1

#### WAGE AND TAX STATEMENT-1971 form)

	(For	use	in :	States	Oľ	Cities	autho	rizing	comb	ined
-	 									

			Employer's State I	dentification Number		
pe or print EMPLOY <u>ER</u> 'S Fe	ederal Identification number, na	me, and address above.		<u> </u>		y A—For Internal enue Service Center
FED	ERAL INCOME TAX INFORMATION		SOCIAL SECUR	TY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to withholding in 1971 <sup>1</sup>	Other compensation paid in 1971 <sup>2</sup>	F.I.C.A. employee tax withheld *	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married	
MPLOYEE'S social secu	PLOY <u>EE'</u> S social security number ►	Name of State	State Form	n No.	State income tax withhel	
			Name of City	City Form	No.	City income tax withheld
			<ol> <li>Includes tips reported exclusion.</li> <li>Report salary or other</li> <li>The social security (FI</li> </ol>	by employee. Amount employee compensation CA) rate of 5.2% inclu , survivors, and disabili	is before pays which was no des .6% for l	f different from Federal. roll deductions or sick pa at subject to withholding. Hospital Insurance Benefit
Type or print EMPLOYEE	S name and address (includi	ng ZIP code) above.		ployee Tax on Tip	s	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

EMPLOYER: See instructions on back of copy D.

#### WAGE AND TAX STATEMENT-1971

(For use in States or Cities authorizing combined form)

			Employer's State Id	ientification Number	Conv	/ A—For Internal
pe or print EMPLOY <u>ER</u> 'S F	ederal Identification number, na	me, and address above.				enue Service Center
FED	ERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to	Other compensation paid in 1971 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married	
Witnneid	withholding in 1971 <sup>1</sup>	baid in 1971 -	tax withheid •	part in 1971 -	Z. Marrieu	**
EMPLOY <u>EE'</u> S social sec	urity number <b>&gt;</b>		Name of State	State Form	No.	State income tax withhe
			Name of City	City Form N	io.	City income tax withheld
			<ol> <li>Includes tips reported exclusion.</li> <li>Report salary or other</li> <li>The social security (FI</li> </ol>	y reporting. **Gross wage by employee. Amount is employee compensation v CA) rate of 5.2% includ , survivors, and disability by employee.	before payr which was no es .6% for b	oll deductions or sick pa t subject to withholding.
Type or print EMPLOYEE	S name and address (including	ng ZIP code) above.	Uncollected Em	ployee Tax on Tips	5	. \$
DRM W-2 Department	of the Treasury, Internal R	evenue Service		EMPLOYER: Se	e instructi	ons on back of copy

FORM W-Z Department of the Treasury, Internal Revenue Service

OYER: See instructions on back of copy D.

1

#### WAGE AND TAX STATEMENT-1971 (For use in States or Cities authorizing combined form)

Employed's State Identification Number

T	ype or print EMPLOYER'S Fe	ederal Identification number, na	ame, and address above.				y A—For Internal enue Service Center
	FED	ERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	•
	Federal income tax withheld	Wages paid subject to withholding in 1971 <sup>1</sup>	Other compensation paid in 1971 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1971 4	1. Single	
	Witheld	Widdiologing in 1971 -	baug 10 1971 -		paid in 1971 4	Z. Maillou	••
	EMPLOYEE'S social secu	urity number 🕨		Name of State	State Form	No.	State income tax withheld
				Name of City	City Form I	10.	City Income tax withheld
				<ol> <li>Includes tips reported exclusion.</li> <li>Report salary or other</li> <li>The social security (FI</li> </ol>	employee compensation CA) rate of 5.2% includ , survivors, and disability	Reve STATUS 1. Single 2. Married No. No. No. which was no les .6% for H y insurance.	different from Federal. oll deductions or sick pay t subject to withholding. lospital Insurance Benefita
	Type or print EMPLOYEE	S name and address (includi	ng ZIP code) above.	Uncollected Em	ployee Tax on Tip	s.,	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

EMPLOYER: See instructions on back of copy D.

