	For Offic	sial Use Only	Wage	e and Tax S	State	ement	1975
				Type or print EMPLOYER'S name, address, ZIP code and	Copy A For Intern Revenue Service Ce		
				Federal identifying number.	Emplo	oyer's State iden	tifying number
21	Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	<	4 Total FICA	wages
	Type or print Employee's name, ac (Name must align with arrow)	ddress, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *	
Name 🕨			8 State or local tax withheld	9 State or local wage	3 S	10 State or loc	ality
			11 State or local tax withheld	12 State or local wage	es	13 State or loc	ality
	1	,	* See instructions on back of Cor	inv D		<u> </u>	
F	Form W–2	See instructions on F	Form W–3 and back of Copy E	D Departmer		Treasury—Internal	Revenue Service
	For Offic	cial Use Only	vvage	e and Tax S	State	ement	
				Type or print EMPLOYER'S name, address, ZIP code and		Copy A For levenue Servi	
				Federal identifying number.	Emplo	oyer's State ider	itifying number
21	Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	x	4 Total FICA	wages
	Type or print Employee's name, and (Name must align with arrow)	dress, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *	
Name 🕨			8 State or local tax withheld	9 State or local wage	es	10 State or loo	cality
			11 State or local tax withheld	12 State or local wag	es	13 State or loo	cality
			* See instructions on back of Co	ipy D			
I	Form W-2	See instructions on	Form W–3 and back of Copy I	D Departmen	nt of the T	Treasury—Internal	Revenue Service
	For Offin	cial Use Only	Wage	e and Tax S	Stat	ement	18/3
				Type or print EMPLOYER'S name, address, ZIP code and		Copy A For evenue Servi	
				Federal identifying number.	Emplo	oyer's State ider	itifying number
21	Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee ta withheld	x	4 Total FICA	wages
	Type or print Employee's name, a (Name must align with arrow)	ddress, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6 *		7 *	
Name 🕨			8 State or local tax withheld	9 State or local wag	es	10 State or loo	cality
			11 State or local tax withheld	12 State or local wag	jes	13 State or loo	cality

* See instructions on back of Copy D

				Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	F	Copy B To be led with employee's EDERAL tax return over's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3	FICA employee tax withheld	(4 Total FICA wages
Type or print Employee's name, a	ddress, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?	6	*		7 *
		8 State or local tax withheld	9	State or local wage	es	10 State or locality
		11 State or local tax withheld	12	State or local wage	es	13 State or locality
Form W–2 Thi	s information is being furnished to the	he Internal Revenue Service.		Departmen	nt of the	Treasury—Internal Revenue Service

19 Wage and Tax Statement

			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy B To be filed with employee's FEDERAL tax return Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	es 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality

Form **W–2**

This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

		Wag	e and Tax S	Statement 19 75
			Type or print EMPLOYER'S name, address, ZIP code and	Copy B To be filed with employee's FEDERAL tax return
			Federal identifying number.	Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name,	Type or print Employee's name, address, and ZIP code below.		6*	7 *
		8 State or local tax withheld	9 State or local wage	es 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality

				Type or print EMPLOYER'S name, address, ZIP code and	Copy C For employee's record	
				Federal identifying number.	Emplo	yer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3	FICA employee tax withheld	¢	4 Total FICA wages
Type or print Employee''s name, a	address, and ZIP code below.	5 Was employee covered by a qualified pension plan, etc.?		*		7 *
		8 State or local tax withheld	9	State or local wage	es	10 State or locality
		11 State or local tax withheld	12	State or local wage	es	13 State or locality
Form W-2 Thi	is information is being furnished to t	the Internal Revenue Service.		Departme	nt of the	Treasury—Internal Revenue Service

Wage and Tax Statement 1975

			Type or print EMPLOYER'S name, address, ZIP code and	Copy C For employee's record	
			Federal identifying number.	Employer's State identifying number	
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages	
Type or print Employee''s name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *	
		8 State or local tax withheld	9 State or local wage	es 10 State or locality	
		11 State or local tax withheld	12 State or local wage	es 13 State or locality	

Form W-2

This information is being furnished to the Internal Revenue Service.

