

**Form W-2 Wage and Tax Statement 2004**

OMB No. 1545-0008

39-1908647

Department of the Treasury -- Internal Revenue Service

Control number		<b>Copy B--To Be Filed With Employee's FEDERAL Tax Return.</b>			Employer identification number	1 Wages, tips, other comp.	2 Federal income tax withheld
Employer's name, address, and ZIP code					Employee's social security number	3 Social security wages	4 Social security tax withheld
					7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
					8 Allocated tips	9 Advance EIC payment	10 Dependent care benefits
Employee's name, address, and ZIP code					11 Nonqualified plans	12a-12d Code See inst. for box 12	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
					14		
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	

This information is being furnished to the Internal Revenue Service.

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Control number		<b>Copy C--For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)</b>			Employer identification number	1 Wages, tips, other comp.	2 Federal income tax withheld
Employer's name, address, and ZIP code					Employee's social security number	3 Social security wages	4 Social security tax withheld
					7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
					8 Allocated tips	9 Advance EIC payment	10 Dependent care benefits
Employee's name, address, and ZIP code					11 Nonqualified plans	12a-12d Code See inst. for box 12	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
					14		
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	

This information is being furnished to the IRS. 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.

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39-1908647

Department of the Treasury -- Internal Revenue Service

Control number		<b>Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.</b>			Employer identification number	1 Wages, tips, other comp.	2 Federal income tax withheld
Employer's name, address, and ZIP code					Employee's social security number	3 Social security wages	4 Social security tax withheld
					7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
					8 Allocated tips	9 Advance EIC payment	10 Dependent care benefits
Employee's name, address, and ZIP code					11 Nonqualified plans	12a-12d Code	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
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Control number		<b>Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.</b>			Employer identification number	1 Wages, tips, other comp.	2 Federal income tax withheld
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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	