

ANNUAL SUMMARY OF WAGES AND TAX RETURN

Yearly Summary Transmittal Document

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PART I: EMPLOYER INFORMATION

1. EMPLOYER'S NAME (LEGAL NAME)

2. EMPLOYER IDENTIFICATION NUMBER (EIN)

3. SOCIAL SECURITY NUMBER (IF INDIVIDUAL)

4. TRADE NAME (DBA, IF ANY)

5. EMPLOYER'S ADDRESS (NUMBER, STREET, APT/SUITE)

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

PART II: TRANSMISSION DETAILS

6. TOTAL NUMBER OF W-2 / SLIP FORMS ATTACHED

7. CONTACT PERSON

8. TELEPHONE NUMBER / EMAIL

PART III: SUMMARY OF WAGES AND TAX WITHHELD

BOX	TAX AND WAGE CATEGORIES	TOTAL AMOUNT (ALL FORMS)
1	Wages, tips, and other compensation	
2	Federal income tax withheld	
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	
9	Dependent care benefits	
10	Nonqualified plans	

BOX	TAX AND WAGE CATEGORIES	TOTAL AMOUNT (ALL FORMS)
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11	State wages, tips, etc.	
12	State income tax withheld	
13	Local wages, tips, etc.	
14	Local income tax withheld	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

<p>EMPLOYER SIGNATURE</p> <p>TITLE</p> <p>DATE</p>
