Revenue Procedure 2011-62

Reprinted from IR Bulletin 2011-52 Dated December 27, 2011

Publication 1141

General Rules and Specifications for Substitute Forms W-2 and W-3



Department of the Treasury Internal Revenue Service Publication 1141 (Rev. 12-2011)

Catalog Number 47000C

www.irs.gov

NOTE. This revenue procedure will be reproduced as the next revision of IRS Publication 1141, General Rules and Specifications for Substitute Forms W-2 and W-3.

26 CFR 601.602: Tax forms and instructions. (Also Part I, Sections 6041, 6051, 6071, 6081, 6091; 1.6041–1, 1.6041–2, 31.6051–1, 31.6051–2, 31.6071(a)–1, 31.6081(a)–1, 31.6091–1.)

Rev. Proc. 2011-62 TABLE OF CONTENTS

PART A. GENERAL	
Section 1. Purpose	1
Section 2. What's New	3
Section 3. General Rules for Paper Forms W-2 and W-3	4
Section 4. General Rules for Filing Forms W-2 (Copy A) Electronically	6
PART B. SPECIFICATIONS FOR SUBSTITUTE FORMS W-2 AND W-3	
Section 1A. Specifications for Red-Ink Substitute Form W-2 (Copy A) and	
Form W-3 Filed with the SSA	7
Section 1B. Specifications for Substitute Black-and-White Copy A and W-3	
Forms Filed with the SSA	9
Section 2. Requirements for Substitute Forms Furnished to Employees	
(Copies B, C, and 2 of Form W-2)	12
Section 3. Electronic Delivery of Form W-2 and W-2c Recipient Statements	15
PART C. ADDITIONAL INSTRUCTIONS	
Section 1. Additional Instructions for Form Printers	17
Section 2. Instructions for Employers	17
Section 3. OMB Requirements for Both Red-Ink and Black-and-White Copy	
A and W-3 Substitute Forms	18
Section 4. Reproducible Copies of Forms	19
Section 5. Effect on Other Documents.	19

Part A. General

Section 1. Purpose

.01 The purpose of this revenue procedure is to state the requirements of the Internal Revenue Service (IRS) and the Social Security Administration (SSA) regarding the preparation and use of substitute forms for Form W-2, Wage and Tax Statement, and Form W-3, Transmittal of Wage and Tax Statements, for wages paid during the 2011 calendar year.

.02 For purposes of this revenue procedure, substitute Form W-2 (Copy A) and substitute Form W-3 are forms that are not printed by the IRS. Copy A or any other copies of a substitute Form W-2 or a substitute Form W-3 must conform to the specifications in this revenue procedure to be acceptable to the IRS and the SSA. No IRS office is authorized to allow deviations from this revenue procedure. Preparers should also refer to the separate 2010 Instructions for Forms W-2 and W-3 for details on how to complete these forms. See Part C, Section 4, for information on obtaining the official IRS forms and instructions. See Part B, Sections 2 and 3, for requirements for the copies of substitute forms furnished to employees.

.03 For purposes of this revenue procedure, the official IRS-printed red dropout ink Forms W-2 (Copy A) and W-3, and their exact substitutes, are referred to as "red-ink." The SSA-approved black-and-white Forms W-2 (Copy A) and W-3 are referred to as "substitute black-and-white Copy A" and "substitute black-and-white W-3" forms.

Any questions about the red-ink Form W-2 (Copy A) and Form W-3 and the substitute employee statements should be emailed to <u>Substituteforms@irs.gov</u>. Please enter "Substitute Forms" on the subject line. Or send your questions to:

Internal Revenue Service Attn: Substitute Forms Program SE:W:CAR:MP:T:M:S, IR 6526 1111 Constitution Ave., NW Washington, DC 20224

Any questions about the black-and-white Copy A and W-3 forms should be emailed to <u>copy.a.forms@ssa.gov</u> or sent to:

Social Security Administration Data Operations Center **Attn: Substitute Black-and-White Copy A Forms, Room 348** 1150 E. Mountain Drive Wilkes-Barre, PA 18702-7997

Also, see Sections 3.05 and 3.06 of Part A. **Note.** You should receive a response from either the IRS or the SSA within 30 days. **.04** Some Forms W-2 that include logos, slogans, and advertisements (including advertisements for tax preparation software) may be confused with questionable Forms W-2. An employee may not recognize the importance of the employee copy for tax reporting purposes due to the use of logos, slogans, and advertisements. Thus, the IRS has determined that logos, slogans, and advertising on Forms W-3, Copy A of Forms W-2, or any employee copies reporting wages paid during the 2012 calendar year and thereafter will not be allowed, with the following exceptions:

- Forms may include the exact name of the employer or agent, primary trade name, trademark, service mark, or symbol of the employer or agent.
- Forms may include an embossment or watermark on the information return (and copies) that is a representation of the name, a primary trade name, trademark, service mark, or symbol of the employer or agent.
- Presentation may be in any typeface, font, stylized fashion, or print color normally used by the employer or agent, and used in a non-intrusive manner.
- These items must not materially interfere with the ability of the recipient to recognize, understand, and use the tax information on the employee copies.
- Corrected information on information returns and employee copies that was shown on Forms W-2 for amounts paid before January 1, 2012, is an exception.

The IRS e-file logo on the IRS official employee copies may be included, but it is not required, on any of the substitute form copies.

The information return and employee copies must clearly identify the employer's name associated with its employer identification number.

Forms W-2 and W-3 are subject to annual review and possible change. The IRS has postponed the prohibition against including slogans, advertising, and logos on information returns and employee copies reporting wages paid during the 2011 calendar year that was announced in Rev. Proc. 2010-42 (the previous revision of Publication 1141). The prohibition is now in effect for reporting wages paid in 2012 and thereafter. Do not include logos, slogans, or advertising on any information returns or employee copies filed in 2012 or thereafter, except as provided above. This revenue procedure may be revised at a future date to state other requirements of the IRS and the SSA regarding the preparation and use of substitutes for Form W-2 and Form W-3 for wages paid during the 2012 calendar year. If you have comments about the prohibition against including slogans, advertising, and logos on information returns and employee copies, send or email your comments to: Internal Revenue Service, Attn: Substitute Forms Program, SE:W:CAR:MP:T:M:S, IR 6526, 1111 Constitution Ave., NW, Washington, DC, 20224 or <u>Substituteforms@irs.gov</u>.

.05 The Internal Revenue Service/Information Returns Branch (IRS/IRB) maintains a centralized customer service call site to answer questions related to information returns (Forms W-2, W-3, W-2c, W-3c, 1099 series, 1096, etc.). You can reach the call site at 1-866-455-7438 (toll-free) or 304-263-8700 (not a toll-free number). The Telecommunication Device for the Deaf (TDD) number is 304-579-4827 (not a toll-free number). The hours of operation are Monday through Friday from 8:30 a.m. to 4:30 p.m. Eastern time. You may also send questions to the call site via the Internet at *mccirp@irs.gov*. IRS/IRB does not process information returns which are filed on

paper forms. IRS/IRB does not process Forms W-2 (Copy A). Forms W-2 (Copy A) prepared on paper or electronically must be filed with the SSA. IRS/IRB does, however, process waiver requests (Form 8508, Request for Waiver From Filing Information Returns Electronically) and extension of time to file requests (Form 8809, Application for Extension of Time To File Information Returns) for Forms W-2 (Copy A) and requests for an extension of time to furnish the employee copies of Form W-2. See Publication 1220, Specifications for Filing Forms 1097-BTC, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically, for information on waivers and extensions of time.

.06 The following form instructions and publications provide more detailed filing procedures for certain information returns:

- Instructions for Forms W-2 and W-3,
- Instructions for Forms W-2c and W-3c, and
- Publication 1223, General Rules and Specifications for Substitute Forms W-2c and W-3c.

Section 2. What's New

.01 Logos, slogans, and advertising. Forms W-2 and W-3 are subject to annual review and possible change. The IRS has postponed the prohibition against including slogans, advertising, and logos on information returns and employee copies reporting wages paid during the 2011 calendar year that was announced in Rev. Proc. 2010-42 (the previous issue of Publication 1141). The prohibition is now in effect for reporting wages paid in 2012 and thereafter. Do not include logos, slogans or advertising on any information returns or employee copies filed in 2012 or thereafter, except as provided in Section 1.04. This revenue procedure may be revised to state other requirements of the IRS and the SSA regarding the preparation and use of substitute forms for Form W-2 and Form W-3 at a future date. If you have comments about the prohibition against including logos, slogans, and advertising on information returns and employee copies, send or email your comments to: Internal Revenue Service, Attn: Substitute Forms Program, SE:W:CAR:MP:T:M:S, IR 6526, 1111 Constitution Ave., NW, Washington, DC, 20224, or <u>Substituteforms@irs.gov</u>.

.02 Optional 2D barcoding for Forms W-2 and W-3. In response to feedback from the user community, the SSA (and the IRS) have added a barcoded version for the substitute Form W-2 and Form W-3 to the list of acceptable submission formats. This version is an optional alternative to the non-barcoded substitute Forms W-2 and W-3. Both versions are fully supported by the SSA. At this time, neither the IRS nor the SSA mandates the use of barcoded substitute forms. See new Section 1B.07 of Part B. Also, see the SSA website at <u>http://www.socialsecurity.gov/bso</u>.

Note. The data contained in the barcode must not differ from the data displayed on the form. The data in the barcode will be ignored and the data displayed on the form will be considered the submission.

.03 Substitute black-and-white forms name change. The Social Security Administration is changing the name "Laser Forms" to "Substitute black-and-white Copy A and W-3 forms."

.04 SSA email address change. The Social Security Administration is changing the email address "*laser.forms@ssa.gov*" to "*copy.a.forms@ssa.gov*." The address is changed throughout this document.

.05 SSA address change. The Attention line for the SSA Data Operations Center is now Substitute Black-and-White Copy A Forms, Room 348.

.06 New Part B, Section 3. We added a new Part B, Section 3, to provide guidelines for the electronic delivery of Form W-2 and W-2c recipient statements.

.07 Revised Part C, Section 4. Part C, Section 4, has been revised to reflect changes concerning IRS Publication 1796.

.08 Website reference change. The IRS website will now be referred to as IRS.gov rather than www.irs.gov.

