

CALENDAR YEAR	ANNUAL SUMMARY OF WAGES AND TAX Transmittal of Wage and Tax Statements	FORM REFERENCE
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EMPLOYER'S NAME	1. WAGES, TIPS, OTHER COMPENSATION
EMPLOYER'S ADDRESS	2. FEDERAL INCOME TAX WITHHELD
	3. SOCIAL SECURITY WAGES
EMPLOYER IDENTIFICATION NUMBER (EIN)	4. SOCIAL SECURITY TAX WITHHELD
TOTAL NUMBER OF STATEMENTS FILED	5. MEDICARE WAGES AND TIPS
CONTACT PERSON	6. MEDICARE TAX WITHHELD
EMAIL ADDRESS	7. SOCIAL SECURITY TIPS
TELEPHONE NUMBER	8. ALLOCATED TIPS

9. State	10. Employer's State ID Number	11. State Wages, Tips, etc.	12. State Income Tax Withheld

13. Local Entity	14. Employer's Local ID Number	15. Local Wages, Tips, etc.	16. 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.

SIGNATURE	TITLE	DATE