1 Control number	For Paperwork Reduction Act Notice, see back of Copy D. OMB No. 1545–0008	For Official Use Only	
2 Employer's name, address, and ZIP code 💹	3 Employer	s identification number	4 Employer's State number
		1	
	5 Stat. em- ployee		942 Sub- emp. total Void
	6 Allocated	tips	7 Advance EIC payment
8 Employee's social security number 9 Federal inco	ome tax withheid 10 Wages, 1	tips, other compensation	11 Social security tax withheid
12 Employee's name (first, middle, last)	13 Social s	ecurity wages	14 Social security tips
	16 *		
	17 State in	come tax 18 Statewages,	tips, etc. 19 Name of State
	20 Local in	come tax 21 Local wages,	tips, etc. 22 Name of locality
15 Employee's address and ZIP code	<u> </u>	1	<u> </u>

Form W-2 Wage and Tax Statement 1983

Copy A For Social Security Administration * See Instructions for Forms W-2 and W-2P Department of the Treasury Internal Revenue Service

Do NOT Cut or Separate Forms on This Page

1 Control number	For Paperwork Reduction Act Notice, see back of Copy D. OMB No. 1545-0008	For Official Use Only	
2 Employer's name, address, and ZIP code	3 Employer	's identification number 4	Employer's State number
	5 Stat. em- ployee	De-Legal 94 ceased rep.em	
	6 Allocated	d tips 7	Advance EIC payment
8 Employee's social security number 9 Federal inc	ome tax withheld 10 Wages,	tips, other compensation 11	L Social security tax withheld
12 Employee's name (first, middle, last)	13 Social :	security wages 14	4 Social security tips
	16 *		
	17 State in	come tax 18 Statewages, tip	is, etc. 19 Name of State
15 Employee's address and ZIP code	20 Local in	come tax 21 Local wages, tip	s, etc. 22 Name of locality
- W.O.Ware and Tay Chatemant 10	Copy A For Social	Security Administration	Department of the Treasur

Form W-2 Wage and Tax Statement 1983

* See Instructions for Forms W-2 and W-2P

Department of the Treasury Internal Revenue Service

Do NOT	Cut or	Separate	Forms	on	This Page	2
--------	--------	----------	-------	----	-----------	---

1 Control number	For Paperwork Reduction Act Notice, see back of Copy D. OMB No. 1545–0008	For Official Use Only	
2 Employer's name, address, and ZIP code	3 Employer	's identification number	4 Employer's State number
	5 Stat. em- ployee		942 Sub- emp. total Void
	6 Allocated	d tips	7 Advance EIC payment
8 Employee's social security number 9 Federal inc	ome tax withheld 10 Wages,	tips, other compensation	11 Social security tax withheld
12 Employee's name (first, middle, last)	13 Social :	security wages	14 Social security tips
	16 *		
	17 State in	come tax 18 Statewages,	tips, etc. 19 Name of State
15 Employee's address and ZIP code	20 Local in	come tax 21 Localwages, t	tips, etc. 22 Name of locality

Form W-2 Wage and Tax Statement 1983

Copy A For Social Security Administration * See Instructions for Forms W-2 and W-2P

1 Control number		OMB No. 1545-0008					
2 Employer's name, addres	s, and ZIP code	<u> </u>	3 Employer's identificat	tion number	4 Emp	loyer's Stat	e number
			5 Stat. em- De- ployee ceased	Legal rep.	942 emp.	Sub- total	Void
			6 Allocated tips		7 Advaa	ce EIC payme	ent
8 Employee's social security num	iber 9 Federal inc	come tax withheid	10 Wages, tips, other o	compensation	11 Soci	al security ta	ax withheld
12 Employee's name, addre	ess, and ZIP code		13 Social security wage	es	14 Soci	al security t	ips
			16				
			17 State income tax	18 State wage:	s, tips, etc.	19 Name o	of State
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name o	of locality

Wage and Tax Statement 1983

Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared.

1 Control number		OMB No. 1545-0008	9				
2 Employer's name, addres	ss, and ZIP code		3 Employer's identificat	ion number	4 Empl	oyer's State number	
			5 Stat. cm- De- ployee ceased	Legal rep.	942 emp.	Sub- total Void	d
			6 Allocated tips		7 Advaa	se EIC payment	
8 Employee's social security nur	mber 9 Federal inc	ome tax withheld	10 Wages, tips, other c	ompensation	11 Soci	al security tax withheld	
12 Employee's name, addr	ess, and ZIP code		13 Social security wage	is <u> </u>	14 Socia	al security tips	
			16				
			17 State income tax	18 State wages	s, tips, etc.	19 Name of State	
			20 Local income tax	21 Local wages	s, tips, etc.	22 Name of locality	

Wage and Tax Statement 1983

Copy 1 For State, City, or Local Tax Department Employee's and employer's copy compared.