Department of the Treasury-Internal Revenue Service

Wage and Tax Statement 1975

		•		
			Type or print EMPLOYER'S name, address, ZIP code and	Copy C For employee's record
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Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee ta withheld	x 4 Total FICA wages
Type or print Employee''s name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?		7 *
		8 State or local tax withheld	9 State or local wag	es 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality

NOTICE TO EMPLOYEE:

You must file Copy B of this Form W–2 with your Federal income tax return for 1975. If applicable, file copy 2 with your State or local income tax return for 1975. If your social security number, name, or address is incorrectly shown, please correct Copies B, C, and 2, and notify your employer. 1. Wages Subject to Social Security (FICA) Taxes.—If your wages are subject to FICA taxes and there is no entry in box 4, then box 4 is either (a) the same as the amount shown in box 2, or (b) is the maximum amount subject to FICA taxes.

2. Credit for FICA Tax.—If more than the maximum FICA (social security and hospital insurance) employee tax was withheld during 1975 because you received wages from more than one employer, claim the excess as a credit

against your Federal Income tax. (See your Federal Income tax return Instructions.) The social security (FICA) rate of 5.85% includes 0.90% for hospital insurance benefits and 4.95% for old-age survivors', and disability Insurance.

3. Box 5.—If you were covered by a qualified pension or profit-sharing retirement plan, the word "YES" will be entered in box 5. If you were not covered by a qualified plan, the word "NO" will be entered in box 5.

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You must file Copy B of this Form W–2 with your Federal income tax return for 1975. If applicable, file copy 2 with your State or local income tax return for 1975. If your social security number, name, or address is incorrectly shown, please correct Copies B, C, and 2, and notify your employer.

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			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy D For employer	
				Employer's State identifying number	
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages	
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *	
		8 State or local tax withheld	9 State or local wage	es 10 State or locality	
		11 State or local tax withheld	12 State or local wage	es 13 State or locality	
Form W–2			Departme	nt of the Treasury—Internal Revenue Servic	

1975 Wage and Tax Statement

		Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy D For employer Employer's State identifying number
1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	x 4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		6 *	7 *
	8 State or local tax withheld	9 State or local wage	es 10 State or locality
	11 State or local tax withheld	12 State or local wage	es 13 State or locality
		address, and ZIP code below. 5 Was employee covered by a qualified pension plan, etc.? 8 State or local tax withheld	1 Federal income tax withheld 2 Wage, tips, and other compensation 3 FICA employee tag withheld address, and ZIP code below. 5 Was employee covered by a qualified pension plan, etc.? 6 * 8 State or local tax withheld 9 State or local wage

Form W-2

Department of the Treasury-Internal Revenue Service

1975 Wage and Tax Statement

			Type or print EMPLOYER'S name, address, ZIP code and	Copy D For employer	
			Federal identifying number.	Employer's State identifying numb	
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee ta withheld	x 4 Total FICA wages	
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *	
		8 State or local tax withheld	9 State or local wag	es 10 State or locality	
		11 State or local tax withheld	12 State or local wag	es 13 State or locality	

Instructions for Preparing Form W-2

(References are to the Internal Revenue Code)

This 6-part wage and tax statement is acceptable in most States, but if you are in doubt, ask your appropriate State or local official about its acceptability

Prepare this form for each employee:

(a) from whom you have withheld income tax or social security tax during the year, or

(b) from whom you would have withheld income tax for any payroll period during the year If the employee had claimed no more than one withholding allowance, or

(c) to whom you paid \$600 or more during the year, or

(d) to whom you paid remuneration (which is includible in your employee's gross income) for services, including the cash value of such remuneration paid in any medium other then cash. This applies if you are engaged in a trade or business and the employee is covered by a deferred compensation plan described in section 404 of the Code (whether or not such plan is "qualified"). **Note:** For 1975 the rules in (d) apply (1) if the employee is covered by a plan that came into existence after January 1,

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1974, or (2) if the plan elected to have the new pension rules apply for 1975.

Give Copies B, C, and 2 to the employee either (a) on or before February 2, 1976, if he is in your employ at the close of the year, or (b) within 30 days after the last wage payment. If his employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before March 1, 1976. (For further information, see Forms 941, 942, W–3, or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, information, as applicable: following

Box 1.—Federal Income tax withheld.

Box 2.—Wages, tips, and other compen-sation. The sum of wages paid (including sick pay and non-cash rumuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal Income tax withholding). The amount in box 2 is before any payroll deductions.

Box 3.-FICA employee's tax withheld -Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1975 to correct the FICA taxes for a prior year, see Form W-3.