.09 Enterprise Computing Center name change. The Enterprise Computing Center – Martinsburg (ECC) is now referred to as The Internal Revenue Service/Information Returns Branch (IRS/IRB). Section 1.05, Part A, is updated.

.10 Editorial changes. We made editorial changes. Redundancies were eliminated as much as possible.

Section 3. General Rules for Paper Forms W-2 and W-3

.01 Employers not filing electronically must file paper Forms W-2 (Copy A) along with Form W-3 with the SSA by using either the official IRS form or a substitute form that exactly meets the specifications shown in Parts B and C of this revenue procedure. **Note.** Substitute territorial forms (W-2AS, W-2GU, W-2VI) should also conform to the specifications as outlined in this revenue procedure. These forms require the form designation ("W-2AS," "W-2GU," "W-2VI") on Copy A to be in black ink. If you are an employer in the Commonwealth of the Northern Mariana Islands, you must contact Department of Finance, Division of Revenue and Taxation, Commonwealth of the Northern Mariana Islands, P.O. Box 5234 CHRB, Saipan, MP 96950 or <u>www.cnmidof.net</u> to get Form W-2CM and instructions for completing and filing the form. For information on Forms 499R-2/W-2PR, use this website: <u>http://www.hacienda.gobierno.pr</u>.

Employers who file with the SSA electronically or on paper may design their own statements to furnish to employees. These employee statements designed by employers must comply with the requirements shown in Parts B and C.

.02 Red-ink substitute forms that completely conform to the specifications contained in this revenue procedure may be privately printed without prior approval from the IRS or the SSA. Only the substitute black-and-white Copy A and W-3 forms need to be submitted to the SSA for approval, prior to their use (see Section 1B of Part B).

.03 As in the past, SSA-approved black-and-white Copy A and Form W-3 may be generated using a printer by following all guidelines and specifications (also see Section 1B of Part B). In general, regardless of the method of entering data, using black ink on

Forms W-2 and W-3 provides better readability for processing by scanning equipment. Colors other than black are not easily read by the scanner and may result in delays or errors in the processing of Forms W-2 (Copy A) and W-3. The printing of the data should be centered within the boxes. The size of the variable data must be printed in a font no smaller than 10-point.

Note. With the exception of the identifying number, the year, the form number for Form W-3, and the corner register marks, the preprinted form layout for the red-ink Forms W-2 (Copy A) and W-3 must be in Flint J-6983 red OCR dropout ink or an exact match. (See Section 1A.03 of Part B.)

.04 Substitute forms filed with the SSA and substitute copies furnished to employees that do not conform to these specifications are unacceptable. Forms W-2 (Copy A) and W-3 filed with the SSA that do not conform may be returned. In addition, penalties may be assessed for not complying with the form specifications.

.05 Substitute red-ink forms should not be submitted to either the IRS or the SSA for specific approval. If you are uncertain of any specification and want clarification, do the following.

- 1. Submit a letter or email citing the specification to the appropriate address in Section 3.06 of Part A.
- 2. State your understanding of the specification.
- 3. Enclose an example (if appropriate) of how the form would appear if produced using your understanding.
- 4. Be sure to include your name, complete address, phone number, and if applicable, your email address with your correspondence.

.06 Any questions about the specifications, especially those for the red-ink Form W-2 (Copy A) and Form W-3, should be emailed to <u>Substituteforms@irs.gov</u>. Please enter "Substitute Forms" on the subject line. Or send your questions to:

Internal Revenue Service Attn: Substitute Forms Program SE:W:CAR:MP:T:M:S, IR 6526 1111 Constitution Ave., NW Washington, DC 20224

Any questions about the substitute black-and-white Copy A and W-3 should be emailed to <u>copy.a.forms@ssa.gov</u> or sent to:

Social Security Administration Data Operations Center **Attn: Substitute Black-and-White Copy A Forms, Room 348** 1150 E. Mountain Drive Wilkes-Barre, PA 18702-7997

Note. You should receive a response within 30 days from either the IRS or the SSA.

.07 Forms W-2 and W-3 are subject to annual review and possible change. Therefore, employers are cautioned against overstocking supplies of privately-printed substitutes.

.08 Separate instructions for Forms W-2 and W-3 are provided in the 2011 Instructions for Forms W-2 and W-3. Form W-3 should be used only to transmit paper Forms W-2 (Copy A). Form W-3 is a single sheet including only essential filing information. Be sure to make a copy of your completed Form W-3 for your records. Copies of the current year official IRS Forms W-2 and W-3, and the instructions for those forms, may be obtained from most IRS offices or by calling 1-800-829-3676. The IRS provides only cutsheet sets of Forms W-2 and cutsheets of Form W-3. The instructions and information copies of the forms may also be found at IRS.gov.

.09 Because substitute Forms W-2 (Copy A) and W-3 are machine-imaged and scanned by the SSA, the forms must meet the same specifications as the official IRS Forms W-2 and W-3 (as shown in the exhibits).

Section 4. General Rules for Filing Forms W-2 (Copy A) Electronically

.01 Employers must file Forms W-2 (Copy A) with the SSA electronically if they are required to file 250 or more for a calendar year unless the IRS grants a waiver. For details, get the 2011 Instructions for Forms W-2 and W-3. The SSA publication EFW2, Specifications for Filing Forms W-2 Electronically, contains specifications and procedures for electronic filing of Form W-2 information with the SSA. Employers are cautioned to obtain the most recent revision of EFW2 (and supplements) due to any subsequent changes in specifications and procedures.

.02 You may obtain a copy of the EFW2 by:

• Accessing the SSA website at: <u>www.socialsecurity.gov/employer/pub.htm</u>

.03 Electronic filers do not file a paper Form W-3. See the SSA publication EFW2 for guidance on transmitting Form W-2 (Copy A) information to SSA electronically.

.04 Employers filing fewer than 250 Forms W-2 are encouraged to electronically file Forms W-2 (Copy A) with the SSA. Doing so will enhance the timeliness and accuracy of forms processing. You may visit the SSA's employer website at <u>www.socialsecurity.gov/employer</u>. This helpful site has links to Business Services Online (BSO) and tutorials on registering and using BSO to file your Forms W-2.

.05 Employers who do not comply with the electronic filing requirements for Form W-2 (Copy A) and who are not granted a waiver by the IRS may be subject to penalties. Employers who file Form W-2 information with the SSA electronically must not send the same data to the SSA on paper Forms W-2 (Copy A). Any duplicate reporting may subject filers to unnecessary contacts by the SSA or the IRS.

Part B. Specifications for Substitute Forms W-2 and W-3

Section 1A. Specifications for Red-Ink Substitute Form W-2 (Copy A) and Form W-3 Filed with the SSA

.01 The official IRS-printed red dropout ink Form W-2 (Copy A) and W-3 and their exact substitutes are referred to as red-ink in this revenue procedure. Employers may file substitute Forms W-2 (Copy A) and W-3 with the SSA. The substitute forms must be exact replicas of the official IRS forms with respect to layout and content because they will be read by scanner equipment.

.02 Paper used for cutsheets and continuous-pinfed forms for substitute Form W-2 (Copy A) and Form W-3 that are to be filed with the SSA must be white 100% bleached chemical wood, 18-20 pound paper only, optical character recognition (OCR) bond produced in accordance with the following specifications:

• Acidity: Ph value, average, not less than	4.5
• Basis weight: 17 x 22 inch 500 cut sheets, pound	18-20
• Metric equivalent—gm./sq. meter	
(a tolerance of +5 pct. is allowed)	68-75
• Stiffness: Average, each direction, not less than—milligrams	
Cross direction	50
Machine direction	80
• Tearing strength: Average, each direction, not less than—grams.	40
• Opacity: Average, not less than—percent	82
• Reflectivity: Average, not less than—percent	68
Thickness: Average—inch	0.0038
Metric equivalent—mm	0.097
(a tolerance of $+0.0005$ inch (0.0127 mm) is allowed) Paper cannot vary more than 0.0004 inch (0.0102 mm) from one edge to the other.	
• Porosity: Average, not less than—seconds	10
• Finish (smoothness): Average, each side—seconds (for information only) the Sheffield equivalent—units	20-55 170-d200
• Dirt: Average, each side, not to exceed—parts per million	8

Note. Reclaimed fiber in any percentage is permitted, provided the requirements of this standard are met.

.03 All printing of red-ink substitute Forms W-2 (Copy A) and W-3 must be in Flint red OCR dropout ink except as specified below. The following must be printed in nonreflective black ink:

- Identifying number "22222" or "33333" at the top of the forms.
- Tax year at the bottom of the forms.
- The four (4) corner register marks on the forms.
- The form identification number ("W-3") at the bottom of Form W-3.
- All the instructions below Form W-3 beginning with "Send this entire page...." line to the bottom of Form W-3.

.04 The vertical and horizontal spacing for all federal payment and data boxes on Forms W-2 and W-3 must meet specifications. On Form W-3 and Form W-2 (Copy A), all the perimeter rules must be 1-point (0.014-inch), while all other rules must be one-half point (0.007-inch). Vertical rules must be parallel to the left edge of the form; horizontal rules parallel to the top edge.

.05 The official red-ink Form W-3 and Form W-2 (Copy A) are 7.5 inches wide. Employers filing Forms W-2 (Copy A) with the SSA on paper must also file a Form W-3. Form W-3 must be the same width (7.5 inches) as the Form W-2. One Form W-3 is printed on a standard-size, 8.5 x 11-inch page. Two official Forms W-2 (Copy A) are contained on a single 8.5 x 11-inch page (exclusive of any snap-stubs).

.06 The top, left, and right margins for the Form W-2 (Copy A) and Form W-3 are .5 inches (1/2 inch). All margins must be free of printing except for the words "DO NOT STAPLE" on red-ink Form W-3. The space between the two Forms W-2 (Copy A) is 1.33 inches.

.07 The identifying numbers are "22222" for Form W-2 (Copies A (and 1)) and "33333" for Form W-3. No printing should appear anywhere near the identifying numbers. **Note.** The identifying number must be printed in nonreflective black ink in OCR-A font of 10 characters per inch.

.08 The depth of the individual scannable image on a page must be the same as that on the official IRS forms. The depth from the top line to the bottom line of an individual Form W-2 (Copy A) must be 4.17 inches and the depth from the top line to the bottom line of Form W-3 must be 4.67 inches. (See *Exhibits A and B*.)

