FORM W-2 **WAGE AND TAX STATEMENT** **2010**

Not For Filing

Is this W-2 for: ☒ Yourself ☐ Your spouse

Note: *If your Form W-2 is marked "Void," do not enter it in here. You should contact your employer to receive a corrected Form W-2.*

☐ Check here if you received a W-2c correcting this W-2.

a. Employee's SSN: Void ☐

b. Employer ID No.

1. Wages, etc.

2. Fed Tax WH

c. Employer/payer name, address, and zip code:
Name1:
Name2:
Street:
City:
State: ZIP:
☐ Check if foreign address.
Note: *See help panel for special data entry instructions.*

3. Soc Sec Wages

4. SocSec Tax WH

5. Med. Wages

6. Med. Tax WH

7. Soc Sec Tips

8. Alloc. tips

d. Control Number

9. Advance EIC

10. Depndnt Care

e. Employee's name (1st,MI,last,Jr)
☐ Do **NOT** carry name from Bkgd Wkst

11. Nonqual plans

12. See instrns.
Code Amt.

f. Employee's address and ZIP code
Add1:
Add2:
Apt No.
Town/City
State & ZIP
☐ Do NOT carry addr from Bkgd Wkst

13. Statutory employee . . ☐
Retirement plan . . . . . . ☐
Third party sick pay . . . ☐

Note: *If you have a Code P amount complete the section for additional info. below.*

Note: *To e-file your address and your employer's address must be entered exactly as it appears on the W-2.*

14. Other Description Other Amt.

15. State	Employer State Tax ID #	**16.** State Wages	**17.** State Tax	**18.** Local Wages	**19.** Local Tax	**20.** Locality Name

ADDITIONAL INFORMATION FOR BOX 8 (TIPS) TO CARRY TO FORM 4137

1. If you have records of all unreported tips you received in 2010, and you want to use that amount instead of Box 8, check "Enter my own tips."
   ☐ Use box 8
   ☐ Enter my own tips
2. Cash and charge tips **equal to $20 or more** in a calendar month received but not reported to your employer . . . .
3. Cash and charge tips received but not reported to your employer because the total was **less than $20** in a calendar month . . . .
   Note: *The $20 per month limitation on lines 2 and 3 applies separately to each employer.*

ADDITIONAL INFORMATION FOR BOX 10 (DEPENDENT CARE BENEFITS)

If an amount appears in box 10 above, check the box that applies.
The benefits were for:

1. A care provider you hired and paid . . . . ☐ . . .
2. A care provider hired and paid by your employer . . . . ☐ . .
3. On-site care provided by your employer . . . . ☐ . .

Did you contribute to a flexible spending account during 2010?

☐ Yes
☐ No

ADDITIONAL INFORMATION FOR BOX 11 (NONQUALIFIED/457(B) PLAN DISTRIBUTIONS)

a. Check this box if you received a distribution from a nonqualified plan or nongovernmental Section 457(b) plan . . . . ☐

b. Is the amount in box 11 above a distribution from a nonqualified plan or nongovernmental Section 457(b) plan?

☐ Yes
☐ No

- If Yes, we carry the amount from box 11 to line c below.
- If No, enter the distribution amount received from your nonqualified plan or nongovernmental 457(b) plan . . . .

c. Distribution amount received from your nonqualified plan or nongovernmental 457(b) plan (from box 11 of W-2 or line b above) . . . .

ADDITIONAL INFORMATION FOR BOX 12 (CODE P)

If you have a box 12 Code P amount, you received employer-provided relocation benefits. If you moved only once, you will not need to make an additional entry. We'll carry that amount to copy 1 of Form 3903 when you check the box below.

Box 12 amounts with Code P . . . .

If you moved more than once, check the box and assign the box 12 amount to the copy of Form 3903 corresponding to the move for which these benefits were paid (for example, copy 2 for your 2nd move, copy 3 for your 3rd, etc.).

Number of copies of Form 3903 (moves) presently in your return 0

Check here to assign to Form 3903 . . . . ☐ Form 3903 Copy # 1

ADDITIONAL INFORMATION FOR BOX 13 (STATUTORY EMPLOYEES)

If the Statutory Employee box in box 13 is checked, we do not carry your box 1 wages to line 7 of Form 1040. Instead, we carry these wages to the Schedule C you designate here . . . .

ADDITIONAL MISCELLANEOUS INFORMATION

☐ **Non-standard W-2.** Check here if this W-2 is handwritten, looks like it was prepared on a typewriter, or appears to be altered in any way.

☐ **Minister/Religious Employee.** Check this box if you are a minister or religious employee.

KIA

Help Screen for Question A

Distributions from Nonqualified or Nongovernmental Section 457(b) Plans

As used here, a nonqualified plan is an arrangement that defers the receipt of current compensation and doesn't meet the qualification requirements for tax-favored status under Section 401 of the Internal Revenue Code. Welfare benefit plans, stock option plans, and plans providing dismissal pay, termination pay, or early retirement pay are **not** treated as nonqualified plans for this purpose.

If your only distributions were from a governmental Section 457(b) plan, don't check this box.

If you had a prior-year deferral under a nonqualified or Section 457(b) plan that became taxable for Social Security and Medicare taxes this year because there was no longer a substantial risk of forfeiture, but nothing was actually distributed to you, don't check this box.

Help Screen for Question B

Box 11 Distributions

The amount shown in box 11 can be either:

- A distribution from a nonqualified plan or nongovernmental Section 457 (b) plan.
- A prior-year deferral (plus earnings) under a nonqualified or Section 457(b) plan that became taxable for Social Security and Medicare taxes this year because there was no longer a substantial risk of forfeiture of your right to the deferred amount.

Answer **Yes** only if the amount shown in box 11 is a distribution described in the first bullet above.

If you're not sure if you received a distribution, contact your employer.