

W-2 forms

Monday, January 23, 2017 2:59 PM



W-2 basics

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- W-2's are provided by your employer.
 - You will receive a W-2 from EVERY employer you worked for over the course of the year.
 - Your employer has to SEND it by January 31.
 - If you don't get it by mid-February
 - Contact your employer
 - Contact IRS (1-800-829-1040)
 - Your employer is required to provide the same W-2 form to:
 - You
 - State and local government
 - Federal government (Social Security Administration)

Alternatives to W-2

- Form 4852
 - Substitute for W-2

Supplemental to W-2

- Form 1099-R
 - Used for
 - Contract work
 - Distributions of
 - Contracted work
 - Pensions
 - Annuities
 - Retirement
 - Profit Sharing Plans
 - IRA's


- Only shows amount you received
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Information found on W-2 (check for accuracy)

- Your name
 - Your address
 - Your Social Security number
 - Employer's name and address
 - Employer's tax ID
 - Your wages
 - Your withholdings
 - For Federal taxes
 - For State taxes (if any)
 - For Local taxes (if any)
 - For Medicare taxes
 - Retirement fund contributions
-

Other W-2 info:

- Your W-2 MUST be attached to your tax forms.
- The amount shown as "Withheld" by your employer has already been paid to the IRS by you.
 - Your employer made those payments several times over the course of the year.
- If you no longer work for an employer, you can request your W-2 earlier than the end of January
 - Your former employer MUST comply within 30 days.
- If you die, you will still receive a W-2 for that year.

a Employee's social security number 123-45-6789		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 11-2233445		1 Wages, tips, other compensation 48,500.00		2 Federal income tax withheld 6,835.00					
c Employer's name, address, and ZIP code The Big Company 123 Main Street Anywhere, PA 12345		3 Social security wages 50,000.00		4 Social security tax withheld 3,100.00					
		5 Medicare wages and tips 50,000.00		6 Medicare tax withheld 725.00					
		7 Social security tips		8 Allocated tips					
d Control number A1B2		9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. Jane A DOE 123 Elm Street Anywhere Else, PA 23456		11 Nonqualified plans		12a See instructions for box 12 D 1,500.00					
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1,000.00					
		14 Other		12c P 4,800.00					
				12d					
f Employee's address and ZIP code		15 State Employer's state ID number PA 1235		16 State wages, tips, etc. 50,000		17 State income tax 1,535		18 Local wages, tips, etc. 50,000	
						19 Local income tax 750		20 Locality name MU	

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

2014

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

W2 View

Select a W2 Form to view.

Select W2: MTD, 2014 **Printable Version** Pages: Page 1

a Employee's social security number XXX-XX-9436		OMB No. 1545-0008			
b Employer identification number (EIN) 74-8464762		1 Wages, tips, other compensation 36,174.46	2 Federal income tax withheld 4,337.68		
c Employer's name, address, and ZIP code Super Demo System 468 Sheffield Street Atlanta, GA 39832		3 Social security wages 36,415.95	4 Social security tax withheld 2,257.80		
		5 Medicare wages and tips 36,415.95	6 Medicare tax withheld 528.03		
		7 Social security tips 0.00	8 Allocated tips 0.00		
d Control number 00023 - 1 of 1		9 0.00	10 Dependent care benefits 0.00		
e Employee's first name and initial Brenda A		Last name Watsonia		Suff. Ms	
82 Townville Road Apt 27 Greenville, GA 31759		11 Nonqualified plans 0.00		12a C 1.89	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 5,847.69	
		14 Other EEMED 1647.66 ER401K 40.00 ERMED2 4200.03		12c Y 865.35	
f Employee's address and ZIP code					
15 State GA	Employer's state ID number 56-8464762	16 State wages, tips, etc. 36,335.95	17 State income tax 1,664.77	18 Local wages, tips, etc. 0.00	19 Local income tax 0.00
		0.00	0.00	0.00	20 Locality name

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

2014

Department of the Treasury—Internal Revenue Service

1099 form example

1099-Miscellaneous Data Entry Form



Correction Code

PAYER'S name, street address, city, state, and ZIP code

ABC Corporation, Inc.
dba Edward Miller and Associates
2478 Westheimer, Suite 2400
Houston, TX 78411
713 487-4477

1 Rents

OMB No. 1545-0115

2016

Miscellaneous Income

1099-MISC

2 Royalties

3 Other Income

4 Fed income tax withheld

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

PAYER'S Federal Tax ID

74-2984567

RECIPIENT'S identification No.

345098239

5 Fishing boat proceeds

6 Med & health care pmts

RECIPIENT'S Name

Able Vaughn

7 Nonemployee Compensation
1277.16

8 Pmts in lieu of Div or Int

9 Payer made direct sales of \$5000 or more of consumer products

10 Crop Insurance proceeds

Street Address

P. O. Box 347812

11

12

CITY

Dallas

ST

TX

ZIP

75344

13 Excess Golden Par Pmts

14 Gross paid to an attorney

Account Number

348-32224

15a 403A deferrals

15b Sec 403A income

16 State tax withheld

17 State/Payer's state no.

18 State income

Form **1099-MISC**

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

- Foreign Address
- 2nd Tin Notice
- FATCA filing req.

OK

(ALT-O)

Cancel

(ESC)

Help



Combined State