.09 Continuous-pinfed Forms W-2 (Copy A) must be separated into 11-inch deep pages. The pinfed strips must be removed when Forms W-2 (Copy A) are filed with the SSA. The two Forms W-2 (Copy A) on the 11-inch page must not be separated (only the pages are to be separated (burst)). The words "Do Not Cut, Fold, or Staple Forms on This Page" must be printed twice between the two Forms W-2 (Copy A) in Flint red OCR dropout ink. All other copies (Copies 1, B, C, 2, and D) must be able to be distinguished and separated into individual forms.

.10 Box 12 of Form W-2 (Copy A) contains four entry boxes – 12a, 12b, 12c, and 12d. Do not make more than one entry per box. Enter your first code in box 12a (for example, enter Code D in box 12a, not 12d, if it is your first entry). If more than four items need to be reported in box 12, use a second Form W-2 to report the additional items (see

"Multiple forms" in the 2010 Instructions for Forms W-2 and W-3). Do not report the same federal tax data to the SSA on more than one Form W-2 (Copy A). However, repeat the identifying information (employee's name, address, and SSN; employer's name, address, and EIN) on each additional form.

.11 The checkboxes in box 13 of Form W-2 (Copy A) must be .14 inches each; the space before the first checkbox is .20 inches; the spacing on each remaining side of the 3 checkboxes is .36 inches (see *Exhibit A*). The checkboxes in box b of Form W-3 must also be .14 inches (see *Exhibit B* for other dimensions in box b). **Note.** More than 50% of an applicable checkbox must be covered by an "X."

.12 All substitute Forms W-2 (Copy A) and W-3 in the red-ink format must have the tax year, form number, and form title printed on the bottom face of each form using type identical to that of the official IRS form. The red-ink substitute Form W-2 (Copy A) and Form W-3 must have the form producer's EIN entered directly to the left of "Department of the Treasury," in red.

.13 The words "For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D." must be printed in Flint red OCR dropout ink in the same location as on the official Form W-2 (Copy A). The words "For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D of Form W-2." must be printed at the bottom of the page of Form W-3 in black ink.

.14 The Office of Management and Budget (OMB) Number must be printed on substitute Forms W-3 and W-2 (on each ply) in the same location as on the official IRS forms.

.15 All substitute Forms W-3 must include the instructions that are printed on the same sheet below the official IRS form.

.16 The back of substitute Form W-2 (Copy A) and Form W-3 must be free of all printing.

.17 All copies must be clearly legible. Fading must be minimized to assure legibility.

.18 Chemical transfer paper is permitted for Form W-2 (Copy A) only if the following standards are met:

- Only chemically-backed paper is acceptable for Form W-2 (Copy A). Front and back chemically-treated paper cannot be processed properly by scanning equipment.
- Chemically-transferred images must be black.
- Carbon-coated forms are not permitted.

.19 The Government Printing Office (GPO) symbol and the Catalog Number (Cat. No.) must be deleted from substitute Form W-2 (Copy A) and Form W-3.

Section 1B. Specifications for Substitute Black-and-White Copy A and W-3 Forms Filed with the SSA

.01 The SSA-approved substitute black-and-white Forms W-2 (Copy A) and W-3 are referred to as substitute black-and-white Copy A and W-3. Specifications for the

substitute black-and-white Copy A and W-3 are similar to the red-ink forms (Part B, Section 1A) except for the items that follow (see *Exhibits E and F*). Exhibits are samples only and must not be downloaded to meet tax obligations.

- 1. Forms must be printed on 8.5 x 11-inch single-sheet paper only. There must be two Forms W-2 (Copy A) printed on a page. There must be no horizontal perforations between the two Forms W-2 (Copy A) on each page.
- 2. All forms and data must be printed in nonreflective black ink only.
- 3. The data and forms must be programmed to print simultaneously. Forms cannot be produced separately from wage data entries.
- 4. The forms must not contain corner register marks.
- 5. The forms must not contain any shaded areas, including those boxes that are entirely shaded on the red-ink forms.
- 6. Identifying numbers on both Form W-2 ("22222") and Form W-3 ("33333") must be preprinted in 14-point Arial bold font or a close approximation.
- 7. The form numbers ("W-2" and "W-3") must be in 18-point Arial font or a close approximation. The tax year (for example, "2010") on Forms W-2 (Copy A) and W-3 must be in 20-point Arial font or a close approximation.
- 8. No part of the box titles or the data printed on the forms may touch any of the vertical or horizontal lines, nor should any of the data intermingle with the box titles. The data should be centered in the boxes.
- 9. Do not print any information in the margins of the substitute black-and-white Copy A and W-3 forms (for example, do not print "DO NOT STAPLE" in the top margin of Form W-3).
- 10. The word "Code" must not appear in box 12 on Form W-2 (Copy A).
- 11. A 4-digit vendor code preceded by four zeros and a slash (for example, 0000/9876) must appear in 12-point Arial font, or a close approximation, under the tax year in place of the Cat. No. on Form W-2 (Copy A) and in the bottom right corner of the "For Official Use Only" box at the bottom of Form W-3. Do not display the form producer's EIN to the left of "Department of the Treasury." The vendor code will be used to identify the form producer.
- 12. Do not print Catalog Numbers (Cat. No.) on either Form W-2 (Copy A) or Form W-3.
- 13. Do not print the checkboxes in:
 - Box (b) of Form W-3. The "X" should be programmed to be printed and centered directly below the applicable "Kind of Payer."
 - Box 13 of Form W-2 (Copy A). The "X" should be programmed to be printed and centered directly below the applicable box title.
- 14. Do not print dollar signs. If there are no money amounts being reported, the entire field should be left blank.
- 15. The space between the two Forms W-2 (Copy A) is 1.33 inches.

.02 You must submit samples of your substitute black-and-white Copy A and W-3 forms to the SSA. Only black-and-white substitute Forms W-2 (Copy A) and W-3 for tax year 2011 will be accepted for approval by the SSA. Questions regarding other red-ink forms (that is, red-ink Forms W-2c, W-3c, 1099 series, 1096, etc.) must be directed to the IRS only.

.03 You will be required to send one set of blank and one set of dummy-data substitute black-and-white Copy A and W-3 forms for approval. Sample data entries should be filled in to the maximum length for each box entry, preferably using numeric data or alpha data, depending upon the type required to be entered. Include in your submission the name, telephone number, fax number, and email address of a contact person who can answer questions regarding your sample forms.

.04 To receive approval, you may first contact the SSA at <u>*copy.a.forms@ssa.gov*</u> to obtain a template and further instructions in PDF or Excel format. You may also send your 2011 sample substitute black-and-white Copy A and W-3 forms to:

Social Security Administration Data Operations Center **Attn: Substitute Black-and-White Copy A Forms, Room 348** 1150 E. Mountain Drive Wilkes-Barre, PA 18702-7997

Send your sample forms via private mail carrier or certified mail in order to verify their receipt. You can expect approval (or disapproval) by the SSA within 30 days of receipt of your sample forms.

.05 The 4-digit vendor code preceded by four zeros and a slash (0000/9876) must be preprinted on the sample substitute black-and-white Copy A and W-3 forms. Forms not containing a vendor code will be rejected and will not be submitted for testing or approval. If you have a valid vendor code provided to you through the National Association of Computerized Tax Processors, you should use that code. If you do not have a valid vendor code, contact the Social Security Administration at <u>copy.a.forms@ssa.gov</u> to obtain an SSA-issued code. (Additional information on vendor codes may be obtained from the SSA or the National Association of Computerized Tax Processors via email at <u>president@nactp.org</u>.)

Note. Vendor codes are only required by those companies producing the W-2 family of forms as part of a product for resale to be used by multiple employers and payroll professionals. Employers developing Forms W-2 or W-3 to be used only for their individual company do not require a vendor code.

.06 If you use forms produced by a vendor and have questions concerning approval, do not send the forms to the SSA for approval. Instead, you may contact the software vendor to obtain a copy of SSA's dated approval notice supplied to that vendor.

.07 In response to feedback from the user community, the SSA (and the IRS) have added a 2-D barcoded version for the substitute Form W-2 and Form W-3 to the list of acceptable submission formats. This version is an optional alternative to the non-barcoded substitute Forms W-2 and W-3. Both versions are fully supported by the SSA. At this time, neither the IRS nor the SSA mandates the use of 2-D barcoded substitute forms.

Note. The data contained in the barcode must not differ from the data displayed on the form. The data in the barcode will be ignored and the data displayed on the form will be considered the submission.

To get the barcode information:

- See the SSA's BSO website at <u>http://www.socialsecurity.gov/bso</u>,
- Get the pdf version of the specifications at <u>copy.a.forms@ssa.gov</u>,
- Download the "TY 11 Substitute W3/W2 2-D Barcoding Standards" from <u>http://www.socialsecurity.gov/employer/subBarCodeStd.pdf</u>.

Section 2. Requirements for Substitute Forms Furnished to Employees (Copies B, C, and 2 of Form W-2)

Note. Printers are cautioned that the rules in Part B, Section 2 (this section), apply only to employee copies of Form W-2 (Copies B, C, and 2). Paper filers who send Forms W-2 (Copy A) to the SSA must follow the requirements in Part B, Sections 1A and/or 1B above.

.01 All employers (including those who file electronically) must furnish employees with at least two copies of Form W-2 (three or more for employees required to file a state, city, or local income tax return). The following rules are guidelines for preparing employee copies.

The dimensions of these copies (Copies B, C, and 2), but not Copy A, may differ from the dimensions of the official IRS form to allow space for reporting additional information, including additional entries such as withholding for health insurance, union dues, bonds, or charity in box 14. The limitation of a maximum of four items in box 12 of Form W-2 applies only to Copy A, which is filed with the SSA.

Note. Payee statements (Copies B, C, and 2 of Form W-2) may be furnished electronically if employees give their consent (as described in Treasury Regulations Section 31.6051–1(j)). See also Publication 15-A, Employer's Supplemental Tax Guide, and new Section 3 of Part B.

.02 The minimum dimensions for employee copies only (not Copy A) of Form W-2 should be 2.67 inches deep by 4.25 inches wide. The maximum dimensions should be no more than 6.5 inches deep by no more than 8.5 inches wide.

