### **Attention:**

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A downloaded from this website with the SSA. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. A penalty may be imposed for filing forms that can't be scanned. See the penalties section in the current General Instructions for Forms W-2 and W-3 for more information.

To order official IRS forms, call 1-800-TAX-FORM (1-800-829-3676) or Order Information Returns and Employer Returns Online, and we'll mail you the scannable forms and other products.

You may file Forms W-2 and W-3 electronically on the SSA's website at Employer Reporting Instructions & Information. You can create fill-in versions of Forms W-2 and W-3 for filing with SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

See IRS Publications 1141, 1167, 1179 and other IRS resources for information about printing these tax forms.

22222 Void a Er	mployee's social security number	For Official Use Only ► OMB No. 1545-0008					
b Employer identification number (EIN)				ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social security tax withheld		
			5 Me	5 Medicare wages and tips 6 Medicare tax withheld			
			<b>7</b> Soc	cial security tips	8 Allocated tips		
d Control number			9	9 10 Dependent care bene			
e Employee's first name and initial	Last name	Suff	<b>11</b> No	nqualified plans	12a See instructions for box 12		
			13 Statu	utory Retirement Third-party loyee plan sick pay	/ <b>12b</b>		
			<b>14</b> Oth	er	12c		
					<b>12d</b> C d		
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State inco	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		

**W-2** Wage and Tax Statement

Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

5075 Copy A For Social Security Administration — Send this entire page with

Department of the Treasury-Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page

25555	a Employe	ee's social security number	OMB No. 154	B No. 1545-0008					
<b>b</b> Employer identification number (EIN)			1 Wages, tips, other compensation 2 Federal income tax withhe						
c Employer's name, address,	nd ZIP code			<b>3</b> So	cial security wages	4 Social	4 Social security tax withheld		
				5 Me	edicare wages and tips	6 Medic	care tax with	held	
				<b>7</b> So	cial security tips	8 Alloca	ated tips		
d Control number				9		10 Deper	ndent care b	enefits	
e Employee's first name and in	tial Last nar	me	Suff.		onqualified plans	<b>12a</b> C O d e			
				13 Star	tutory Retirement Third-party ployee plan sick pay	12b			
				<b>14</b> Oth	ner	12c			
						<b>12d</b>			
f Employee's address and ZIP	code								
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local inco	ome tax	20 Locality name	

Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

5075

Department of the Treasury-Internal Revenue Service

a Employee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use		isit the IRS website at www.irs.gov/efile
<b>b</b> Employer identification number (EIN)		1 Waq	ges, tips, other compensation		come tax withheld
c Employer's name, address, and ZIP code		<b>3</b> Soc	cial security wages	4 Social secu	urity tax withheld
		<b>5</b> Me	dicare wages and tips	6 Medicare to	ax withheld
		<b>7</b> Soc	cial security tips	8 Allocated t	ips
d Control number		9		10 Dependent	t care benefits
e Employee's first name and initial Last name	Suff.		nqualified plans	C o d e	ctions for box 12
		13 State emp	utory Retirement Third-party sick pay	7 12b	
		<b>14</b> Oth	er	12c	
				<b>12d</b> C O O O O	
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income to	ax 20 Locality name

Form W-2 Wage and Tax Statement

5075

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.

#### **Notice to Employee**

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You may be able to take the EIC for 2012 if (a) you do not have a qualifying child and you earned less than \$13,980 (\$19,190 if married filing jointly), (b) you have one qualifying child and you earned less than \$36,920 (\$42,130 if married filing jointly), (c) you have two qualifying children and you earned less than \$41,952 (\$47,162 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$45,060 (\$50,270 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,200. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA)

to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at www.socialsecurity.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in Box 12, using Code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with Code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2012 and more than \$6,826.20 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,192.90 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

(Also see Instructions for Employee on the back of Copy C.)

		a Employee's social security number	OMB No. 1545-0008  This information is being furnished to the Internal Revenue Service. 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.						
<b>b</b> Employer identification number (EIN)			<b>1</b> Wa	1 Wages, tips, other compensation 2 Federal income tax			x withheld		
c Employer's name, address, and ZIP code			<b>3</b> So	cial security wages	4 Social	security tax	withheld		
				5 Me	dicare wages and tips	6 Medica	are tax with	held	
				<b>7</b> So	cial security tips	8 Allocat	ed tips		
<b>d</b> Control	number			9		10 Depen	dent care b	enefits	
e Employee's first name and initial Last name Suff.			11 Nonqualified plans		structions f	or box 12			
				13 Star	utory Retirement Third-party sick pay	12b			
				<b>14</b> Oth	er	12c			
						12d			
f Employe	e's address and ZIP cod	e							
15 State	Employer's state ID num	ber 16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local inco	ne tax	20 Locality name	

