furnished to the Internal Revenue Service.

Internal Revenue Service

1 Control number						
		OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identificat	tion number	4 Employer's State number		
			5 Statutory Deceased	Legal rep.	emp.	ototal Void
			6 Allocated tips	,	7 Advance EIC payment	
8 Employee's social security number	9 Federal	income tax withheld	10 Wages, tips, other compensation 11 Social security tax withhe			security tax withheld
12 Employee's name, address	, and ZIP code	e	13 Social security w	ages	14 Socia	l security tips
			16			
			17 State income tax 18 State wages, tips, etc. 19		19 Name of State	
			20 Local income tax	21 Local wa	ages, tips, etc.	22 Name of locality

Form W-2 Wage and Tax Statement 1985 Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service.

1 Control number		· · · · · · · · · · · · · · · · · · ·				
		OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identificati	ion number	4 Emplo	yer's State number	
			5 Statutory Deceased employee	Legal rep.	942 Sut emp.	ototal Void
			6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security num	ber 9 Federal i	ncome tax withheld	10 Wages, tips, other co	mpensation	11 Social security tax withheld	
12 Employee's name, add	tress, and ZIP code	2	13 Social security wa	ages	14 Socia	l security tips
			16			
			17 State income tax	18 State wa	iges, tips, etc.	19 Name of State
			20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality
	41 <u></u>					

Form W-2 Wage and Tax Statement 1985 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					
	OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identificat	tion number	4 Emplo	yer's State number
		5 Statutory Deceased employee 6 Allocated tips	Legal rep.	emp.	ototal Void
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation 11 Social security		security tax withheld	
12 Employee's name, address	, and ZIP code	13 Social security wages		14 Social security tips	
		16			
		17 State income tax	18 State wa	iges, tips, etc.	19 Name of State
		20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality
Form W-2 Wage and Tax S	statement 1985 Copy C Fo	or EMPLOYEE'S RECORDS		[Department of the Treasu

This information is being furnished to the Internal Revenue Service.

epartment of the Treasury Internal Revenue Service

1 Control number						
		OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number		
			5 Statutory Deceased employee 6 Allocated tips	Legal rep.	emp.	total Void
8 Employee's social security numb	er 9 Federal	income tax withheld	10 Wages, tips, other co	her compensation 11 Social security tax withh		
12 Employee's name, address, and ZIP code		13 Social security wages 14		14 Socia	ocial security tips	
			16		1	
			17 State income tax	18 State wa	ages, tips, etc.	19 Name of State
			20 Local income tax	21 Local wa	ages, tips, etc.	22 Name of locality

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 1985 Federal income tax return. Attach Copy 2 to your 1985 State or local 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, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you will owe income tax (after withholding) of \$500 or more in 1986, and if you had *any* income tax liability for 1985, file a new Form W-4, Employee's Withholding Allowance Certificate, with your employer to have more tax withheld or file **Form 1040-ES**, Estimated Tax for Individuals, and pay the tax in installments during the year.

If you retired during 1985 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 Tax.—If more than one employer paid you wages during 1985 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security 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 rate of 7.05% includes 1.35% for hospital insurance benefits and 5.7% for retirement, survivors, and disability insurance.

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1 Control number							
		OMB No. 1545-0008					
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number			
		5 Statutory Deceased employee	Legal rep.	942 Sut emp.	itotal	Void	
				<u> </u>			
			6 Allocated tips		7 Advan	ce EIC payr	ment
	T						
8 Employee's social security number	9 Federal i	ncome tax withheld	10 Wages, tips, other co	10 Wages, tips, other compensation		11 Social security tax withheld	
12 Employee's name, address,	and ZIP code		13 Social security w	ages	14 Socia	l security ti	ips
			16				
			17.011				
			17 State income tax	18 State wa	iges, tips, etc.	19 Name	of State
			00 laulineur te	01		<u> </u>	
			20 Local income tax	21 Local wa	iges, tips, etc.	22 Name	of locality

Form W-2 Wage and Tax Statement 1985

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					
	OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number	
		5 Statutory Deceased	Legal rep.	942 Sul emp.	btotal Void
		6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	ompensation	11 Social	security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips	
		16		•	
		17 State income tax	18 State wa	iges, tips, etc.	19 Name of State
	-	20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality

Form W-2 Wage and Tax Statement 1985

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					······································
	OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number	
		5 Statutory Deceased	Legal rep.	942 Sut emp.	ototal Void
	-	6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	mpensation	11 Social	security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips	
		16		•	
		17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
		20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality

1 Control number						
	OMB No. 1545-0008					
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's State number		
		5 Statutory Deceased employee 6 Allocated tips	Legal rep.	emp.	total Void	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	mpensation	11 Social	security tax withheld	
12 Employee's name, address	12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips	
		16		L		
		17 State income tax	18 State wa	ges, tips, etc.	19 Name of State	
		20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality	
Form W-2 Wage and Tax S	Statement 1985	Copy D for employer		[Department of the Treasury Internal Revenue Service	

1 Control number						
	OMB No. 1545-0008					
2 Employer's name, address, a		3 Employer's identificat	tion number	4 Employer's State number		
		5 Statutory Deceased employee □ □ 6 Allocated tips	Legal rep.	emp.	ototal Void	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	ompensation	11 Social	security tax withheld	
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips		
		16		1		
		17 State income tax	18 State wa	iges, tips, etc.	19 Name of State	
		20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality	
Form W-2 Wage and Tax S	Statement 1985	Copy D for employer		[Department of the Treasury	

Form W-2 Wage and Tax Statement **1985**

Department of the Treasury Internal Revenue Service

1 Control number					
	OMB No. 1545-0008				
2 Employer's name, address, a	nd ZIP code	3 Employer's identification number		4 Employer's State number	
		5 Statutory Deceased	Legal rep.	942 Sut emp.	btotal Void
		6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	mpensation	11 Social	security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips	
		16		•	
		17 State income tax	18 State wa	ages, tips, etc.	19 Name of State
		20 Local income tax	21 Local wa	ages, tips, etc.	22 Name of locality
- WOWere and Tax 6	4005	Conv D for employer			

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official. Please make sure that all copies are legible.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1985:

- (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 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, 1986, give Copies B, C, and 2 to each person who was your employee during 1985. For anyone

who stopped working for you before the end of 1985, 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, 1986. (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.—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers 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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