Note. The maximum and minimum size specifications in this document are for tax year 2010 only and may change in future years.

.03 Either horizontal or vertical format is permitted (see *Exhibit D*).

.04 The paper for all copies must be white and printed in black ink. The substitute Copy B, which employees are instructed to attach to their federal income tax returns, should be at least 9-pound paper (basis $17 \times 22-500$). Other copies furnished to employees should also be at least 9-pound paper (basis $17 \times 22-500$) unless a state, city, or local government provides other specifications.

.05 Employee copies of Form W-2 (Copies B, C, and 2), including those that are printed on a single sheet of paper, must be easily separated. The best method of separation is to provide perforations between the individual copies. Each copy should be easily distinguished whatever method of separation is used.

Note. Perforation does not apply to printouts of copies of Forms W-2 that are furnished electronically to employees (as described in Treasury Regulations Section 31.6051–1(j)). However, these employees should be cautioned to carefully separate the copies of Form W-2. See Publication 15-A, Employer's Supplemental Tax Guide, for information on electronically furnishing Forms W-2 to employees.

.06 Interleaved carbon and chemical transfer paper employee copies must be clearly legible. Fading must be minimized to assure legibility.

.07 The electronic tax logo on the IRS official employee copies is not required on any of the substitute form copies. To avoid confusion and questions by employees, employers are encouraged to delete the identifying number ("22222") from the employee copies of Form W-2.

.08 All substitute employee copies must contain boxes, box numbers, and box titles that match the official IRS Form W-2. Boxes that do not apply can be deleted. However, certain core boxes must be included. The placement, numbering, and size of this information is specified as follows:

- The items and box numbers that constitute the core data are:
 - Box 1 Wages, tips, other compensation,
 - Box 2 Federal income tax withheld,
 - Box 3 Social security wages,
 - Box 4 Social security tax withheld,
 - Box 5 Medicare wages and tips, and
 - Box 6 Medicare tax withheld.

The core boxes must be printed in the exact order shown on the official IRS form.

- The core data boxes (1 through 6) must be placed in the upper right of the form. Substitute vertical-format copies may have the core data across the top of the form (see *Exhibit D*). Boxes or other information will definitely not be permitted to the right of the core data.
- The form title, number, or copy designation (B, C, or 2) may be at the top of the form. Also, a reversed or blocked-out area to accommodate a postal permit number or other postal considerations is allowed in the upper-right.
- Boxes 1 through 6 must each be a minimum of $1^{1/8}$ inches wide x $^{1/4}$ inch deep.
- Other required boxes are:
 - a) Employee's social security number,
 - b) Employer identification number (EIN),
 - c) Employer's name, address, and ZIP code,
 - e) Employee's name, and
 - f) Employee's address and ZIP code.

Identifying items must be present on the form and be in boxes similar to those on the official IRS form. However, they may be placed in any location other than the top or upper right. You do not need to use the lettering system (a-c, e-f) used on the official IRS form. The employer identification number (EIN) may be included with the employer's name and address and not in a separate box.

Note. Box d ("Control number") is not required.

.09 All copies of Form W-2 furnished to employees must clearly show the form number, the form title, and the tax year prominently displayed together in one area of the form. The title of Form W-2 is "Wage and Tax Statement." It is recommended (but not required) that this be located on the bottom left of substitute Forms W-2. The reference to the "Department of the Treasury — Internal Revenue Service" must be on all copies of substitute Forms W-2 furnished to employees. It is recommended (but not required) that this be located on the bottom right of Form W-2.

.10 If the substitute employee copies are labeled, the forms must contain the applicable description:

- "Copy B, To Be Filed With Employee's FEDERAL Tax Return."
- "Copy C, For EMPLOYEE'S RECORDS."
- "Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return."

It is recommended (but not required) that these be located on the lower left of Form W-2. If the substitute employee copies are not labeled as to the disposition of the copies, then written notification using similar wording must be provided to each employee.

.11 The tax year (for example, 2011) must be clearly printed on all copies of substitute Form W-2. It is recommended (but not required) that this information be in the middle at the bottom of the Form W-2. The use of 24-pt. OCR-A font is recommended (but not required).

.12 Boxes 1 and 2 (if applicable) on Copy B must be outlined in bold 2-point rule or highlighted in some manner to distinguish them. If "Allocated tips" are being reported, it is recommended (but not required) that box 8 also be outlined. If reported, "Social security tips" (box 7) must be shown separately from "Social security wages" (box 3). **Note.** Boxes 8 and 9 may be omitted if not applicable.

.13 If employers are required to withhold and report state or local income tax, the applicable boxes are also considered core information and must be placed at the bottom of the form. State information is included in:

- Box 15 (State, Employer's state ID number)
- Box 16 (State wages, tips, etc.)
- Box 17 (State income tax)

Local information is included in:

- Box 18 (Local wages, tips, etc.)
- Box 19 (Local income tax)
- Box 20 (Locality name)

.14 Boxes 7 through 14 may be omitted from substitute employee copies unless the employer must report any of that information to the employee. For example, if an employee did not have "Social security tips" (box 7), the form could be printed without

that box. But if an employer provided dependent care benefits, the amount must be reported separately, shown in box 10, and labeled "Dependent care benefits."

.15 Employers may enter more than four codes in box 12 of substitute Copies B, C, and 2 (and 1 and D) of Form W-2, but each entry must use Codes A-CC (see the 2011 Instructions for Forms W-2 and W-3).

.16 If an employer has employees in any of the three categories in box 13, all checkbox headings must be shown and the proper checkmark made, when applicable.

.17 Employers may use box 14 for any other information that they wish to give to their employees. Each item must be labeled. (See the instructions for box 14 in the 2011 Instructions for Forms W-2 and W-3.)

.18 The front of Copy C of a substitute Form W-2 must contain the note "This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it."

.19 Instructions similar to those contained on the back of Copies B, C, and 2 of the official IRS Form W-2 must be provided to each employee. An employer may modify or delete instructions that do not apply to its employees. (For example, remove Railroad Retirement Tier 1 and Tier 2 compensation information for nonrailroad employees or information about dependent care benefits that the employer does not provide.)

.20 Employers must notify their employees who have no income tax withheld that they may be able to claim a tax refund because of the earned income credit (EIC). They will meet this notification requirement if they furnish a substitute Form W-2 with the EIC notice on the back of Copy B, IRS Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC), or on their own statement containing the same wording. They may also change the font on Copies B, C, and 2 so that the EIC notification and Form W-2 instructions fit differently. For more information about notification requirements, see Notice 1015, "Have You Told Your Employees About the Earned Income Credit (EIC)?" **Note.** An employer does not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate, for the calendar year.

Section 3. Electronic Delivery of Form W-2 and W-2c Recipient Statements.

.01 If you are required to furnish a written statement (Copy B or an acceptable substitute) to a recipient, then you may furnish the statement electronically instead of on paper. This includes furnishing the statement to recipients of Forms W-2 and W-2c.

If you meet the requirements listed below, you are treated as furnishing the statement timely.

.02 The recipient must consent in the affirmative and not have withdrawn the consent before the statement is furnished. The consent by the recipient must be made electronically in a way that shows that he or she can access the statement in the electronic format in which it will be furnished.

You must notify the recipient of any hardware or software changes prior to furnishing the statement. A new consent to receive the statement electronically is required after the new hardware or software is put into service.

Prior to furnishing the statements electronically, you must provide the recipient a statement with the following Information prominently displayed:

- If the recipient does not consent to receive the statement electronically, a paper copy will be provided.
- The scope and duration of the consent. For example, whether the consent applies to every year the statement is furnished or only until January 31 immediately following the date of the consent.
- How to obtain a paper copy after giving consent.
- How to withdraw the consent. The consent may be withdrawn at any time by furnishing the withdrawal in writing (electronically or on paper) to the person whose name appears on the statement. Confirmation of the withdrawal also will be in writing (electronically or on paper).
- Notice of termination. The notice must state under what conditions the statements will no longer be furnished to the recipient.
- Procedures to update the recipient's information.
- A description of the hardware and software required to access, print and retain a statement, and a date the statement will no longer be available on the website.

.03 Additionally, you must:

- Ensure the electronic format contains all the required information and complies with the guidelines in this document.
- If posting the statement on a website, post it for the recipient to access on or before the January 31 due date through October 15 of that year.
- Inform the recipient, in person, electronically or by mail, of the posting and how to access and print the statement.

For more information, see Regulations section 31.6051-1(j).

Part C. Additional Instructions

Section 1. Additional Instructions for Form Printers

.01 If electronic media is not used for filing with the SSA, the substitute copies of Forms W-2 (either red-ink or substitute black-and-white forms) should be assembled in the same order as the official IRS Forms W-2. Copy A should be first, followed sequentially by perforated sets (Copies 1, B, C, 2, and D).

.02 The substitute form to be filed by the employer with the SSA must carry the designation "Copy A."

Note. Electronic filers do not submit either red-ink or substitute black-and-white paper Form W-2 (Copy A) or Form W-3 to the SSA.

.03 Substitute forms (red-ink or substitute black-and-white Copy A or W-3) do not require a copy to be retained by employers (Copy D of Form W-2). However, employers must be prepared to verify or duplicate the information if it is requested by the IRS or the SSA. Paper filers who do not keep a Form W-2 (Copy D) should be able to generate a facsimile of Form W-2 (Copy A) in case of loss.

.04 Except for copies in the official assembly, no additional copies that may be prepared by employers should be placed ahead of Form W-2 (Copy C) "For EMPLOYEE'S RECORDS."

.05 You must provide instructions similar to those contained on the back of Copies B, C, and 2 of the official IRS Form W-2 to each employee. You may print them on the back of the substitute Copies B, C, and 2 or provide them to employees on a separate statement. You do not need to use the back of Copy 2. If you do not use Copy 2, you may include all the information that appears on the back of the official Copies B, C, and 2 on the back of your substitute Copies B and C only. As an example, you may use the "Note" on the back of the official Copy C as the dividing point between the text for your substitute Copies B and C. Do not print these instructions on the back of Copy 1. Any Forms W-2 (Copy A) and W-3 that are filed with the SSA must have no printing on the reverse side.