## WAGE AND TAX STATEMENT—1971 (For use in States or Cities authorizing combined form)

			Employer's State Id	dentification Number		Comu 1 Com
fype or print EMPLOY <u>ER</u> 'S F	Federal Identification number, na	ame, and address above.			S	Copy 1—For tate or City Tax Dept.
FEI	DERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to withholding in 1971 1	Other compensation	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1971	1. Single 2. Married	
Withfield	Mignucion R un 1911 -	paid in 1971		Z. Mattrou	**	
MPLOY <u>EE</u> 'S social security number			Name of State	State Form	No.	State income tax withheld
<b></b>			Name of City	City Form	No.	City income tax withheld
			<sup>1</sup> Includes tips reported b INSTRUCTIONS TO E	y employee. Amount is be MPLOYERS: State or c	ore payroll de ty copies of	if different from Federal. ductions or sick pay exclusion this wage and tax state cordance with State or city
Type or print EMPLOYE	E'S name and address (includi	ing ZIP code) above.	FOR S Employee's copy an copy compared		LY	-

## WAGE AND TAX STATEMENT—1971 (For use in States or Cities authorizing combined form)

		Employer's State Identification Number				Come 1 Tax
Type or print EMPLOYER'S F	Federal Identification number, na	ame, and address above.			S	Copy 1—For tate or City Tax Dept.
FEI	DERAL INCOME TAX INFORMATION		SOCIAL SECURI	SOCIAL SECURITY INFORMATION		•
Federal income tax	Wages paid subject to	Other compensation	F.1.C.A. employee	Total F.I.C.A. wages	1. Single	
withheld	withholding in 1971 <sup>1</sup>	paid in 1971	tax withheld	paid in 1971	2. Married	**
EMPLOY <u>EE'</u> S social sec	curity number 🕨		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form N	lo.	City income tax withheld
			<sup>1</sup> Includes tips reported b INSTRUCTIONS TO E	MPLOYERS: State or cit	ore payroll dec by copies of	f different from Federal. Juctions or sick pay exclusion. this wage and tax state- ordance with State or city
Type or print EMPLOY <u>E</u>	<u>E'</u> S name and address (includi	ing ZIP code) above.	Employee's copy an	TATE OR CITY USE ON nd employer's	LY	

### WAGE AND TAX STATEMENT-1971

(For use in States or Cities authorizing combined form)

			Employer's State Id	dentification Number		Conv 1 For
ype or print EMPLOYER'S F	ederal Identification number, na	ame, and address above.			S	Copy 1—For tate or City Tax Dept.
FEC	DERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax withheid	Wages paid subject to withholding in 1971 <sup>1</sup>	Other compensation paid in 1971	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1971	1. Single 2. Married	••
EMPLOYEE'S social sec	urity number <b>&gt;</b>		Name of State	State Form	No.	State Income tax withheld
			Name of City	City Form 1	10.	City income tax withheld
			<sup>1</sup> Includes tips reported b INSTRUCTIONS TO E	MPLÓYÉRS: State or ci	ore payroll de ty copies of	f different from Federal. ductions or sick pay exclusion this wage and tax state ordance with State or city
Type or print EMPLOYEE	E'S name and address (includi	ing ZIP code) above.	Employee's copy an	TATE OR CITY USE ON and employer's	LY	

#### WAGE AND TAX STATEMENT-1971

			(Fo Employer's State Io	s authorizin	ng combined form) Copy BTo be filed with employee's	
pe or print EMPLOYER'S F	ederal Identification number, n	ame, and address above.				FEDERAL tax return
FEI	DERAL INCOME TAX INFORMATION	1	SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to withholding in 1971 <sup>1</sup>	Other compensation paid in 1971 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married	••
EMPLOYEE'S social sec	urity number <b>&gt;</b>		Name of State	State Form	No.	State income tax withheld
	,,,,,,,,,,,,,,,		Name of City	City Form N	io.	City income tax withheld
			<ol> <li>Includes tips reported exclusion.</li> <li>Add this item to wage</li> <li>The social security (FI</li> </ol>	s <b>in reporting wages and</b> (CA) rate of 5.2% include survivors, and disability in	salaries on y salaries on y s.6% for h	oll deductions or sick pay
ype or print EMPLOYE	E'S name and address (includ	ing ZIP code) above.	Uncollected Em	ployee Tax on Tips	·····	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

