

State of Oklahoma

2009 INDIVIDUAL W-2 DATA SHEET

This form must be attached as a schedule to the return without cutting into separate W-2's. It should be attached as the last page of the return. If you have more than 3 W-2's, please use as many copies of this form as needed to include all W-2's.

FORM **511W**

NOTE: Only send Form 511W with your return. DO NOT send your W-2's. Original W-2's must be kept with the taxpayer's copy of return.

W-2 Data First Employer

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employers name, address, and ZIP		B) Employer I.D. number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare Wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9) Advance EIC payment	
E) Employee's first, initial, and last names		10) Dependent care benefits		11) Nonqualified plans		13) State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP							
15) State	Employer's state ID number	16) State Wages, tips, etc.	17) State income tax	18) Local wages, tips, etc. tax	19) Local income tax	20) Locality name	
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W-2 Data Second Employer

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employers name, address, and ZIP		B) Employer I.D. number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare Wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9) Advance EIC payment	
E) Employee's first, initial, and last names		10) Dependent care benefits		11) Nonqualified plans		13) State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP							
15) State	Employer's state ID number	16) State Wages, tips, etc.	17) State income tax	18) Local wages, tips, etc. tax	19) Local income tax	20) Locality name	
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W-2 Data Third Employer

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employers name, address, and ZIP		B) Employer I.D. number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare Wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9) Advance EIC payment	
E) Employee's first, initial, and last names		10) Dependent care benefits		11) Nonqualified plans		13) State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other	
		12c) Code		12d) Code			
F) Employee's address and ZIP							
15) State	Employer's state ID number	16) State Wages, tips, etc.	17) State income tax	18) Local wages, tips, etc. tax	19) Local income tax	20) Locality name	
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