

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		12c C O S E		12d C O S E	
			15 State Employer's state ID number		16 State wages, tips, etc. 40000.00		17 State income tax 2000.00	
19 Local income tax		20 Locality name						

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

2013

Department of the Treasury - Internal Revenue Service
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