## WAGE AND TAX STATEMENT ---- 1971 (For use in States or Cities authorizing combined form)

			Employer's State I	dentification Number		Gopy B10 be filed with employee's
<b>Type or print EMPLOYER'S F</b>	ederal Identification number, na	ame, and address above.				FEDERAL tax return
FED	ERAL INCOME TAX INFORMATION		SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single	
withheld	withholding in 1971 <sup>1</sup>	paid in 1971 <sup>2</sup>	tax withheld 3	paid in 1971 4	2. Married	**
EMPLOYEE'S social sec	urity number <b>þ</b>		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form 1	io.	City income tax withheld
			<ul> <li><sup>1</sup> Includes tips reported exclusion.</li> <li><sup>2</sup> Add this item to wage</li> <li><sup>3</sup> The social security (FI</li> </ul>	s in reporting wages and CA) rate of 5.2% includ survivors, and disability in	s before pay salaries on es .6% for	roll deductions or sick pay
Type or print EMPLOYEE	'S name and address (includi	ng ZIP code) above.	Uncollected Em	ployee Tax on Tip	5	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

#### WAGE AND TAX STATEMENT-1971

(For use in States or Cities	authorizing combined form)
's State Identification Number	Copy BTo be

			Employer's State Id	dentification Number	_	Copy BTo be filed with employee's	
ype or print EMPLOYER'S F	ederal Identification number, na	me, and address above.				FEDERAL tax return	
FEL	DERAL INCOME TAX INFORMATION		SOCIAL SECURITY INFORMATION STA		STATUS	•	
Federal income tax withheld	Wages paid subject to withholding in 1971 1	Other compensation paid in 1971 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married		
Millingia	Withoung in 1971 -	paid in 1971 -	tax withheld -	paid in 1971 -	Z. mailieu	**	
MPLOY <u>EE</u> 'S social security number ►			Name of State	State Form	No.	State Income tax withheld	
			Name of City	City Form N	io.	City income tax withheld	
			<ol> <li>Includes tips reported exclusion.</li> <li>Add this item to wage</li> <li>The social security (FI</li> </ol>	s in reporting wages and CA) rate of 5.2% include survivors, and disability in	before payr salaries on y es .6% for h	oll deductions or sick pay	
Type or print EMPLOYE	S name and address (includin	ng ZIP code) above.	Uncollected Em	ployee Tax on Tips	;	. \$	

FORM W-2 Department of the Treasury, Internal Revenue Service

### WAGE AND TAX STATEMENT-1971 (For use in States or Cities authorizing combined form)

			Employer's State Identification Number Copy C-				
Type or print EMPLOYER'S F	Federal Identification number, na	me, and address above.		· · · · · ·	Fo	or employee's re	cords
FEI	DERAL INCOME TAX INFORMATION		SOCIAL SECUR	SOCIAL SECURITY INFORMATION STATUS		•	
Federal Income tax	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married		
withheid -	withholding in 1971 <sup>1</sup>	paid in 1971 <sup>2</sup>	tax withheld <sup>3</sup>	paru in 1971 -	Z. Marileu	**	
EMPLOYEE'S social sec	curity number <b>&gt;</b>	4	Name of State	State Form	No.	State income tax v	withheid !
			Name of City	City Form	No.	City income tax w	ithheld
			<ul> <li>Includes tips reported exclusion.</li> <li>Add this item to wage</li> <li>The social security (FI</li> </ul>	*Gross wages for State i by employee. Amount i es in reporting wages and ICA) rate of 5.2% incluc survivors, and disability i by employee.	s before pays salaries on les .6% for	roll deductions or a	
Type or print EMPLOYE	E'S name and address (includi	ng ZIP code) above.	Uncollected Em	ployee Tax on Tip	s	. \$	