1 Control number		OMB No. 1545-0008					<u></u>	
2 Employer's name, address, a	nd ZIP code	- *# + #	3 Employer	's identificati	ion number	4 Emp	loyer's State	number
			5 Stat. em- ployee	De- ceased	Legal rep.	942 emp.	Sub- total	Void
			6 Allocated	i tips		7 Advaa	ce EIC payment	t
8 Employee's social security number	9 Federal inco	ome tax withheld	10 Wages,	tips, other co	ompensation	11 Soci	al security tax	withheld
12 Employee's name, address,	and ZIP code		13 Social s	ecurity wage	S	14 Soci	al security tip	s
			16			·		
			17 State in	come tax	18 State wages	s, tips, etc.	19 Name of	State
			20 Local in	come tax	21 Local wages	s, tips, etc.	22 Name of	locality

1 Control number	OMB No. 1545-0008					
2 Employer's name, address, and	d ZIP code	3 Employer's identification number 4 Employer's State number				
		5 Stat. em- De- ployee ceased	Legal rep.	942 Sub- emp. total	Void	
		6 Allocated tips		7 Advance EIC pa	nyment	
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other o	compensation	11 Social securi	ty tax withheld	
12 Employee's name, address, a	nd ZIP code	13 Social security wage	es	14 Social securi	ty tips	
		16				
		17 State income tax	18 State wage	s, tips, etc. 19 Na	me of State	
		20 Local income tax	21 Local wage	s, tips, etc. 22 Na	me of locality	

Form W-2 Wage and Tax Statement 1983

Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

1 Control number		OMB No. 1545-0008					· · · · · · · · · · · · · · · · · · ·
2 Employer's name, addr	ess, and ZIP code	•	3 Employer's identificat	tion number	4 Emp	loyer's State	e number
			5 Stat. em- De- ployee ceased 6 Allocated tips	Legal rep.	942 emp. 7 Advan	Sub- total ce EIC paymen	Void
8 Employee's social security n		come tax withheld	10 Wages, tips, other c			al security (a	
12 Employee's name, add	ress, and ZIP code		13 Social security wage	es	14 5001	al security ti	
			16				
			17 State income tax	18 Statewages	s, tips, etc.	19 Name o	of State
			20 Local income tax	21 Local wages	s, tips, etc.	22 Name o	of locality
		Conv B To be	filed with employee's	EEDEDAL for		Department of	f the Treasury

Form W-2 Wage and Tax Statement 1983

Copy B To be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

1 Control number		OMB No. 1545-0008		<u>i - 1/2 - 1</u>			
2 Employer's name, addre	ss, and ZIP code	<u> </u>	3 Employer's identificat	tion number	4 Empl	oyer's State	e number
			5 Stat. em- De- ployee ceased	Legal rep.		Sub- total	Void
			6 Allocated tips		7 Advand	ce EIC paymer	ıt
8 Employee's social security nu	mber 9 Federal inc	come tax withheld	10 Wages, tips, other c	compensation	11 Socia	al security tax	withheld
12 Employee's name, addr	ess, and ZIP code		13 Social security wage	BS	14 Socia	al security ti	ps
			16				
			17 State income tax	18 State wage	s, tips, etc.	19 Name o	f State
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of	f locality

1 Control number	OMB No. 1545-0	008	
2 Employer's name, addres	ss, and ZIP code	3 Employer's identification number	4 Employer's State number
		5 Stat.em- De- Legal ployee ceased rep.	942 Sub- emp. total Void
		6 Allocated tips	7 Advance EIC payment
8 Employee's social security nur	nber 9 Federal income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, addr	ess, and ZIP code	13 Social security wages	14 Social security tips
		16	
		17 State income tax 18 Statewa	ges, tips, etc. 19 Name of State
		20 Local income tax 21 Localwa	ges, tips, etc. 22 Name of locality

Form W-2 Wage and Tax Statement 1983 This information is being furnished to the Internal Revenue Service.

