

ANNUAL SUMMARY OF WAGES AND TAX

Compensation Return and Withholding Statement

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1. IDENTIFYING INFORMATION

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

EMPLOYER IDENTIFICATION NUMBER (EIN)

EMPLOYEE'S SOCIAL SECURITY NUMBER

EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE

2. WAGE, COMPENSATION, AND TAX SUMMARY

INCOME CATEGORY	TAXABLE WAGES / COMPENSATION	TAX WITHHELD
Federal / National Income Tax		
Social Security / National Insurance		
Medicare / Healthcare		
Social Security Tips		
Allocated Tips		
State / Provincial Income Tax		
Local / Municipal Income Tax		
Other Deferred Compensation / Nonqualified Plans		
Total		

3. STATE AND LOCAL INFORMATION

STATE/LOCALITY NAME	EMPLOYER'S STATE ID NUMBER	STATE/LOCAL WAGES, TIPS, ETC.	STATE/LOCAL INCOME TAX

4. DECLARATION AND AUTHORIZATION

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

EMPLOYER / AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)

This document summarizes annual compensation paid and taxes withheld for the designated calendar year. Keep this form for your tax records. Copy and distribution requirements must comply with local jurisdiction tax regulations.