Section 2. Instructions for Employers

.01 Only originals of Form W-2 (Copy A) and Form W-3 may be filed with the SSA. Carbon copies and photocopies are unacceptable.

.02 Employers should type or machine-print data entries on plain paper forms whenever possible. Ensure good quality by using a high-quality type face, inserting data in the middle of blocks that are well separated from other printing and guidelines, and taking any other measures that will guarantee clear, sharp images. Black ink must be used with no script type, inverted font, italics or dual-case alpha characters. **Note.** 12-point Courier font is preferred by the SSA.

.03 Form W-2 (Copy A) requires decimal entries for wage data. Dollar signs should not be printed with money amounts on the Forms W-2 (Copy A) and W-3.

.04 The employer must provide a machine-scannable Form W-2 (Copy A). The employer must also provide employee copies (Copies B, C, and 2) that are legible and able to be photocopied (by the employee). Do not print any data in the top margin of the payee copies of the forms.

.05 Any printing in box d (Control number) on Form W-2 or box a on Form W-3 may not touch any vertical or horizontal lines and should be centered in the box.

.06 The filer's employer identification number (EIN) must be entered in box b of Form W-2 and box e of Form W-3. The EIN entered on Form(s) W-2 (box b) and Form W-3 (box e) must be the same as on Forms 941, 943, 944, CT-1, Schedule H (Form 1040), or any other corresponding forms filed with the IRS. Be sure to use EIN format (00-0000000) rather than SSN format (000-00-0000).

.07 The employer's name, address, and EIN may be preprinted.

Section 3. OMB Requirements for Both Red-Ink and Black-and-White Copy A and W-3 Substitute Forms

.01 The Paperwork Reduction Act (the Act) of 1995 (Public Law 104-13) requires the following:

- The Office of Management and Budget (OMB) approves all IRS tax forms that are subject to the Act.
- Each IRS form contains (in or near the upper right corner) the OMB approval number, if assigned. (The official OMB numbers may be found on the official IRS printed forms and are also shown on the forms in *Exhibits A, B, C, E, and F.*)
- Each IRS form (or its instructions) states:
 - 1. Why the IRS needs the information,
 - 2. How it will be used, and
 - 3. Whether or not the information is required to be furnished to the IRS.

.02 This information must be provided to any users of official or substitute IRS forms or instructions.

.03 The OMB requirements for substitute IRS Form W-2 (Copy A) and Form W-3 are the following.

- Any substitute form or substitute statement to a recipient must show the OMB number as it appears on the official IRS form.
- The OMB number (1545-0008) must appear exactly as shown on the official IRS form.
- For any copy of Form W-2 other than Copy A, the OMB number must use one of the following formats:
 - 1. OMB No. 1545-0008 (preferred) or
 - 2. OMB # 1545-0008 (acceptable).

.04 Any substitute Form W-2 (Copy A only) must state "For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D." Any substitute Form W-3 must state "For

Privacy Act and Paperwork Reduction Act Notice, see back of Copy D of Form W-2." If no instructions are provided to users of your forms, you must furnish them with the exact text of the Privacy Act and Paperwork Reduction Act Notice.

Section 4. Reproducible Copies of Forms

.01 You can obtain official IRS forms and information copies of federal tax materials at local IRS offices or by calling the IRS Distribution Center at 1-800-829-3676. Other ways to get federal tax material include the following.

- Accessing IRS.gov.
- Ordering IRS Tax Products on DVD (Publication 1796).

Only contact the IRS, not the SSA, for forms.

Note. Many IRS forms are provided at IRS.gov and on the IRS Tax Products on DVD. But copies of Form W-2 (Copy A) and Form W-3 cannot be used for filing with the SSA when obtained by these methods because the forms do not meet the specific printing specifications as described in this publication. Copies of Forms W-2 and W-3 obtained from these sources are for information purposes only.

.02 The DVD contains approximately 2,800 tax forms and publications for small businesses, return preparers, and others who frequently need current or prior year tax products. Most current tax forms on the DVD may be filled in electronically, then printed out for submission and saved for recordkeeping. Other products on the DVD include the Internal Revenue Bulletins, Tax Supplements, and Internet resources and links for the tax professional.

For system requirements, contact the National Technical Information Service (NTIS) at <u>http://www.ntis.gov</u>. Prices are subject to change. The cost of the DVD if purchased from NTIS via the Internet at <u>www.irs.gov/formspubs/article/0,,id=108660,00.html</u> is \$30 (with no handling fee). If purchased using the following methods, the cost for each DVD is \$30 (plus a \$6 handling fee). These methods are:

- By phone 1-877-CDFORMS (1-877-233-6767) (For IRS DVD purchase only),
- By fax 703-605-6900 (For IRS DVD purchase only),
- By mail to:

National Technical Information Service 5285 Port Royal Road Springfield, VA 22161

Section 5. Effect on Other Documents

.01 Revenue Procedure 2010-42, 2010-47 I.R.B. 715, dated November 22, 2010 (reprinted as Publication 1141, Revised 11-2010), is superseded.

List of Exhibits

- Exhibit A Form W-2 (Copy A) (Red-Ink) 2011
- Exhibit B Form W-3 (Red-Ink) 2011
- Exhibit C Form W-2 (Copy B) 2011
- Exhibit D Form W-2 Alternative Employee Copies (Illustrating Horizontal and Vertical Formats)
- Exhibit E Form W-2 (Copy A) (Substitute Black-and-White) 2011

