### **Attention:**

This form is provided for informational purposes only. Copy A appears in red, similar to the official printed IRS form. But do not file Copy A downloaded from this website with the SSA. A penalty of \$50 per information return may be imposed for filing such forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORMS (1-800-829-3676) or order online at <u>Forms and Publications By U.S. Mail</u>.

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

a Control number	22222	Void	For Official Use OMB No. 1545-					
<b>b</b> Employer identification number	(EIN)			1 Wa	ages, tips, other compensation	2 Federa	al income	tax withheld
c Employer's name, address, and	ZIP code			<b>3</b> So	ocial security wages	4 Social	l security t	ax withheld
				5 M	edicare wages and tips	6 Medic	are tax wi	thheld
				<b>7</b> So	ocial security tips	8 Alloca	ted tips	
d Employee's social security num	ber			<b>9</b> Ac	dvance EIC payment	10 Deper	ndent care	benefits
e Employee's first name and initia	al Last name		Suff	. <b>11</b> No	onqualified plans	12a See in	structions	for box 12
				13 Statu empl	tory Retirement Third-party oyee plan sick pay	12b C d e		
				14 Ot	her	<b>12c</b>		
						<b>12d</b> C d e		
f Employee's address and ZIP co				<u> </u>				
15 State Employer's state ID nun	16 St	ate wages, tips, etc	. <b>17</b> State inco	me tax	18 Local wages, tips, etc.	19 Local inco	me tax	20 Locality name
Form W-2 Wage and Statemen	nt	Sond this optim	20	06		Privacy Act a	and Paper	Revenue Service work Reduction back of Copy D.

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

Cat. No. 10134D

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

2	OMB No. 1545-00	008					
<b>b</b> Employer identification number (EIN)			ges, tips, other comp	ensation	2 Feder	al income	tax withheld
		<b>3</b> So	cial security wages		4 Social	security ta	ax withheld
	-	5 Me	dicare wages and t	tips	6 Medic	are tax wit	hheld
	-	7 So	cial security tips		8 Alloca	ted tips	
		9 Ad	vance EIC payment	t	10 Deper	ndent care	benefits
name	Suff.	11 No	nqualified plans		12a <sup>C</sup> e		
	-	13 Statuto employ	ry Retirement 1 ee plan s	Third-party sick pay	12b C d e		
	-	14 Oth	ner		12c		
					12d		
16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tip	os, etc.	19 Local inco	me tax	20 Locality name
	name	name Suff.	OMB No. 1545-0008       1     Way       3     Sort       5     Me       7     Sort       9     Adv       name     Suff.       11     No.       13     Statuto       14     Ott	OMB No. 1545-0008       1     Wages, tips, other comp       3     Social security wages       5     Medicare wages and the security tips       7     Social security tips       9     Advance EIC payment       13     Statutory entirement employee plan       14     Other	OMB No. 1545-0008         1       Wages, tips, other compensation         3       Social security wages         5       Medicare wages and tips         7       Social security tips         9       Advance EIC payment         name       Suff.         11       Nonqualified plans         13       Statutory employee plan         14       Other	OMB No. 1545-0008       1       Wages, tips, other compensation       2       Federal         3       Social security wages       4       Social         5       Medicare wages and tips       6       Medicare         7       Social security tips       8       Alloca         9       Advance EIC payment       10       Deper         name       Suff.       11       Nonqualified plans       12a         13       Statutory       Retirement       Third-party       12b         14       Other       12c       0       12d         12d       0       0       0       0       0	1       Wages, tips, other compensation       2       Federal income         3       Social security wages       4       Social security ta         5       Medicare wages and tips       6       Medicare tax with         7       Social security tips       8       Allocated tips         9       Advance EIC payment       10       Dependent care         13       Statutory       Retirement       Third-party         13       Statutory       Retirement       Third-party         14       Other       12c         12d       12d       12d         12d       12d       12d         14       Other       12d

Copy 1—For State, City, or Local Tax Department

2006

Department of the Treasury-Internal Revenue Service

a Control number	OMB No. 15	45-0008	Safe, a FAST!	ccurate, Use	e≁fil		/isit the IRS at <i>www.ir</i> s.go	
<b>b</b> Employer identification number (EIN)			1 Wa	ges, tips, other con	npensation	2 Fede	eral income t	ax withheld
c Employer's name, address, and ZIP code			<b>3</b> Soo	cial security wage	es	4 Soci	al security ta	ax withheld
		-	5 Me	dicare wages and	d tips	6 Med	icare tax wit	hheld
		-	7 Soc	cial security tips		8 Alloo	ated tips	
d Employee's social security number			9 Adv	vance EIC payme	ent	<b>10</b> Dep	endent care	benefits
e Employee's first name and initial Last name	9	Suff.	<b>11</b> No	nqualified plans		<b>12a</b> See	instructions	for box 12
		-	13 Statuto employ	ry Retirement ee plan	Third-party sick pay	12b		
		-	14 Oth	ner		12c		
						12d		
f Employee's address and ZIP code								
15 State Employer's state ID number 16	State wages, tips, etc.	17 State incom	e tax	18 Local wages,	tips, etc.	19 Local ind	ome tax	20 Locality name
14/ · · · · ·								

500P

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 2006 if: (a) you do not have a qualifying child and you earned less than \$12,120 (\$14,120 if married filing jointly), (b) you have one qualifying child and you earned less than \$32,001 (\$34,001 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$36,348 (\$38,348 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 \$2,800. 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 \$1,648 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 at any SSA office or call 1-800-772-1213.