Wage and Tax Statement

5075

Department of the Treasury-Internal Revenue Service

Safe, accurate FAST! Use



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

## **Instructions for Employee** (Also see *Notice to Employee*, on the back of Copy B.)

- Box 1. Enter this amount on the wages line of your tax return.
- **Box 2.** Enter this amount on the federal income tax withheld line of your tax return.
- **Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Unless you have records that show you did not receive the amount reported in box 8 as allocated tips, you must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report the allocated tip amount. On Form 4137 you will figure the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

- **Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.
- **Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.
- **Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth

contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$17,000 (\$11,500 if you only have SIMPLE plans; \$20,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$17,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2012, your employer may have allowed an additional deferral of up to \$5,500 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**B**—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Other Taxes" in the Form 1040 instructions.

**C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement

(continued on back of Copy 2)

	a Employee's social security number					
		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal inc	come tax withheld
c Employer's name, address, and	ZIP code		<b>3</b> Soc	cial security wages	4 Social sect	urity tax withheld
			5 Me	dicare wages and tips	6 Medicare t	ax withheld
			<b>7</b> Soc	cial security tips	8 Allocated t	iips
d Control number			9		10 Dependent	t care benefits
e Employee's first name and initial	Last name	Suff.		nqualified plans	12a	
			13 State	utory Retirement Third-party sick pay	12b	
			<b>14</b> Oth	er	12c	
					<b>12d</b> C O O O O O O O O O O O O O O O O O O	
f Employee's address and ZIP cod	e					
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income t	ax 20 Locality name

Form W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return.

# **Instructions for Employee** (continued from back of Copy C)

- F-Elective deferrals under a section 408(k)(6) salary reduction SEP
- **G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan
- **H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct.
- ${\bf J-}{\bf N}$ ontaxable sick pay (information only, not included in boxes 1, 3, or 5)
- **K**−20% excise tax on excess golden parachute payments. See "Other Taxes" in the Form 1040 instructions.
- L—Substantiated employee business expense reimbursements (nontaxable)
- **M**—Uncollected social security or RRTA tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.
- **N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions.
- **P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)
- **Q**—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.
- **R**—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.
- **S**-Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

- **T**—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
- **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 and instructions for Schedule D (Form 1040) for reporting requirements.
- **W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
- Y—Deferrals under a section 409A nonqualified deferred compensation plan
- **Z**—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Other Taxes" in the Form 1040 instructions.
- AA Designated Roth contributions under a section 401(k) plan
- BB-Designated Roth contributions under a section 403(b) plan
- **DD**—Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**
- **EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
- **Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.
- **Note.** Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Void a Employee	's social security number	OMB No. 154	5-0008			
<b>b</b> Employer identification number (EIN)			1 Wag	ges, tips, other compensation	2 Federal inco	me tax withheld
c Employer's name, address, and ZIP code			<b>3</b> Soc	cial security wages	4 Social secur	ity tax withheld
			<b>5</b> Me	dicare wages and tips	6 Medicare ta	x withheld
			<b>7</b> Soc	cial security tips	8 Allocated tip	os
d Control number			9		10 Dependent	care benefits
e Employee's first name and initial Last name	е	Suff.		nqualified plans	12a See instruc	tions for box 12
			13 State emp	utory Retirement Third-party sick pay	y <b>12b</b> C O d e	
			<b>14</b> Oth	er	12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incon	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Copy D — For Employer.

### Employers, Please Note -

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2012 General Instructions for Forms W-2 and W-3. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You also can get forms and instructions at IRS.gov.

**Caution.** Do not send the SSA Forms W-2 and W-3 that you have printed from IRS.gov. The SSA is unable to process these forms. Instead, you can create and submit them online. See E-filing, later.

**Due dates.** By January 31, 2013, furnish Copies B, C, and 2 to each person who was your employee during 2012. By February 28, 2013, send Copy A of Form(s) W-2 and W-3 to the SSA. However, if you file electronically, the due date is April 1, 2013. See the separate instructions.

**Need help?** If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are 8:30 a.m. to 4:30 p.m. Eastern time.

**E-filing.** If you file 250 or more Form(s) W-2, you must file electronically. E-filing can save you time and effort, even if you are not required to do so. Employers may now use the SSA's W-2 Online service to create, save, print, and submit up to 50 Form(s) W-2 at a time over the internet. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at www.socialsecurity.gov/employer.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-2 and its instructions at *www.irs.gov/w2*. Information about any future developments affecting Form W-2 (such as legislation enacted after we release it) will be posted on that page.