

Chapter **11**

CHURCH REPORTING REQUIREMENTS

Void <input type="checkbox"/>		a Employee's social security number 011-22-0001		OMB No. 1545-0008	
b Employer identification number (EIN) 00-0238457			1 Wages, tips, other compensation 40000.00	2 Federal income tax withheld 9724.00	
c Employer's name, address, and ZIP code First Church 423 Abel Avenue Anytown, IL 61000			3 Social security wages	4 Social security tax withheld	
			5 Medicare wages and tips	6 Medicare tax withheld	
			7 Social security tips	8 Allocated tips	
d Control number			9	10 Dependent care benefits	
e Employee's first name and initial Jacob C. Ellis		Last name Ellis	11 Nonqualified plans		12a See instructions for box 12 C O S E
f Employee's address and ZIP code 112 Main St. Anytown, IL 61000		13 Statutory employe <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	12b C O S E
		14 Other 10000.00 housing allowance		Third-party sick pay <input type="checkbox"/>	12c C O S E
		15 State Employer's state ID number		16 State wages, tips, etc. 40000.00	17 State income tax 2000.00
20 Locality name					

Form **W-2** Wage and Tax Statement
 Copy D - For Employer

2013

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.