FORM W-2 Department of the Treasury, Internal Revenue Service

## WAGE AND TAX STATEMENT — 1971 (For use in States or Cities authorizing combined form)

			Employer's State i	dentification Number		Copy C—
Type or print EMPLOY <u>ER</u> 'S I	Federal Identification number, na	ame, and address above.		· .	Fo	or employee's records
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	TY INFORMATION	STATUS	*
Federal income tax	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married	1
withheid	withholding in 1971 <sup>1</sup>	paid in 1971 <sup>2</sup>	tax withheld <sup>s</sup>	para in 1971 4	Z. Mailicu	**
EMPLOYEE'S social sec	curity number 🕨		Name of State	State Form	No.	State income tax withheid
	<b>-</b>		Name of City	City Form	No.	City Income tax withheld
			<ol> <li>Includes tips reported exclusion.</li> <li>Add this item to wage</li> <li>The social security (Fi</li> </ol>	in reporting wages and ICA) rate of 5.2% includ survivors, and disability i	s before payr salaries on les .6% for l	oll deductions or sick pay
Type or print EMPLOYE	E'S name and address (includi	ing ZIP code) above.	Uncollected Em	ployee Tax on Tip	s	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

## WAGE AND TAX STATEMENT—1971 (For use in States or Gities authorizing combined form)

			Employer's State I	dentification Number		<b>C</b> opy C—
Type or print EMPLOY <u>ER</u> 'S I	Federal Identification number, n	ame, and address above.			F	or employee's records
FEDERAL INCOME TAX INFORMATION			SOCIAL SECUR	ITY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages paid in 1971 4	1. Single 2. Married	7
	withholding in 1971 <sup>1</sup>	paid in 1971 <sup>2</sup>	tax withheld <sup>a</sup>	baid in Tall.	Z. Maillou	••
EMPLOY EE'S social sec	curity number 🕨		Name of State	State For	m No.	State income tax withheld
	<b>_</b>		Name of City	City Form	No.	City Income tax withheld
			exclusion. <sup>2</sup> Add this item to wage <sup>3</sup> The social security (FI	by employee. Amount is in reporting wages ar ICA) rate of 5.2% inclu- survivors, and disability	is before pay d salaries on ides .6% for	I
Type or print EMPLOYEE'S name and address (including ZIP code) above.			Uncollected Em	ployee Tax on Ti	ps	. \$

FORM W-2 Department of the Treasury, Internal Revenue Service

#### NOTICE TO EMPLOYEE:

- 1. Income Tax Wages.—This statement is important. Copy B must be filed with your U.S. Income Tax Return for 1971 and Copy 2 must be filed with your State or City Income Tax Return for 1971. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- Social Security Wages.—If your wages were subject to social security taxes, but are not\_shown, your social security wages are the same as wages shown under "FED-ERAL INCOME TAX INFORMATION," but not more than \$7,800.
- 3. Credit For F.I.C.A. Tax.—If more than \$405.60 of F.I.C.A. (social security and hospital insurance) employee tax was withheld during 1971 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions for your Federal income tax return.
- 4. A copy of this form has been sent to the Internal Revenue Service.

