

Attention:

Caution — Change to the 2008 Form W-2

If you downloaded the 2008 Form W-2 before March 8, 2008, please note the following correction.

On page 10, under Due dates, the first two sentences should read, "Furnish Copies B, C, and 2 to the employee generally by February 2, 2009. File Copy A with the SSA by March 2, 2009.

This form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. Do **not** file copy A 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 of \$50 per information return may be imposed for filing forms that cannot be scanned.

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.

| 55555 | Void | a Employ | ee's social security number | For Offici | | | > | | | |
|--|------------------|----------|-----------------------------|---------------------------------------|--|---------|--|------------------|----------------|------------------|
| b Employer identification number (EIN) | | | | 1 | 1 Wages, tips, other compensation 2 Federal income tax wit | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 | 3 Social security wages 4 Social security tax w | | | | tax withheld | |
| | | | | | 5 | Me | dicare wages and tips | 6 Me | edicare tax w | ithheld |
| | | | | 7 | 7 Social security tips | | | 8 Allocated tips | | |
| d Control number | | | | 9 Advance EIC payment 10 Dependent ca | | | | pendent care | e benefits | |
| e Employee's first | name and initia | l Las | t name | S | uff. 11 | Nor | nqualified plans | 12a Se | e instructions | s for box 12 |
| | | | | | 13 | Statuto | ory Retirement Third-party yee plan sick pay | 12b | | |
| | | | | | 14 | Oth | ner | 12c | | |
| | | | | | | | | 12d | | |
| f Employee's add | lress and ZIP co | | 16 State wages, tips, etc. | 17 State in | come ta | ıx | 18 Local wages, tips, etc. | 19 Local i | ncome tax | 20 Locality name |
| W-2 | Wage and | | | 20 | | Д | • | | | Revenue Service |

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Cat. No. 10134D

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| | 55555 | a Employee's social security number | | | | | | |
|---|----------------------------------|-------------------------------------|--|--|--|--------------------|--------------|------------------|
| | | | OMB No. 154 | 45-0008 | | | | |
| b Employer identification number (EIN) | | | | Wages, tips, other compensation Federal income tax withher | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages 4 Social security tax within | | | ax withheld | | |
| | | | | 5 Me | dicare wages and tips | 6 Medi | care tax wit | hheld |
| | | | | 7 So | cial security tips | 8 Alloc | ated tips | |
| c | d Control number | | | 9 Ad | 9 Advance EIC payment 10 Depender | | | benefits |
| e | Employee's first name and initia | l Last name | Suff. | 11 No | nqualified plans | 12a | | |
| | | | | 13 Statuto employ | ry Retirement Third-party ree plan sick pay | 12b C c d e | | |
| | | | | 14 Oth | ner | 12c C c d e | | |
| | | | | | | 12d C o d e | | |
| f | Employee's address and ZIP co | de | | | | | | |
| 15 | 5 State Employer's state ID num | 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name |
| | | | | | | | | |

W-2 Wage and Tax
Statement
Copy 1—For State, City, or Local Tax Department

2008

Department of the Treasury-Internal Revenue Service

| | | a Employee's social security nur | OMB No. 15 | 45-0008 | Safe, accurate, FAST! Use | ≁file | Visit the IRS website at www.irs.gov/efile. |
|----|----------------------------------|----------------------------------|--------------------|-------------------|---|------------------------|---|
| b | Employer identification number | (EIN) | | 1 Wa | ges, tips, other compensation | 2 Federa | al income tax withheld |
| С | Employer's name, address, and | ZIP code | | 3 So | cial security wages | 4 Social | security tax withheld |
| | | | | 5 Me | dicare wages and tips | 6 Medic | are tax withheld |
| | | | | 7 So | cial security tips | 8 Alloca | ted tips |
| d | Control number | | | 9 Ad | vance EIC payment | 10 Depen | ndent care benefits |
| е | Employee's first name and initia | I Last name | Suff. | | nqualified plans | 12a See in | structions for box 12 |
| | | | | 13 Statuto employ | ory Retirement Third-party ree plan sick pay | 12b C O O O O O | |
| | | | | 14 Oth | ner | 12c | |
| | | | | | | 12d | |
| f | Employee's address and ZIP co | de | | | | | |
| 15 | State Employer's state ID num | 16 State wages, tips, | etc. 17 State inco | me tax | 18 Local wages, tips, etc. | 19 Local inco | me tax 20 Locality name |
| | | | | | | | |

W-2 Wage and Tax Statement

5009

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 must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2008 if (a) you do not have a qualifying child and you earned less than \$12,880 (\$15,880 if married filing jointly), (b) you have one qualifying child and you earned less than \$33,995 (\$36,995 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$38,646 (\$41,646 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 \$2,950. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,750 of the EIC in advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 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.

Credit for excess taxes. If you had more than one employer in 2008 and more than \$6,324.00 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 \$2,960.10 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 Publication 505, Tax Withholding and Estimated Tax.