Exhibit F — Form W-3 (Substitute Black-and-White) 2011

b Employee's identification number (EN) 14' 1 1 9 4 5 ocial security wages 4 5 ocial security wages 4 5 ocial security wages 6 Medicare tax withheid 5'' 4 10'' 6 Medicare wages and tips 6 Medicare tax withheid 6 Control number 9 10'' Dependent care benefits 6 Control number 9 10'' Dependent care benefits 14 Control number 9 10''' Dependent care benefits 15 Employee's first nume and initial Last nume 10''''''''''''''''''''''''''''''''''''	I	2	2222	.46" Void	── ─┼* ! ′		,	al securi	l'indimoor			se Only	►				1	.333"
14* 3 Social security wages 4 Social security tax withheid 5* 4.17" 5 Medicare wages and tips 6 Medicare tax withheid 6 Control number 9 10 Dependent care benefits 6 Employee's first name and initial Last name Suff. 11 Nonqualified plans 14* 15 Social security tips 8 Allocated tips 12 See instructions for box 12 15 State 10 Dependent care benefits 12 See instructions for box 12 12 15 State 14 Other 14 Other 12 See instructions for box 12 15 State 5.5" 12 12 12 12 12 15 State To mber 16 State weeks tps, etc. 17 State income tax 18 Local moorthur 20 Local Copy A For Social Security Administration – Send this entire page with For W-2 Wage and Tax Statement Form W-3 to the Social Security Administration – Send this entire page with Sate Sate <td< th=""><th></th><th></th><th></th><th>tification i</th><th>number (El</th><th>N)</th><th></th><th></th><th></th><th>OMB</th><th>No. 154</th><th>1</th><th>aaes. tips. o</th><th>ther compension</th><th>sation</th><th>2 Fede</th><th>eral income</th><th>tax withhele</th></td<>				tification i	number (El	N)				OMB	No. 154	1	aaes. tips. o	ther compension	sation	2 Fede	eral income	tax withhele
					1	,							3 , 1, .					
4 Control number 9 10 Dependent care benefits • Employee's first name and initial Last name Suff. 11 Nonqualified plans 14* 12 See instructions for box 12 • Employee's first name and initial Last name Suff. 11 Nonqualified plans 14* 12 See instructions for box 12 • Employee's first name and initial Last name Suff. 11 Nonqualified plans 14* 12 See instructions for box 12 • Employee's address and ZIP code 15 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Local Form W-2 Wage and Tax Statement CDI J.J.L. Department of the Treasury-Internal Revenue S Soff Act Notice, see back of Co Form W-3 to the Social Security Administration – Send this entire page with for Missington, photocouple, photocouple, acceptable. Department of the Treasury-Internal Revenue S Sof Act Notice, see back of Co Act Notice, see back of Co Act Notice, see back of Co Soff Act Notice, see back of Co Act Notice		c Em	oloyer's na	me, addre	ess, and ZI	P code						3 So	ocial securi	ty wages		4 Soci	al security	tax withheld
a Control number 9 10 Dependent care benefits a Control number 9 10 Dependent care benefits a Employee's first name and initial Last name Suff. 11 Nonqualified plans 1.4* 12a See instructions for box 12 5.5* 5.5* 14 Other 10 Dependent care benefits 15 5.5* 14 Other 12a 2a 2a 15 State 18 Local wages, sps. etc. 19 Local incomflue 20 2a 15 State 18 State wages, tps. etc. 19 Local wages, sps. etc. 10 Department of the Treasury—Internal Revenue S Copy A For Social Security Administration - Send this entre page with Page Do Not Cut, Fold, or Staple Forms on This Page .5* Cat. Not 1 .83* Cat. Not 1 .2 .2 .2 .5* 222222 10 .0 .18* .18* .16 .18* .14* .2									4.17"			5 Me	edicare wa	ges and tips	;	6 Med	icare tax w	rithheld
 e Employee's first name and initial Last name Last name Suff. 11 Nonqualified plans 14* 12 Sec instructions for box 12 13 Stateways 14 Other 14 Other 15 Sile 15 Sile 15 Sile 15 Sile 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 10 Local income tax 11 Local income tax 11 Local income tax 12 Local income tax 12												7 So	cial securi	ty tips		8 Alloc	cated tips	
5.5° 13 Balaloy Bernind Termind Termind <td< td=""><td></td><td>d Co</td><td>itrol numb</td><td>er</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>9</td><td></td><td></td><td></td><td>10 Dep</td><td>endent car</td><td>e benefits</td></td<>		d Co	itrol numb	er								9				10 Dep	endent car	e benefits
5.5" 14 Other 3.30" 14 Other 3.30" 120 15 State Employee's state ID number 16 State wages tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Localing Department of the Treasury-Internal Revenue State ID number Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. Department of the Treasury-Internal Revenue State Notice, see back of Colspan="2">Cat. No. 10 Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page 222322 Social security number For Official Use Only > Main No. 1545-0008 4.1" 222322 Social security number IM Wages, tips, other compensation 2 Federal income tax withheld a Employee's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld 4.1" 1.7" 1.7" 1.7" 4 Control number 9 10 Dependent care benefits a Employee's first name and initial Last name 2.2" Suff, 11 Nonqualified plans 7.6" 13 Stateway 13 Stateway 12 Stateway	 	e Em	oloyee's fir	st name a	nd initial	La	ist name				Suff.	11 No	onqualified	plans .	14"	12a See	instructior	ns for box 12
3.3 14 Other 12 c 14 Other 33° 15 State Employee's address and ZIP code 15 State Employee's state ID number 16 State wages tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locating Form W-2 Wage and Tax Statement Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page Or Official Use Only > Medicare wages and tips Advector of the Insensity - Internal Revenue S Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page State income tax withheid A Employee's social security number Advector of the Insensity Advector of the Insensity Cortificial Use Only > Medicare wages and tips A Employee's social security number Advector of the Insensity Advector of the Insensic of the Insensity <td< td=""><td> </td><td></td><td></td><td></td><td></td><td>l</td><td></td><td></td><td></td><td></td><td></td><td>.2" em</td><td>tutory R ployee pl</td><td>etirement Th lan sig</td><td>ird-party k pay</td><td>12b</td><td> </td><td></td></td<>	 					l						.2" em	tutory R ployee pl	etirement Th lan sig	ird-party k pay	12b	 	
I Employee's address and ZIP code 16 State wages tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Localing 15 Stele Employee's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Localing MW-2 Wage and Tax Statement Copy A For Social Security Administration – Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. Do Not Cut, Fold, or Staple Forms on This Page – Do Not Cut, Pold, or Staple Forms on This Page 222322 employee's social security number For Official Use Only + - 6 Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld 6 Control number 9 10 Dependent care benefits 1.9" 2.2" Suff, 11 Nonqualified plans 12 See instructions for box 12 instruct							5.5"						ner			12c		
Image: state in the intervent of the inter														.30		d e 12d c	1.33	3"
W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue S Form W-3 to the Social Security Administration; photocopies are not acceptable. Ber Privacy Act and Paperwork Redu Do Not Cut, Fold, or Staple Forms on This Page with Base and the Social Security Administration; photocopies are not acceptable. Ber Privacy Act and Paperwork Redu Image: State of Control Number Image: State of Control Number Cat. No. 10 Image: State of Control number Image: State of Control Number Social Security number Image: State of Control number Image: State of Control number Image: State of Control number Image: Stress name, and initial Last name 2.2" Suff. Image: Number Image: Stress name Image: Stress name and Initial Last name 2.2" Suff. Image: Number Image: Stress name		f Em	loyee's ac	dress and	I ZIP code											o d e		
W-2 Wage and Tax Statement Department of the Treasury-Internal Revenue Statement Form Copy A For Social Security Administration – Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. Department of the Treasury-Internal Revenue State Act Notice, see back of Co Act Notice, see back of Co Cat. No. 10 Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page -5" For Official Use Only > -5" Cat. No. 10 Department of the Treasury-Internal Revenue State Act Notice, see back of Co Cat. No. 10 Point Cut, Fold, or Staple Forms on This Page -5" For Official Use Only > -5" Cat. No. 10 Department of the Treasury Internal Revenue State Act Notice, see back of Co Cat. No. 10 Point Cut, Fold, or Staple Forms on This Page -5" Cat. No. 10 Department of the Treasury Internal Revenue State Act Notice, see back of Co Cat. No. 10 Point Cut, Fold, or Staple Forms on This Page -5" Cat. No. 10 Department of the Treasury Internal Revenue State Act Notice, see back of Co Cat. No. 10 Point Cut, Fold, or Staple Forms on This Page -5" Cat. No. 10 Department of the Treasury Internal Revenue State Act Notice, see back of Co Point Cut, Fold, or Staple Forms on This Page -5" Cat. No. 10 Department of the Treasury Internation Revenue State Act Notice, see back of Co Point Cut, Fold, or Staple Forms on This Page -5" Cat. No. 10 Cat. No. 10	I I	15 Sta	Emplo	oyer's stat	e ID numbe	er	16 Sta	ate wages	s, tips, etc.	17 Sta	te incon	ne tax	18 Loca	l wages, tips,	etc. 1	19 Local ind	cometax	20 Localit
Copy A For Social Security Administration – Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. .83" Act Notice, see back of Co. Cat. No. 10 Do Not Cut, Fold, or Staple Forms on This Page – Do Not Cut, Fold, or Staple Forms on This Page – .5" For Official Use Only ▶ 0/// .7"			-1														.667	•#
4.1" 5 Medicare wages and tips 6 Medicare tax withheld 1.7" 1.7" 1.7" 1.7" 7 Social security tips 8 Allocated tips d Control number 9 10 Dependent care benefits e Employee's first name and initial Last name 2.2" Suff. 11 Nonqualified plans 12a See instructions for box 12 0 1.9" 2.2" 13 Statutory Retirement Third-party 12b		Form Form	A For Soc V-3 to the Do No	Social Secu	Fold, C	inistrati Idministr Dr Staj	ion – Se ration; ph ple For	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. _ Do	Not (Cut, Po	.83" 	For F	Privacy Ac Act I	t and Pape Notice, see	erwork Red e back of Co Cat. No. 1
4.1" 1.7" 1.7" 7 Social security tips 8 Allocated tips d Control number 9 10 Dependent care benefits e Employee's first name and initial Last name 2.2" 11 Nonqualified plans 12a See instructions for box 12 § 1.9" 2.2" 13 Statutory Retirement Third-party 12b		Form Form	A For Soc V-3 to the Do No	Social Secu Social S ot Cut,	Fold, (a Employ	ion – Se ration; ph ple For	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. Do	Not (se Only 5-0008	Cut, ₽0	.83" . Id, or St .5"	For F t aple 4.1" –	Privacy Ac Act I	t and Pape Notice, see on This	erwork Red e back of C Cat. No. 1
d Control number 9 10 Dependent care benefits e Employee's first name and initial Last name 2.2" 11 Nonqualified plans 12a See instructions for box 12 9 1.9" 2.2" 13 Statutory Retirement Third-party 12b		Copy Form	A For Soc V-3 to the Do No	ot Cut,	Fold, c	a Employ	ion – Se ration; ph ple For	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. Do	Not (se Only 5-0008	Cut, Po	.83" . Id, or St .5"	For F t aple 4.1" –	Privacy Ac Act I Forms 2 Fede	t and Pape Notice, set on This ral income	erwork Red back of Co Cat. No. 1 Des Page tax withheld
d Control number 9 10 Dependent care benefits e Employee's first name and initial Last name 2.2" 11 Nonqualified plans 12a See instructions for box 12 1.9" 2.2" 13 Statutory Retirement Third-party 12b		Copy Form	A For Soc V-3 to the Do No	ot Cut,	Fold, c	a Employ	ion – Se ration; ph ple For	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. Do	Not (se Only 5-0008 1 Wag 3 Soc	Cut, Po ges, tips, of cial securit	.83" Id, or St .5" ther compens	For F t aple 4.1" –	Privacy Ac Act I Forms 2 Fede 4 Socia	t and Pape Notice, see on This ral income	erwork Red back of Co Cat. No. 1 Destruction 5 Page tax withheld
e Employee's first name and initial Last name 2.2" Suff. 11 Nonqualified plans 12a See instructions for box 12		Copy Form	A For Soc V-3 to the Do No	ot Cut,	Fold, c	a Employ	ion — Se ration; ph ple For ree's socia 1	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. Do	Se Only 5-0008 1 Wag 3 Soo 5 Me	Cut, Po ges, tips, of cial securit dicare waa 1.3	.83" .6, or St .5" ther compens y wages ges and tips 7"	For F t aple 4.1" –	Privacy Act I Act I Forms 2 Fede 4 Socia 6 Medi	t and Pape Notice, set on This ral income al security t care tax wi	erwork Red back of Co Cat. No. 1
7 5 " 13 Statutory Retirement Third-party 12b		b Em	A For Soc V-3 to the Do No	bial Secu a Social S bit Cut, bit Cut, bit Cut, cification n me, addre	Fold, c	a Employ	ion — Se ration; ph ple For ree's socia 1	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. Do	se Only 5-0008 1 Wag 3 Soc 5 Me ▼ 7 Soc	Cut, Po ges, tips, of cial securit dicare waa 1.3	.83" .6, or St .5" ther compens y wages ges and tips 7"	For F t aple 4.1" –	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 8 Alloc	t and Pape Notice, see on This ral income al security t care tax wi ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld ax withheld 1.7"
7 5" 13 Statutory Retirement Third-party 12b		b Em	A For Soc V-3 to the Do No	bial Secu a Social S bit Cut, bit Cut, bit Cut, cification n me, addre	Fold, c	a Employ	ion — Se ration; ph ple For ree's socia 1	end this notocop rms of	n This ∣	age with ot accept Page – For Off	able. Do	se Only 5-0008 1 Wag 3 Soc 5 Me ▼ 7 Soc	Cut, Po ges, tips, of cial securit dicare waa 1.3	.83" .6, or St .5" ther compens y wages ges and tips 7"	For F t aple 4.1" –	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 8 Alloc	t and Pape Notice, see on This ral income al security t care tax wi ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld ax withheld 1.7"
		b Em c Em	A For Soc V-3 to the Do No P222	r	Fold, C	a Employ Code Code Code	ion — Se ration; ph ple For ree's socia — 1	al securit	y number	age with ot accept Page – For Off	icial Us	See Only 5-0008 1 Wag 3 Soc 5 Me 7 Soc 9	Cut, Po ges, tips, of cial securit dicare wag 1.: cial securit	.83" Id, or St .5" ther compens y wages ges and tips 7" y tips	For F t aple 4.1" –	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 8 Alloc 10 Depe	ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld tax withheld 1.7"
		b Em c Em	A For Soc V-3 to the Do No P222	r	Fold, C	a Employ Code Code Code	ion — Se ration; ph ple For ree's socia — 1	al securit	y number	age with ot accept Page – For Off Омв N	icial Us	Se Only 5-0008 1 Wag 3 Soc 5 Me 7 Soc 9 11 No 13 State emp	Cut, Pb Cut, Pb ges, tips, of cial securit dicare wag — 1. cial securit nqualified utory Re toyee pt	.83" Id, or St .5" ther compens y wages ges and tips 7" y tips plans tirrement Thi	For F	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 4 8 Alloc 10 Depe 12a See 3 12b	ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld tax withheld 1.7"
		b Em c Em	A For Soc V-3 to the Do No P222	r	Fold, C	a Employ Code Code Code	ion — Se ration; ph ple For ree's socia — 1	al securit	y number	age with ot accept Page – For Off Омв N	icial Us	See Only 5-0008 1 Wag 3 Soc 5 Me 7 Soc 9 11 No 13 Stat	Cut, Pb Cut, Pb ges, tips, of cial securit dicare wag — 1. cial securit nqualified utory Re toyee pt	.83" Id, or St .5" ther compens y wages ges and tips 7" y tips plans tirrement Thi	For F	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 4 Socia 8 Alloc 10 Depe 12a See 3 8 12b	ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld tax withheld 1.7"
I I I I I I I I		b Em c Em	A For Soc V-3 to the Do No P222	r	Fold, C	a Employ Code Code Code	ion — Se ration; ph ple For ree's socia — 1	al securit	y number	age with ot accept Page – For Off Омв N	icial Us	Se Only 5-0008 1 Wag 3 Soc 5 Me 7 Soc 9 11 No 13 State emp	Cut, Pb Cut, Pb ges, tips, of cial securit dicare wag — 1. cial securit nqualified utory Re toyee pt	.83" Id, or St .5" ther compens y wages ges and tips 7" y tips plans tirrement Thi	For F	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 4 Socia 8 Alloc 10 Depe 12a See 3 8 12b	ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld tax withheld 1.7"
Image: Image		Copy Form V Form V b Em c Em d Cor	A For Society of Cover's add	r st name ar 9" → t cut, •	rity Adm Security A Fold, C umber (EIN ss, and ZIF	Administrati Administr Dr Stal	ion — Se ration; ph ple For ree's socia — 1	al securit	y number	age with ot accept Page – For Off Омв N	icial Us	Se Only 5-0008 1 Wag 3 Soc 5 Me 7 Soc 9 11 No 13 State emp	Cut, Pb Cut, Pb ges, tips, of cial securit dicare wag — 1. cial securit nqualified utory Re toyee pt	.83" Id, or St .5" ther compens y wages ges and tips 7" y tips plans tirrement Thi	For F	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 4 Socia 8 Alloc 10 Depe 12a See 3 8 12b	ated tips	erwork Red back of Co Cat. No. 1 5 Page tax withheld tax withheld 1.7"
1 12d 1 1.2" →		c Emp d Cor	A For Society of Cover's add	est name ar 9"	ZIP code	Administrati Administr Dr Stal	ion – Se ration; ph ple For ree's socia 1	al securit .8"	2.2"	age with ot accept Page – For Off Омв N	Suff.	se Only 5-0008 1 3 5 7 9 11 No 13 State 14	Cut, P ges, tips, of cial securit dicare waa 1.3 cial securit nqualified utory Re inverse pte pte er	.83" Id, or St .5" ther compens y wages ges and tips 7" y tips plans tirement Thir std	For F	Privacy Ac Act I Forms 2 Fede 4 Socia 6 Medi 4 Socia 6 Medi 4 Socia 8 Alloc 10 Depe 12a See 9 12b 9 12b 9 12c 9 9 12c	t and Pape Notice, set on This ral income al security t care tax wi care tax wi ated tips endent care instruction	erwork Redd back of Co Cat. No. 11 5 Page tax withheld tax withheld 1.7" benefits s for box 12 1.2"

