

W2 Form

Employer: [Name] [Address] [City, State, Zip]

Employee: [Name] [Address] [City, State, Zip]

Wage, tips, and other compensation: [Amount]

Federal income tax withheld: [Amount]

State income tax withheld: [Amount]

Local income tax withheld: [Amount]

Retirement plan: [Amount]

Health plan: [Amount]

Other: [Amount]

State	Wage	Tips	Other	Total
CA	1000	0	0	1000
TX	0	0	0	0
FL	0	0	0	0
NY	0	0	0	0
IL	0	0	0	0
PA	0	0	0	0
OH	0	0	0	0
MI	0	0	0	0
IN	0	0	0	0
WI	0	0	0	0
MO	0	0	0	0
ND	0	0	0	0
SD	0	0	0	0
NE	0	0	0	0
KS	0	0	0	0
OK	0	0	0	0
LA	0	0	0	0
MS	0	0	0	0
AL	0	0	0	0
GA	0	0	0	0
SC	0	0	0	0
NC	0	0	0	0
VA	0	0	0	0
WV	0	0	0	0
MD	0	0	0	0
DC	0	0	0	0
MT	0	0	0	0
WY	0	0	0	0
CO	0	0	0	0
NM	0	0	0	0
AZ	0	0	0	0
UT	0	0	0	0
WY	0	0	0	0
MT	0	0	0	0
ND	0	0	0	0
SD	0	0	0	0
NE	0	0	0	0
KS	0	0	0	0
OK	0	0	0	0
LA	0	0	0	0
MS	0	0	0	0
AL	0	0	0	0
GA	0	0	0	0
SC	0	0	0	0
NC	0	0	0	0
VA	0	0	0	0
WV	0	0	0	0
MD	0	0	0	0
DC	0	0	0	0
MT	0	0	0	0
WY	0	0	0	0
CO	0	0	0	0
NM	0	0	0	0
AZ	0	0	0	0
UT	0	0	0	0