U.S. GOVERNMENT PRINTING OFFICE: 1971-0-370-019 EI-36-244915

#### NOTICE TO EMPLOYEE:

- 1. Income Tax Wages.—This statement is important. Copy B must be filed with your U.S. Income Tax Return for 1971 and Copy 2 must be filed with your State or City Income Tax Return for 1971. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- Social Security Wages.—If your wages were subject to social security taxes, but are not shown, your social security wages are the same as wages shown under "FED-ERAL INCOME TAX INFORMATION," but not more than \$7,800.
- 3. Credit For F.I.C.A. Tax.—If more than \$405.60 of F.I.C.A. (social security and hospital insurance) employee tax was withheld during 1971 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions for your Federal income tax return.
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\* U.S. GOVERNMENT PRINTING OFFICE: 1971-0-370-019 EI-36-244915

#### NOTICE TO EMPLOYEE:

- Income Tax Wages.—This statement is important. Copy B must be filed with your U.S. Income Tax Return for 1971 and Copy 2 must be filed with your State or City Income Tax Return for 1971. If your social security number, name, or address is stated incorrectly, correct the information on copies B and 2 and notify your employer.
- Social Security Wages.—If your wages were subject to social security taxes, but are not shown, your social security wages are the same as wages shown under "FED-ERAL INCOME TAX INFORMATION," but not more than \$7,800.
- 3. Credit For F.I.C.A. Tax.—If more than \$405.60 of F.I.C.A. (social security and hospital insurance) employee tax was withheld during 1971 because you received wages from more than one employer, the excess should be claimed as a credit against your Federal income tax. See instructions for your Federal income tax return.
- 4. A copy of this form has been sent to the Internal Revenue Service.

St U.S. GOVERNMENT PRINTING OFFICE: 1971-0-870-019 EI-36-244915

### WAGE AND TAX STATEMENT-1971

Type or print EMPLOY <u>ER</u> 'S F	Federal Identification number, na	ime, and address above.	•	or use in States or Citi dentification Number	C wit	ig combined form) copy 2—To be filed th Employee's State or ty Income Tax Return
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	TY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to withholding in 1971 <sup>1</sup>	Other compensation paid in 1971	F.I.C.A. employee tax withheld	Total F.I.C.A. wages paid in 1971	1. Single 2. Married	
						••
EMPLOYEE'S social sec	urity number 🕨		Name of State	State Form	No.	State income tax withheld
			Name of City	City Form	No.	City income tax withheld
			<sup>3</sup> Includes tips reported by THIS STATEMENT IS	NOTICE TO EMP	re payroll dedu LOYEE E ATTACHED	ictions or sick pay exclusion.
Type or print EMPLOYEE'S name and address (including ZIP code) above.				TATE OR CITY USE ON		

## WAGE AND TAX STATEMENT-1971 (For use in States or Cities authorizing combined form)

Type or print EMPLOYER'S F	Federal Identification number, na	ame, and address above.	Employer's State i	dentification Number		opy 2—To be filed th Employee's State or ty Income Tax Return
FEDERAL INCOME TAX INFORMATION			SOCIAL SECUR	ITY INFORMATION	STATUS	*
Federal income tax Wages paid subject to	Other compensation		Total F.I.C.A. wages	1. Single 2. Married		
WITANGIO	withheld withholding in 1971 - paid in 1	paid in 1971	tax withheld	paid in 1971	Z. Marrieu	**
EMPLOYEE'S social sec	curity number <b>þ</b>		Name of State	State Form	n No.	State income tax withheld
			Name of City	City Form	No.	City income tax withheld
			<sup>1</sup> Includes tips reported b THIS STATEMENT IS	NOTICE TO EMP	re payroll dedu LOYEE E ATTACHED	actions or sick pay exclusion. TO YOUR STATE OR CITY
Type or print EMPLOYEE'S name and address (including ZIP code) above.			Employee's copy an	TATE OR CITY USE ON nd employer's	ILY	