	■.5" DO NOT STAPLE	
Exhibit	a Control number	
	33333 1.65" MB No. 1545-0008 5.0"	
B		d-party ck pay neck if
Form	Payer CT-1.36 emp.36 govt. enfp5 .36 Employer non-501c State/local 501c Federal govt. appl	licable)
W-3	c Total number of Forms W-2 d Establishment number 1 Wages, tips, other compensation 2 Federal income tax withheld 1.6"	
VV- 3	e Employer identification number (EIN) 3 Social security wages 4 Social security tax withheld	
(Red-Ink)	f Employer's name 5 Medicare wages and tips 6 Medicare tax withheld	
2011	7.5" 7 Social security tips 8 Allocated tips	
2011	4.67"	
	9 10 Dependent care benefits	.5"
	11 Nonqualified plans 12a Deferred compensation	
	g Employer's address and ZIP code 13 For third-party sick pay use only h Other EIN used this year 13 For third-party sick pay use only	
	15 State Employer's state ID number 14 Income tax withheld by payer of third-party sick pay .6" 2.6"	
	16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax	
	Contact person Telephone number For Official Use Only	
	Email address Fax number .667"	
	Under penalties of penary, I declare that have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, complete.	orrect, and
	I Signature ► Title ► Date ►	
	 Reminder Separate instructions. See the 2011 Instructions for Forms W-2 and W-3 for information on completing this form. Purpose of Form A Form W-3 transmittal is completed only when paper Copy A of Form(S) W-2 Wage and Tax Statement, is being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the IS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 ared in Form(S) W-2 is being filed. Make sure both the Form W-3 ared in ESA's Business Services Online (BSO) wumber (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(S) W-2 for your records. Electronic Filing M-2 Online. Use till-in forms to create, save, print, and submit up to 20 Forms W-2 at a time to SSA. File Upload. Upload wage files to SSA that you have created using payroll or tax software that formats the files according to SSA's Specifications for Filing Forms W-2 Electronically (EFW2). 	hrough on time if '-2 to: rice, add
	For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE." For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D of Form W-2. 5.03"	у

ibit ¦								150 1 1
- 1		a Emplo	yee's social security number	OMB No. 1545	Safe, accurate, FAST! Use	IRS C 1	tile www.i	e IRS website at rs.gov/efile
	b Employer identific	cation number (EIN)			1 Wages, tips, other compe	ensation 2	Pederal income	tax withheld
rm	c Employer's name	, address, and ZIP code			3 Social security wages	4	Social security	ax withheld
-2					5 Medicare wages and tip	os 6	Medicare tax w	thheld
y B)¦ 11 ¦					7 Social security tips	8	Allocated tips	
-	d Control number				9	10	Dependent care	e benefits
 	e Employee's first n	name and initial Last n	ame	Suff.	11 Nonqualified plans	12 C 0	2a See instruction	s for box 12
 					13 Statutory Retirement plan	Third-party sick pay	2b	
					14 Other	e 12 C	2c	
						e 12 C	2d	
l I	f Employee's addre					d		
	15 State Employer	's state ID number	16 State wages, tips, etc.	17 State incom	le tax 18 Local wages, tip	s, etc. 19 L	ocal income tax	20 Locality nam

	Form W-2 Wage and Tax S	tatement							
Exhibit	a Employee's social security number		1	Wages, tips, other compensation	2 Federal income	tax withheld			
D	b Employer identification number (EIN)		3	Social security wages	4 Social security	tax withheld			
Form		- Employed some address and Zis cade							
W-2	c Employer's name, address, and Zip code			Medicare wages and tips	6 Medicare tax w	ithheld			
Alternative									
Employee									
Copies									
(Illustrating Horizontal and Vertical Formats)	e Employee's name								
	f Employee's address and ZIP code								
	15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
	Copy C For EMPLOYEE'S RECORDS.	50JJ		Departr	nent of the Treasury—Inter	nal Revenue Service			
	1 Wages, tips, other compensation	2 Federal income tax wit	hheld		ontal Format				
	3 Social security wages	4 Social security tax with	held			bit D provides mployee copies of			
		Social security wages Social security tax withinet				nples of			
	5 Medicare wages and tips	6 Medicare tax withheld		Copy A, see Exhibit A or Exhibit E. For the specifications of Copy A, which must be filed					
	Employee's social security number			with the	SSA, see				
	Employer identification number (EIN)			sections 1A and 1B.					
	Employer's name, address and, ZIP code			through 6 a through 20. be similarly	data boxes and, if applica The core dat positioned,	ble, 15 a must exactly			
	Employee's name			shown for data may unoccupied	d areas based	Other ed in d upon			
I	Employee's address and ZIP code				yer's needs. on may be				
	15 State Employer's state ID number	18 Local wages, tips, etc.		before or a	after the core	e data.			
	16 State wages, tips, etc.	19 Local income tax		However,	the emp elements ma	oloyer's av be			
	17 Odata income tarr	00 eee ⁱⁱⁱ te arma		positioned	only betwee				
	17 State income tax	20 Locality name		sections of	core data.				
l	Copy B To Be Filed With Employee's F	EDERAL Tax Return.							
	Form W-2 201	Departm	ent of the Treasury— Revenue Service						
	Statement	/ertical Format							

