W-2 INFORMATION

NAME:
ADDRESS.

EIN:

STATE ID#:

YEAR:

Recipient	Address	SS Number	Gross Wages Fed/State	FICA (Soc. Security) Wages	FICA (Soc. Security) W/H	Medicare W/H	Fed W/H	State W/H
							-	
								W.
·								
							1	
-								
							·	
TOTAL								