# WAGE AND TAX STATEMENT — 1971 (For use in States or Cities authorizing combined form) CODY 2—To be filed

			Employer's State in		th Employee's State or	
ype or print EMPLOYER'S F	Federal Identification number, na	ime, and address above.	1			ity Income Tax Return
FEI	FEDERAL INCOME TAX INFORMATION			TY INFORMATION	STATUS	•
Federal income tax withheld	Wages paid subject to withholding in 1971 <sup>1</sup>	Other compensation paid in 1971	F.I.C.A. employee	Total F.I.C.A. wag paid in 1971	es 1. Single 2. Married	
MILLINGIA	Munnording in 1971 -	paru in 1971	tax withheld	patu 11 1971	Z. Malijeu	**
EMPLOYEE'S social sec	curity number <b>&gt;</b>	<u> </u>	Name of State	State F	orm No.	State income tax withheld
	<u>-</u>		Name of City	City For	m No.	City Income tax withheld
				employee. Amount is I NOTICE TO E IMPORTANT. IT MUS	efore payroll ded MPLOYEE BE ATTACHED	uctions or sick pay exclusion. TO YOUR STATE OR CITY
Type or print EMPLOYEE'S name and address (including ZIP code) above.			FOR S Employee's copy ar	TATE OR CITY USE		

#### WAGE AND TAX STATEMENT-1971

(For use in	States or	Cities	authorizing	combined	form)

Type or print EMPLOYER'S F	ederal Identification number, na	me, and address above.	Employer's State Identification Number			Copy D— For Employer	
FEDERAL INCOME TAX INFORMATION			SOCIAL SECURI	ITY INFORMATION	STATUS	*	
Federal income tax withheld	Wages paid subject to withholding in 1971 $^{\rm 1}$	Other compensation paid in 1971 <sup>2</sup>	F.I.C.A. employee tax withheld <sup>3</sup>	Total F.I.C.A. wage paid in 1971 4	s 1. Single 2. Married	**	
EMPLOYEE'S social sec	EMPLOYEE'S social security number			State F	orm No.	State income tax withheld	
			<ol> <li>Includes tips reporte exclusion.</li> <li>Report salary or othe</li> <li>The social security (</li> </ol>	ed by employee. Amou er employee compensat (FICA) rate of 5.2% i ge, survivors, and disa	ss wages for Sta int is before pay ion which was n ncludes .6% for	City income tax withheld te if different from Federal yroll deductions or sick pay ot subject to withholding. Hospital Insurance Benefits	
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Uncollected Em	ployee Tax on T	ips	. \$	
FORM <b>W-2</b> Departmen	t of the Treasury, Internal Rev	venue Service				16-81247-1	

## WAGE AND TAX STATEMENT—1971 (For use in States or Cities authorizing combined form)

ar's Stat Identification N

ypeor print EMPLOYER'S F	ederal Identification number, na	me, and address above.	Employer's State		Number	7	Copy D— For Employer
FED	FEDERAL INCOME TAX INFORMATION			TY INFORMAT	ION	STATUS	*
Federal income tax Wages paid subject to withheld withholding in 1971 <sup>1</sup>	Other compensation paid in 1971 <sup>2</sup>			A. wages	1. Single		
withheld	Withholding in 1971 -	paid in 1971 -	tax withheld <sup>3</sup>	paid in	19/1 •	2. Married	**
EMPLOYEE'S social sec	curity number ►		Name of State		State Form	No.	State income tax withheld
			Name of City		City Form	No.	City income tax withheld
			<sup>1</sup> Includes tips reporte exclusion. <sup>2</sup> Report salary or other	ed by employee er employee co FICA) rate of ge, survivors,	e. Amount ompensation 5.2% inclu and disabili	is before pay which was no des .6% for	te if different from Federal roll deductions or sick pa ot subject to withholding. Hospital Insurance Benefit
Type or print EMPLOYE	E'S name and address (inclu	ding ZIP code) above.	Uncollected Em	ployee Tax	k on Tips		\$
ORM <b>W-2</b> Departmen	t of the Treasury, Internal Rev	venue Service					16-81247-1

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FORM W-2 Department of the Treasury, Internal Revenue Service