L

	.5"	
Exhibit	22222 Void a Employee' social security number For Official Use C	
E		Wages, tips, other compensation 2 Federal income tax withheld
 .5"		
Form	c Employer's name, address, and ZIP code 3	Social security wages 4 Social security tax withheld
W-2	4.1"	6 Medicare wages and tips 1.7"
		Social security tips 8 Allocated tips
Copy A)	d Control number 9	10 Dependent care benefits
(Substitute		
ck-and-White)	e Employee's first name and initial Last name Suff. 11	I Nonqualified plans 12a See instructions for box 12 Image: Structure struct
0011		3 Statutory Retirement Third-party 12b
2011		Contraction of the second
is form may	7.5"	12d
e subject to		
change.	f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income ta	ax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
i	W-2 Wage and Tax Statement	Department of the Treasury—Internal Revenue Servic
	Form VV – L U U Copy A For Social Security Administration – Send this entire page with	For Privacy Act and Paperwork Reductio Act Notice, see back of Copy D
	Do Not Cut, Fold, or Staple Forms on This Page — Do No	bt Cut, Fold, or Staple Forms on This Page
	2222 Void a Employee's social security number For Official Use O OMB No. 1545-00	only ►
	22222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1	only ► 108
	22222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3	Only ▶ 08 Wages, tips, other compensation 2 Federal income tax withheld
	22222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 5	Only > 008 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld
	22222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 5	Dnly > 008 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security wages and tips 6 Medicare wages and tips 6 Social security tips 8
	22222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 5 5 7 4 Control number 9	Dnly > 008 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security wages 4 Medicare wages and tips 6 Social security tips 8
	22222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 5 5 7 d Control number 9 e Employee's first name and initial Last name Suff. 11	Dnly ▶ 108 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 4 Social security tax withheld Medicare wages and tips 6 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits Nonqualified plans 12a See instructions for box 12 See instructions for box 12
	2222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 f 5 d Control number 9 e Employee's first name and initial Last name Suff. 11 13	Dnly ▶ 108 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips IO Dependent care benefits Nonqualified plans 12a See instructions for box 12 Statutory Retirement Third-party 12b Image: Statutory Retirement Image: Sta
	2222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 f 5 d Control number 9 e Employee's first name and initial Last name Suff. 11 13	Dnly ▶ 108 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 4 Social security tax withheld Medicare wages and tips 6 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits Nonqualified plans 12a See instructions for box 12 See instructions for box 12
	2222 Void a Employee's social security number For Official Use O OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 f 5 d Control number 9 e Employee's first name and initial Last name Suff. 11 13	Dnly ▶ 108 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips IO Dependent care benefits Nonqualified plans 12a See instructions for box 12 Statutory Retirement Third-party 12b Image: Statutory Retirement Image: Sta
	2222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name Suff. 13 14 f Employee's address and ZIP code 14	Dnly ▶ 108 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips Io Dependent care benefits Nonqualified plans 12a See instructions for box 12 Image: Statutory of the plans 12b Image: Statutory of the plane Image: Statutory of the plane 12b Image: Statutory of the plane Image: Statutory of the plane 12b Image: Statutory of the plane Image: Statutory of the plane 12b Image: Statutory of the plane Image: Statutory of the plane 12c Image: Statutory of the plane Image: Statutory of the plane 12c Image: Statutory of the plane Image: Statutory of the plane 12c Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane
	2222 Void a Employee's social security number For Official Use Of OMB No. 1545-00 b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 f 5 d Control number 9 e Employee's first name and initial Last name Suff. 11 13 14	Dnly ▶ 108 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips Io Dependent care benefits Nonqualified plans 12a See instructions for box 12 Image: Statutory of the plans 12b Image: Statutory of the plane Image: Statutory of the plane 12b Image: Statutory of the plane Image: Statutory of the plane 12b Image: Statutory of the plane Image: Statutory of the plane 12b Image: Statutory of the plane Image: Statutory of the plane 12c Image: Statutory of the plane Image: Statutory of the plane 12c Image: Statutory of the plane Image: Statutory of the plane 12c Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane Image: Statutory of the plane
	2222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name Suff. 13 14 f Employee's address and ZIP code 14	Dnly ▶ 108 Wages, tips, other compensation 2 Social security wages 4 Social security wages 4 Medicare wages and tips 6 Medicare wages and tips 6 Social security tips 8 Allocated tips In Dependent care benefits Nonqualified plans 12a Statutory Retirement Image: plan Statutory Image: plan 12b Image: plan 12c Image: plan 12c Image: plan 12c Image: plan 12c Image: plan 12d Image: plan 12d Image: plan 12d
	ZZZZ Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name Suff. 11 f Employee's address and ZIP code 13 if Employee's address and ZIP code 14 f Employee's state ID number 16 State wages, tips, etc. 17 State income ta	Dnly ▶ 008 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips 10 Dependent care benefits Nonqualified plans Statutory Retilement Third-party Other 12a Statutory Retilement Third-party Statutory Retilement Third-party Image: Statutory Participate 12b Image: Statutory Participate Image: Statutory Retilement Third-party Image: Statutory Image: Statutory Retilement Third-party Image: Statutory
	2222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name f Employee's strate name and initial Last name strate Suff. 14 14 f Employee's address and ZIP code 16 State wages, tips, etc. 15 State Employer's state ID number Interployee's address and ZIP code 17 State income ta State Employer's state ID number Interployee's address and ZIP code 17 State income ta State Employer's state ID number 16 State wages, tips, etc. Interployee's address and ZIP code Interployee's state ID number Interployee's address and ZIP code Interployee's address and ZIP code Interployee's state ID number Interployee's address and ZIP code Interployee's address and ZIP code Interployee's address and ZIP code Interployee's code Interployee's address and ZIP code Interployee's code Interployee's code Interployee's code Interployee's code Interployee's code </td <td>Daily ► 108 Wages, tips, other compensation Social security wages 4 Social security wages 6 Medicare wages and tips 6 Medicare wages and tips 8 Allocated tips 10 Dependent care benefits Nonqualified plans 12a Statutory Plan 12b Statutory Plan 12b Statutory Plan 12c 2 2 Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction</td>	Daily ► 108 Wages, tips, other compensation Social security wages 4 Social security wages 6 Medicare wages and tips 6 Medicare wages and tips 8 Allocated tips 10 Dependent care benefits Nonqualified plans 12a Statutory Plan 12b Statutory Plan 12b Statutory Plan 12c 2 2 Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction
	2222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name f Employee's address and ZIP code 13 1 14 f Employee's address and ZIP code 14 f Employee's state ID number 16 State wages, tips, etc. 17 State income ta Wage and Tax Statement 2001.	Daily ► 008 Wages, tips, other compensation 2 Social security wages 4 Social security wages 4 Medicare wages and tips 6 Medicare wages and tips 6 Medicare wages and tips 8 Allocated tips Nonqualified plans 10 Dependent care benefits Nonqualified plans Statutory Patiement Third-party Statutory Plan Department of the Treasury—Internal Revenue Service
	2222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name g Employee's first name and initial Last name state Suff. 11 13 14 f Employee's address and ZIP code 13 14 14 f Employee's state ID number 16 State wages, tips, etc. 17 State income ta Form Wage and Tax Statement 201.0 Copy A For Social Security Administration – Send this entire page with 14	Daily ▶ 08 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips Social security tips 8 Allocated tips Nonqualified plans 12a See instructions for box 12 Statutory Plan 12b Statutory Plan 12b Other 12c 12b Imployee Imployee Imployee Other 12c 12b Imployee Imployee Imployee Imployee Imployee
	2222 Void a Employee's social security number For Official Use O b Employer identification number (EIN) 1 c Employer's name, address, and ZIP code 3 d Control number 9 e Employee's first name and initial Last name g Employee's first name and initial Last name state Suff. 11 13 14 f Employee's address and ZIP code 13 14 14 f Employee's state ID number 16 State wages, tips, etc. 17 State income ta Form Wage and Tax Statement 201.0 Copy A For Social Security Administration – Send this entire page with 14	Daily ▶ 08 Wages, tips, other compensation 2 Federal income tax withheld Social security wages 4 Social security tax withheld Medicare wages and tips 6 Medicare tax withheld Social security tips 8 Allocated tips Social security tips 8 Allocated tips Nonqualified plans 12a See instructions for box 12 Statutory Plan 12b Statutory Plan 12b Other 12c 12b Imployee Imployee Imployee Other 12c 12b Imployee Imployee Imployee Imployee Imployee

		. 5"	DO NOT STAP	LE		
Exhibit		number For Official	I Use Only ►			
F Form W-3	b 941 of Payer CT ₂ 1, (Check one) 3.4 c Total number of Forms W-2 1.6"	Military 943 944	Kind of Employer (Check one) 1 Wages, tips, other	None apply 501c State/local non-501c State/	non-govt.	Third-party sick pay .5" (Check if applicable)
(Laser-Printed)	e Employer identification num		3 Social security wa	ges 2.15" —	4 Social security tax withhel 2.15" -	d
2011	f Employer's name		5 Medicare wages a	nd tips	6 Medicare tax withheld	
This form may I be subject to I change. I	4.67"		7 Social security tips 9 11 Nonqualified plans		 8 Allocated tips 10 Dependent care benefits 12a Deferred compensation 	
	g Employer's address and ZIP h Other EIN used this year	code	13 For third-party sick	c pay use only	12b	
	15 State Employer's state	ID number	14 Income tax withhe	ld by payer of third-party	sick pay	
	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips,	etc.	19 Local income tax	
	Contact person		Telephone number	r	For Official Use Only	
	Email address		Fax number			
	Under penalties of perjury, I dec complete8"	lare that I have examined this return ar	nd accompanying docume	nts, and, to the best of m	y knowledge and belief, they are	true, correct, and
	Send this entire page with Do not send any payment Reminder 5.03" Separate instructions. See W-3 for information on comp Purpose of Form A Form W-3 Transmittal is c Form(s) W-2, Wage and Tax W-3 alone. Do not file Form electronically to the Social S forms must comply with IF Photocopies are not accep paper Form W-2 is being file Form(s) W-2 show the corre Number (EIN). Make a copy Employer) of Form(s) W-2 for Electronic Filing The Social Security Adminis report Form W-3 and W-2 C SSA provides two free optio website: • W-2 Online. Use fill-in forr 20 Forms W-2 at a time to S	ompleted only when paper Copy A Statement, is being filed. Do not f W-3 for Form(s) W-2 that were sul Security Administration (see below) S standards and be machine read otable. Use a Form W-3 even if onl ed. Make sure both the Form W-3 ct tax year and Employer Identificat of this form and keep it with Copy r your records.	A of file Form bmitted b. All paper dable. ly one and ation f D (For Mail al Februa SSA's submi nployers paper. e (BSO) Send to the to	cial Security Adminis and W-3. en To File ny paper Forms W-2 u ary 29, 2012. Electronic Business Services On tted by April 2, 2012. ere To File Pap this entire page with th Social Security Data Operatior Wilkes-Barre, F	nder cover of this Form W-3 c fill-in forms or uploads are line (BSO) Internet site and v oer Forms e entire Copy A page of For Administration as Center PA 18769-0001	filed through will be on time if m(s) W-2 to:
	payroll or tax software that f Specifications for Filing Forr For more information, go	formats the files according to SSA ms W-2 Electronically (EFW2). to www.socialsecurity.gov/employ "Returning Filers" under "BEFORE	s "1876 "ATTN er and the ZIF	9-0002." If you use an I: W-2 Process, 1150 E P code to "18702-7997 yer's Tax Guide, for a	ail" to file, change the ZIP of IRS-approved private delive . Mountain Dr." to the addre 7." See Publication 15 (Circu list of IRS-approved private	ry service, add ess and change Iar E),
		For Privacy Act and Paperwork F			D of Form W-2.	