1974, or (2) if the plan elected to have the new pension rules apply for 1975.

Give Copies B, C, and 2 to the employee either (a) on or before February 2, 1976, if he is in your employ at the close of the year, or (b) within 30 days after the last wage payment. If his employment ends before the close of the year. Forward Copy A to the Internal Revenue Service Center on or before March 1, 1976. (For further information, see Forms 941, 942, W–3, or Cisruitar E. Formara, acad Cisruitar A.) or Circular E. Farmers, see Circular A.)

Fill in your identification number, name, and address; the employee's social security number, and the and address; following name. information, as applicable:

Box 1.—Federal Income tax withheld.

Box 2 .--- Wages, tips, and other compensation. The sum of wages paid (including sick pay and non-cash rumuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal Income tax withholding). The amount in box 2 is before any payroll deductions

Box 3.—FICA employee's tax withheld.— Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1975 to correct the FICA taxes for a prior year, see Form W-3.

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Fill in your identification number, name, and address; the employee's social security number, name, following and address; and the information, as applicable:

Box 1.—Federal Income tax withheld.

Box 2.—Wages, tips, and other compen-sation. The sum of wages paid (including sick pay and non-cash rumuneration), tips reported, and all other compensation (amounts includible in the employee's gross income but not subject to Federal Income tax withholding). The amount in box 2 is before any payroll deductions.

Box 3 .- FICA employee's tax withheld .-Total, if any, FICA employee tax (not employer tax) withheld. If there was an adjustment in 1975 to correct the FICA taxes for a prior year, see Form W-3.

Box 4. Total FICA wages.—Total wages paid and tips reported (before payroll deductions) subject to FICA. Non-cash remuneration is considered wages. You need not make a FICA wage entry if (1) FICA wages equal the amount shown in box 2, or (2) FICA wages are the maximum subject to FICA tax, and total wages for income tax withholding and total wages for income tax withholding purposes exceed that maximum.

Box 5.—If employee was covered by a qualified pension or profit-sharing retirement plan enter the word "Yes." If employee was not covered by a qualified plan enter the word "No.

Boxes 6 and 7.—Complete boxes 6 and/or 7 if the following applies:

(a) If there was uncollected employee FICA tax on tips.—See Circular E for Instructions,

(b) Enter the cost of group-term life insurance you provided for your employee to the extent that it exceeds \$50,000 of coverage.

If (a) or (b) does not apply, you may show "excludable sick pay" (See Circular E for instructions) or any other information that you want to furnish to your employee.

Any entry made in these boxes must be clearly identified on all copies.

If this is a corrected form check the box in the left margin and type the words CORRECTED RETURN in all caps directly above the title "Wage and Tax Statement."

Box 4. Total FICA wages.—Total wages id and tips reported (before pavroll Box 4. Total FICA wages.—Total wages paid and tips reported (before payroll deductions) subject to FICA. Non-cash remuneration is considered wages. You need not make a FICA wage entry if (1) FICA wages equal the amount shown in box 2, or (2) FICA wages are the maximum subject to FICA tax, and total wages for income tax withholding and total wages for income tax withholding purposes exceed that maximum.

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			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
		8 State or local tax withheld	9 State or local wage	s 10 State or locality
		11 State or local tax withheld	12 State or local wage	es 13 State or locality

Wage and Tax Statement

		Wage	and Tax S	tatement 1975
			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared Employer's State identifying number
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name,	Type or print Employee's name, address, and ZIP code below.		6 *	7 *
		8 State or local tax withheld	9 State or local wage:	s 10 State or locality
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<u>19**75**</u> Wage and Tax Statement

		EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 1 For State, City, or Local Tax Dept. Employee's copy and employer's copy compared Employer's State identifying number
1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		6 *	7 *
	8 State or local tax withheld	9 State or local wage	s 10 State or locality
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			Type or print EMPLOYER'S name, address, ZIP code and Federal identifying number.	Copy 2 To be filed with employee's State, City, or Local Income Tax Return Employee's copy and employer's copy compared
Employee's social security number	1 Federal income tax withheld	2 Wage, tips, and other compensation	3 FICA employee tax withheld	4 Total FICA wages
Type or print Employee's name, address, and ZIP code below.		5 Was employee covered by a qualified pension plan, etc.?	6 *	7 *
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1975

Wage and Tax Statement

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