### WAGE AND TAX STATEMENT—1971 (For use in States or Cities authorizing combined form)

-			Employer's State Identification Number			Copy D—	
ype or print EMPLOYER'S Federal Identification number, name, and address above.						For Employer	
FED	FEDERAL INCOME TAX INFORMATION			ITY INFORMATION	STATUS	•	
	Wages paid subject to	Other compensation	F.I.C.A. employee	Total F.I.C.A. wages	1. Single	-	
withheld	withholding in 1971 <sup>1</sup>	paid in 1971 <sup>2</sup>	tax withheld 3	paid in 1971 4	2. Married	**	
EMPLOYEE'S social sec	EMPLOYEE'S social security number		Name of State	State For	m No.	State income tax withheld	
			Name of City	City Form	No.	City income tax withheld	
			<ul> <li>See Circ. E for sick pay reporting. **Gross wages for State if different from Federal Includes tips reported by employee. Amount is before payroll deductions or sick p exclusion.</li> <li>Report salary or other employee compensation which was not subject to withholding.</li> <li>The social security (FICA) rate of 5.2% includes .6% for Hospital Insurance Benefiand 4.6% for old-age, survivors, and disability insurance.</li> </ul>				
Type or print EMPLOYE	E'S name and address (includ	ding ZIP code) above.	Uncollected Employee Tax on Tips \$				

FORM W-2 Department of the Treasury, Internal Revenue Service

**TO EMPLOYER:** While use of this 6-part wage and tax statement is acceptable in most States, if you are in doubt contact your appropriate State or city official.

1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) from whom income tax would have been withheld for any payroll period during the year, if the employee had claimed no more than one withholding exemption (even though no income tax was withheld). If "other compensation" plus wages, if any, of \$600 or more is paid to an employee in the year, copy A of Form W-2 must be furnished to the Internal Revenue Service Center, even though no wages are subject to income tax withholding.

2. Fill in-(a) Your identification number, name, and address.

(b) The amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "None" or "0."

(c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If an employer keeps the records described in Circular E he may also enter amounts of excludable sick pay in the space designated.

(d) Other compensation. This block should include all other compensation (amounts includable in gross income but not subject to income tax withholding) paid to an employee.

(e) Total amount of F.I.C.A. employee tax (not the employer tax) deducted and withheld, if any (but if there was an adjustment in 1971

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**TO EMPLOYER:** While use of this 6-part wage and tax statement is acceptable in most States, if you are in doubt contact your appropriate State or city official.

1. Prepare this form for each employee (a) from whom income tax has been withheld during the year or (b) from whom income tax would have been withheld for any payroll period during the year, if the employee had claimed no more than one withhelding exemption (even though no income tax was withheld). If "other compensation" plus wages, if any, of \$600 or more is paid to an employee in the year, copy A of Form W-2 must be furnished to the Internal Revenue Service Center, even though no wages are subject to income tax withhelding.

2. Fill in-(a) Your identification number, name, and address.

(b) The amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "None" or "0."

(c) Total wages paid and tips reported before any payroll deductions. Payments of "sick pay" and non-cash remuneration are considered wages. If an employer keeps the records described in Circular E he may also enter amounts of excludable sick pay in the space designated.

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(f) Total wages paid and tips reported (before payroll deductions) subject to the Federal Insurance Contributions Act. Non-cash remuneration is considered wages. If not subject to F.I.C.A., enter "None" or "0." No F.I.C.A. wage entry need be made if (1) F.I.C.A. wages exactly equal the total wages for income tax withholding purposes, or (2) F.I.C.A. wages are \$7,800 and the total wages for income tax withholding purposes exceed \$7,800.

(g) Uncollected employee tax on tips. See Circular E for instructions.

(h) The employee's social security number, name, and address.

(i) State and local government employers who have been assigned an identification number with the prefix 69 should also show this number.

3. Give copies B, C, and 2 to the employee (a) on or before January 31 following the calendar year if the employee is in your employ at the close of such year, or (b) within 30 days after the last payment of wages, if his employment is terminated before the close of such year.

4. Forward copy A to the Internal Revenue Service Center. For further information see Form 941 and Circular E. Farmers, see Circular A.

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