Department of the Treasury Internal Revenue Service

1 Control number		OMB No. 1545-0008					
2 Employer's name, address	s, and ZIP code		3 Employer's identificat	tion number	4 Empl	oyer's State	number
			5 Stat.em- De- ployee ceased	Legal rep.	emp.	Sub- total ce EIC payment	Void L
8 Employee's social security num	ber 9 Federal inco	ome tax withheld	10 Wages, tips, other c	ompensation	11 Socia	al security tax	withheld
12 Employee's name, addre	ss, and ZIP code		13 Social security wage	25	14 Socia	al security tip)S
			16		1		
			17 State income tax	18 State wage	es, tips, etc.	19 Name of	State
			20 Local income tax	21 Local wage	es, tips, etc.	22 Name of	locality
W 2 Waga and Tax	Statement 10	 0	Copy C For employee's	records	[Department of	the Treasury

Form W-2 Wage and Tax Statement 1983 This information is being furnished to the Internal Revenue Service.

Internal Revenue Service

1 Control number	OMB No. 1545-0	0008	<u> </u>			
2 Employer's name, address, and ZIP code		3 Employer's identification	number 4 En	4 Employer's State number		
		5 Stat. em- De- ployee ceased	Legal 942 rep. emp.	Sub· Void total 🗌		
		6 Allocated tips	7 Adv	vance EIC payment		
8 Employee's social security n	Imber 9 Federal income tax withheld	10 Wages, tips, other com	pensation 11 S	ocial security tax withheld		
12 Employee's name, address, and ZIP code		13 Social security wages	14 S	ocial security tips		
		16				
		17 State income tax	18 State wages, tips, et	tc. 19 Name of State		
		20 Local income tax	21 Local wages, tips, et	tc. 22 Name of locality		
	A	Come C For smalleness	and the second	Density of the Transmission		

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1983 Federal income tax return. Attach Copy 2 to your 1983 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W–2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you have nonwage income of more than \$500 and will owe tax of \$300 or more (\$400 for 1984), you should file Form 1040–ES, Estimated Tax for Individ-

uals, and pay the tax in installments during the year. If you retired during 1983 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040–ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1983 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 6.70%, under Public Law 95–216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance. Federal employees are generally subject only to the 1.30% hospital insurance benefits tax.

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1983 Federal income tax return. Attach Copy 2 to your 1983 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you have nonwage income of more than \$500 and will owe tax of \$300 or more (\$400 for 1984), you should file Form 1040–ES, Estimated Tax for Individ-

uals, and pay the tax in installments during the year. If you retired during 1983 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040–ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1983 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 6.70%, under Public Law 95–216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance. Federal employees are generally subject only to the 1.30% hospital insurance benefits tax.

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1983 Federal income tax return. Attach Copy 2 to your 1983 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you have nonwage income of more than \$500 and will owe tax of \$300 or more (\$400 for 1984), you should file Form 1040–ES, Estimated Tax for Individ-

uals, and pay the tax in installments during the year. If you retired during 1983 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040–ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1983 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 6.70%, under Public Law 95–216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance. Federal employees are generally subject only to the 1.30% hospital insurance benefits tax.

1 Control number	OMB No. 1545-00	08			
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number		
		5 Stat. em- De- Legal ployee ceased rep.	942 Sub- emp. total Void		
		6 Allocated tips	7 Advance EIC payment		
8 Employee's social security num	nber 9 Federal income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld		
12 Employee's name, address, and ZIP code		13 Social security wages 14 Social security tips			
		16			
		17 State income tax 18 State wage	es, tips, etc. 19 Name of State		
		20 Local income tax 21 Local wage			

Wage	and	Tax	Statement	1983
------	-----	-----	-----------	------

Copy 2 To be filed with employee's STATE, CITY, or LOCAL income tax return. Employee's and employer's copy compared.

1 Control number		OMB No. 1545-0008							
2 Employer's name, addre	2 Employer's name, address, and ZIP code			ion number	4 Employer's State number				
			5 Stat.em- De- ployee ceased	Legal rep.	942 emp.	Sub- total Void			
			6 Allocated tips		7 Advan	ce EIC payment			
8 Employee's social security nu	mber 9 Federal inc	ome tax withheld	10 Wages, tips, other c	ompensation	11 Socia	al security tax withheld			
12 Employee's name, address, and ZIP code			13 Social security wages		14 Social security tips				
			16						
			17 State income tax	18 State wage	s, tips, etc.	19 Name of State			
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of locality			
Wage and Tax	statement 19	83 Copy 2 To be file tax return. E		Wage and Tax Statement 1983 Copy 2 To be filed with employee's STATE, CITY, or LOCAL income tax return. Employee's and employer's copy compared.					