**Credit for excess taxes.** If you had more than one employer in 2006 and more than \$5,840.40 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 \$3,075.60 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 Control number	OMB No. 1545-0008	1545-0008This 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)		1 Wa	ages, tips, other compensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP code		<b>3</b> So	ocial security wages	4 Social security tax withheld			
		5 M	edicare wages and tips	6 Medicare tax withheld			
		<b>7</b> So	ocial security tips	8 Allocated tips			
d Employee's social security number		9 Ac	Ivance EIC payment	10 Dependent care benefits			
e Employee's first name and initial Last name	S	Suff. <b>11</b> No	onqualified plans	12a See instructions for box 12			
		13 Statut emplo	ory Retirement Third-party yee plan sick pay	<b>12b</b>			
		14 Ot	her	<b>12c</b>			
				<b>12d</b>			
f Employee's address and ZIP code							
15 State Employer's state ID number 16 State	state wages, tips, etc. <b>17</b> State	income tax	18 Local wages, tips, etc.	<b>19</b> Local income tax <b>20</b> Locality name			

5006

Department of the Treasury-Internal Revenue Service

Safe, accurate, FAST! Use



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

#### Instructions for Employee (also see Notice to

Employee, on 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 also is 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 \$15,000 (\$10,000 if you only have SIMPLE plans; \$18,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$15,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2006, 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 three 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)

a Control number									
		OMB No. 1545-0	008						
<b>b</b> Employer identification number (E	EIN)			1 W	ages, tips, other co	mpensation	2 Feo	leral income	tax withheld
<b>c</b> Employer's name, address, and 2	ZIP code			<b>3</b> So	ocial security wag	les	4 Soc	cial security t	ax withheld
				5 M	edicare wages an	nd tips	6 Me	dicare tax wit	thheld
				7 So	ocial security tips		8 Allo	ocated tips	
d Employee's social security numb	er			9 Ao	dvance EIC paym	ent	10 Dep	pendent care	benefits
e Employee's first name and initial	Last name		Suff.	11 No	onqualified plans		<b>12a</b>		
				13 Statu emplo	tory Retirement byee plan	Third-party sick pay	12b		
				<b>14</b> O	ther		12c		
							12d		
f Employee's address and ZIP cod	le								
15 State Employer's state ID num!	ber 16 Sta	te wages, tips, etc.	17 State incom	e tax	18 Local wages,	, tips, etc.	19 Local ir	ncome tax	20 Locality name
Mada and						I			

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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 to a section 401(k) plan.

**BB**—Designated Roth contributions under a section 403(b) salary reduction agreement.

**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. Review the information shown on your annual (for workers over 25) Social Security Statement.

a Control number	Void	OMB No. 1545-00	008				
<b>b</b> Employer identification number	(EIN)		1         Wages, tips, other compensation         2         Federal income tax withheld				
c Employer's name, address, and	ZIP code	3 Social security wages	4 Social security tax withheld				
			5 Medicare wages and tips	6 Medicare tax withheld			
		-	7 Social security tips	8 Allocated tips			
d Employee's social security numb	ber		9 Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initia	l Last name		11 Nonqualified plans	12a See instructions for box 12			
		_	rs employée plan sick pay	12b			
			14 Other				
				12d			
f         Employee's address and ZIP co           15         State         Employer's state ID num		c. 17 State income	e tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
Form <b>W-2</b> Wage and Statemen		500F	Department o For	f the Treasury—Internal Revenue Service Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.			

Copy D—For Employer.

### Employers, Please Note—

Specific information needed to complete Form W-2 is given in a separate booklet titled 2006 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.** Because the SSA processes paper forms by machine, you cannot file with the SSA Forms W-2 and W-3 that you print from the IRS website. Instead, you can use the SSA website at www.socialsecurity.gov/ employer/bsohbnew.htm to create and file electronically "fill-in" versions of Forms W-2 and W-3.

**Due dates.** Furnish Copies B, C, and 2 to the employee generally by January 31, 2007.

File Copy A with the SSA generally by February 28, 2007. Send all Copies A with Form W-3, Transmittal of Wage and Tax Statements. However, if you file electronically, the due date is April 2, 2007.

**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-6406, Washington, DC 20224. **Do not** send Forms W-2 and W-3 to this address. Instead, see *Where to file* in the Instructions for Forms W-2 and W-3.