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

| | | a Employee's social security number | 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 Employer identification number (EIN) | | | | Wages, tips, other compensation | 2 | Federal income t | ax withheld | |
| С | c Employer's name, address, and ZIP code | | | | 3 Social security wages 4 Social security t | | | ax withheld | |
| | | | | 5 | Medicare wages and tips | 6 | Medicare tax wit | hheld | |
| | | | | 7 | Social security tips | 8 | Allocated tips | | |
| d | Control number | | | 9 | Advance EIC payment | 10 | Dependent care | benefits | |
| е | Employee's first name and initia | l Last name | Suff. | | Nonqualified plans | 12a | See instructions | for box 12 | |
| | | | | 13 S | atutory Retirement Third-party mployee plan sick pay | 12b | | | |
| | | | | 14 | Other | 12c | | | |
| | | | | | | 12d | | | |
| f | Employee's address and ZIP co | de | | | | | | | |
| 15 | State Employer's state ID num | 16 State wages, tips, etc. | 17 State inco | ome tax | 18 Local wages, tips, etc. | 19 Lo | cal income tax | 20 Locality name | |
| | 1 | | | | | | | | |

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

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

2008

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



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.
- **Box 9.** Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A.
- **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. You **must** complete Schedule 2 (Form 1040A) or 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 and BB) under all plans are generally limited to a total of \$15,500 (\$10,500 if you only have SIMPLE plans; \$18,500 for section 403(b) plans if you qualify

for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$15,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2008, your employer may have allowed an additional deferral of up to \$5,000 (\$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, E, F, G, H, or S, 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 "Total Tax" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" 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)

| Г | | a Employee's social security number | | | | | | | |
|----|---|-------------------------------------|----------------|--|---|--|---------------|------------------|--|
| | | | OMB No. 15 | 45-0008 | | | | | |
| b | b Employer identification number (EIN) | | | | 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | |
| C | c Employer's name, address, and ZIP code | | | 3 Social security wages 4 Social security tax wi | | | ax withheld | | |
| | | | | 5 Me | dicare wages and tips | 6 Medi | icare tax wit | hheld | |
| | | | | 7 So | cial security tips | 8 Alloc | ated tips | | |
| C | Control number | | | 9 Ad | vance EIC payment | 10 Depe | endent care | benefits | |
| e | Employee's first name and initia | l Last name | Suff. | | nqualified plans | 12a C c c c c c c c c c c c c c c c c c c c | | | |
| | | | | 13 Statuto employ | ry Retirement Third-party ree plan sick pay | 12b C c d e | | | |
| | | | | 14 Oth | ner | 12c C C d e | | | |
| | | | | | | 12d 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 co | de | | | | | | | |
| 15 | State Employer's state ID num | nber 16 State wages, tips, etc. | 17 State incon | ne tax | 18 Local wages, tips, etc. | 19 Local inc | ome tax | 20 Locality name | |
| | | | | | | | | | |

W-2 Wage and Tax Statement

5008

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.

J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" 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 (not included in box 1)

T—Adoption benefits (not included in box 1). You **must** 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)

W—Employer contributions 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 "Total Tax" 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.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that 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. Compare the Social Security wages and the Medicare wages to the information shown on your annual (for workers over 25) Social Security Statement.

| $\overline{}$ | | | | | | | | | | |
|--|---|----------------------------|---|--------------------------|---|--------------------|---------------|------------------|--|--|
| | Void a Employe | e's social security number | | | | | | | | |
| | | | OMB No. 154 | 545-0008 | | | | | | |
| k | b Employer identification number (EIN) | | | | 1 Wages, tips, other compensation 2 Federal income tax with | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages 4 Social security | | | l security ta | x withheld | | | |
| | | | | 5 Me | dicare wages and tips | 6 Media | care tax with | hheld | | |
| | | | | 7 So | cial security tips | 8 Alloca | ated tips | | | |
| (| d Control number | | | 9 Ad ¹ | vance EIC payment | 10 Depe | ndent care | benefits | | |
| • | Employee's first name and initial Last | name | Suff. | 11 No | nqualified plans | 12a See ii | nstructions | for box 12 | | |
| | | | | 13 Statuto employ | ry Retirement Third-party ee plan sick pay | 12b C c d e | | | | |
| | | | | 14 Oth | ner | 12c | | | | |
| | | | | | | 12d | | | | |
| f | Employee's address and ZIP code | | | | | | | | | |
| 15 | 5 State Employer's state ID number | 16 State wages, tips, etc. | 17 State incom | ne tax | 18 Local wages, tips, etc. | 19 Local inco | ome tax | 20 Locality name | | |
| | | | | | | | | | | |

W-2 Wage and Tax Statement
Copy D—For Employer.



Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled 2008 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 can also get forms and instructions from the IRS website at *www.irs.gov*.

Caution. You cannot file Forms W-2/W-2C and W-3/W-3C that you print from the IRS website with SSA because they process paper forms by machine. Instead, you can use the SSA website at www.ssa.gov/employer/bsohbnew.htm to create and file electronic fill-in versions of Forms W-2/W-2C and W-3/W-3C. If you use SSA's online application to create W-2 or W-2C, the W-3 or W-3C will be automatically created.

Due dates. Furnish Copies B, C, and 2 to the employee generally by February 2, 2009.

File Copy A with the SSA by March 2, 2009. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. If you file electronically, the due date is March 31, 2009.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on Forms W-2 and W-3 to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees and to the Social Security Administration. Section 6109 requires you to provide your employer identification number (EIN). If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the Internal Revenue Service to disclose or give the information shown on your return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and/or criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file these forms will vary depending on individual circumstances. The estimated average times are: Form W-2—30 minutes, and Form W-3—28 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send Forms W-2 and W-3 to this address. Instead, see Where to file paper forms in the Instructions for Forms W-2 and W-3.