1 Control number	OMB No. 1	545-0008	
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number
		5 Stat.em- De- Legal ployee ceased rep.	942 Sub- emp. total Void
		6 Allocated tips	7 Advance EIC payment
8 Employee's social security nu	mber 9 Federal income tax with	held 10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, and ZIP code		13 Social security wages	14 Social security tips
		16	· · · · · · · · · · · · · · · · · · ·
		17 State income tax 18 State wa	ages, tips, etc. 19 Name of State
		20 Local income tax 21 Local wa	ages, tips, etc. 22 Name of locality
		ny 2 To be filed with employee's STATE CITY or LOCA	1 income

Copy 2 To be filed with employee's STATE, CITY, or LUCAL Income tax return. Employee's and employer's copy compared.

1 Control number		OMB No. 1545-0008	an a				
2 Employer's name, address, and ZIP code			3 Employer's identificat	4 Employer's State number			
			5 Stat. em- De- ployee ceased	Legal rep.	emp.	Sub- total e EIC payment	Void
8 Employee's social security nu	mber 9 Federal inco	ome tax withheld	10 Wages, tips, other c	conspensation		I security tax w	ithheld
12 Employee's name, add	ress, and ZIP code		13 Social security wage	95	14 Socia	l security tips	
			16		<u> </u>		
			17 State income tax	18 State wage	es, tips, etc.	19 Name of S	tate
			20 Local income tax	21 Local wage	es, tips, etc.	22 Name of lo	ocality
W A W	<u></u>	<u>^</u>	Copy D For employ	Ver		Department of th	e Treasury

Form W-2 Wage and Tax Statement 1983

opy D For employe

Internal Revenue Service

1 Control number		OMB No. 1545-0008					
2 Employer's name, addre	2 Employer's name, address, and ZIP code			tion number	4 Empl	oyer's State number	
			5 Stat. em- De- ployee ceased	Legal rep.	942 emp.	Sub- total Void	
			6 Allocated tips		7 Advan	ce EIC payment	
8 Employee's social security nu	mber 9 Federal inc	come tax withheld	10 Wages, tips, other o	compensation	11 Soci	al security tax withheld	
12 Employee's name, address, and ZIP code			13 Social security wages		14 Soci	14 Social security tips	
			16				
			17 State income tax	18 State wage	es, tips, etc.	19 Name of State	
			20 Local income tax	21 Local wage	es, tips, etc.	22 Name of locality	
- W O Waga and Tay	Ctatamant 10	02	Copy D For employ	yer		Department of the Treasury	

Form W-2 Wage and Tax Statement 1983

Internal Revenue Service

1 Control number		OMB No. 1545-0008					t
2 Employer's name, addre	2 Employer's name, address, and ZIP code		3 Employer's identificat	4 Employer's State number			
			5 Stat.em- De- ployee ceased	Legal rep.		Sub- total	Void
			6 Allocated tips		7 Advanc	ce EIC payment	
8 Employee's social security nu	mber 9 Federal inc	come tax withheld	10 Wages, tips, other c	ompensation	11 Socia	al security tax wi	thheld
12 Employee's name, address, and ZIP code			13 Social security wage	PS	14 Socia	al security tips	
			16				
			17 State income tax	18 State wage	es, tips, etc.	19 Name of St	ate
			20 Local income tax	21 Local wage	s, tips, etc.	22 Name of lo	cality
						Department of th	o Troseum

Instructions for Preparing Form W–2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W–2 for each of your employees to whom any of the following items applied during 1983.

- (a) You withheld income tax or social security (FICA) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

By January 31, 1984, give Copies B, C, and 2 to each person who was your employee during

1983. For anyone who stopped working for you before the end of 1983, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 29, 1984. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.---We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1983-O- 363-032 13-134-8150

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1983.

- (a) You withheld income tax or social security (FICA) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

By January 31, 1984, give Copies B, C, and 2 to each person who was your employee during

13-134-8150

Instructions for Preparing Form W–2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1983.

- (a) You withheld income tax or social security (FICA) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

By January 31, 1984, give Copies B, C, and 2 to each person who was your employee during

1983. For anyone who stopped working for you before the end of 1983, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 29, 1984. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice .--- We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

1983. For anyone who stopped working for you before the end of 1983, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 29, 1984. (For more information, please see Forms 941, 942, W–3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.----We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.