

## EMPLOYEE'S SUBSTITUTE WAGE AND TAX STATEMENT (SUBSTITUTE W-2)

-	
	Received

Please provide the information requested below. Attach a copy of the IRS wage transcripts **OR** other W-2s for other years same employer **OR** payroll check stubs as proof of state withholding claimed.

Business Name				Taxpayer's Name					
Owner's Name				Telephone Number	Social Sec	Social Security Number			
Business Address			Address						
City			State		ZIP Code	City		State	ZIP Code
Wages Received State Tax W			ithheld Fe		deral Tax Withheld	Period of Employment (Mo		T	
Filing Status	Exemptions	Job Site Lo	ocation			From:		To:	
Explanation									
					DECLA	RATION			
complete. I a	uthorize the	Oregon De	partment o	f R	evenue to use this	s document and to the information as a bas ent findings or my failu	is for action on r	ny claim a	gainst the employer.
Taxpayer's Signa			oun may				10 000001, 001	Date	