

1 Control number		22222		For Paperwork Reduction Act Notice, see separate instructions OMB No. 1545-0008		For Official Use Only ▶					
2 Employer's name, address, and ZIP code				3 Employer's identification number		4 Employer's state I.D. number					
				5 Statutory employee	Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	Deferred compensation	Void
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				6 Allocated tips		7 Advance EIC payment					
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation		11 Social security tax withheld					
12 Employee's name (first, middle, last)				13 Social security wages		14 Social security tips					
15 Employee's address and ZIP code				16 (See Instr. for Forms W-2/W-2P)		16a Fringe benefits incl. in Box 10					
				17 State income tax		18 State wages, tips, etc.		19 Name of state			
				20 Local income tax		21 Local wages, tips, etc.		22 Name of locality			

Form **W-2 Wage and Tax Statement 1989**

Copy A For Social Security Administration Dept. of the Treasury—IRS

Do NOT Cut or Separate Forms on This Page

1 Control number		22222		For Paperwork Reduction Act Notice, see separate instructions OMB No. 1545-0008		For Official Use Only ▶					
2 Employer's name, address, and ZIP code				3 Employer's identification number		4 Employer's state I.D. number					
				5 Statutory employee	Deceased	Pension plan	Legal rep.	942 emp.	Subtotal	Deferred compensation	Void
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				6 Allocated tips		7 Advance EIC payment					
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15 Employee's address and ZIP code				16 (See Instr. for Forms W-2/W-2P)		16a Fringe benefits incl. in Box 10					
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Form **W-2 Wage and Tax Statement 1989**

Copy A For Social Security Administration Dept. of the Treasury—IRS

1 Control number		OMB No. 1545-0008															
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20 Local income tax		21 Local wages, tips, etc.		22 Name of locality													

Form **W-2 Wage and Tax Statement 1989**

Employee's and employer's copy compared

Copy 1 For State, City, or Local Tax Department

1 Control number		OMB No. 1545-0008															
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's state I.D. number													
		5 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
		6 Allocated tips						7 Advance EIC payment									
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Form **W-2 Wage and Tax Statement 1989**

Employee's and employer's copy compared

Copy 1 For State, City, or Local Tax Department

1 Control number		OMB No. 1545-0008															
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		5 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>		Void <input type="checkbox"/>	
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Form W-2 Wage and Tax Statement 1989
This information is being furnished to the Internal Revenue Service.

Copy B To be filed with employee's FEDERAL tax return Dept. of the Treasury—IRS

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Copy C For EMPLOYEE'S RECORDS

Dept. of the Treasury—IRS

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		5 Statutory employee <input type="checkbox"/>		Deceased <input type="checkbox"/>		Pension plan <input type="checkbox"/>		Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/>		Subtotal <input type="checkbox"/>		Deferred compensation <input type="checkbox"/>	
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Form **W-2 Wage and Tax Statement 1989**
This information is being furnished to the Internal Revenue Service.

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Dept. of the Treasury—IRS

Notice to Employee:

You must file a tax return if any amount is shown in Box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1989 Federal income tax return. Attach Copy 2 to your state or local return. Keep Copy C for your records. If your name, social security number, or address is incorrect, correct Copies B, C, and 2. Ask your employer to correct your employment record. If your name and number are correct but are not the same as shown on your social security card, you should ask for a new card at any social security office.

If you already filed a return and the information from this W-2 was not included, amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you expect to owe income tax (after withholding) of \$500 or more for 1990, and if you had any income tax liability for 1989, file a new **Form W-4**, Employee's Withholding Allowance Certificate, with your employer to have more tax withheld or file **Form 1040-ES**, Estimated Tax for Individuals, and pay the tax in installments during the year.

If you retired during 1989 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Pub. 505**, Tax Withholding and Estimated Tax, for details.

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Box 5. If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, then the elective deferrals shown in Box 16 (for all employers, and for all such plans to which you belong) is generally limited to \$7,313 (\$9,500 for certain section 403(b) contracts and \$7,500 for section 457 plans). Amounts over that must be included in income.

Caution: *The elective deferral dollar limitation of \$7,313 under section 402(g) is subject to change for 1989.*

If there is an amount in Box 16a, you may be able to deduct related expenses; see the instructions for your income tax return.

Credit for Social Security Tax.—If more than one employer paid you wages during 1989 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you may claim the excess as a credit against your Federal income tax. (See your income tax return instructions.) The social security rate of 7.51% includes 1.45% for hospital insurance (medicare) and 6.06% for retirement, survivors, and disability insurance. The "social security tax withheld" amount for certain government employees may show only the 1.45% medicare amount.

Note: *If you are required to file a tax return, you may be assessed a negligence penalty or other sanctions if this income is taxable and you fail to report it.*

Box 5. If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, then the elective deferrals shown in Box 16 (for all employers, and for all such plans to which you belong) is generally limited to \$7,313 (\$9,500 for certain section 403(b) contracts and \$7,500 for section 457 plans). Amounts over that must be included in income.

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1 Control number		OMB No. 1545-0008					
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		5 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/> Void <input type="checkbox"/>			
		6 Allocated tips		7 Advance EIC payment			
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation		11 Social security tax withheld	
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips			
		16		16a Fringe benefits incl. in Box 10			
		17 State income tax		18 State wages, tips, etc.		19 Name of state	
		20 Local income tax		21 Local wages, tips, etc.		22 Name of locality	

Form **W-2 Wage and Tax Statement 1989**
 Employee's and employer's copy compared

Copy 2 To be filed with employee's State, City, or Local Income tax return.

1 Control number		OMB No. 1545-0008					
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's state I.D. number			
		5 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/>		942 emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/> Void <input type="checkbox"/>			
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Form **W-2 Wage and Tax Statement 1989**

Copy D For employer

Dept. of the Treasury—IRS

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Form **W-2 Wage and Tax Statement 1989**

Copy D For employer

Dept. of the Treasury—IRS

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most states. If you are in doubt, ask your appropriate state or local official. Please make sure that all copies are legible.

Prepare Form W-2 for each of your employees to whom **any** of the following items applied during 1989:

- (a) You withheld income tax or social security tax; **or**
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance or had not claimed exemption from withholding on Form W-4; **or**
- (c) You paid \$600 or more; **or**
- (d) You paid **any amount** for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash; **or**

- (e) You made any advance EIC (earned income credit) payments.

By January 31, 1990, give Copies B, C, and 2 to each person who was your employee during 1989. For anyone who stopped working for you before the end of 1989, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 28, 1990. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate **Instructions for Forms W-2 and W-2P** for more information on how to complete Form W-2.

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most states. If you are in doubt, ask your appropriate state or local official. Please make sure that all copies are legible.

Prepare Form W-2 for each of your employees to whom **any** of the following items applied during 1989:

- (a) You withheld income tax or social security tax; **or**
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance or had not claimed exemption from withholding on Form W-4; **or**
- (c) You paid \$600 or more; **or**
- (d) You paid **any amount** for services if you are in a trade or business. Include the cash value of any payment you made that was not in cash; **or**

- (e) You made any advance EIC (earned income credit) payments.

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