Sheet1

	T	<u> </u>	1 0			
		payer 1	payer 2	payer 3	payer 4	payer 5
	description					
	Check if spouse's W-2					
	Emplyer's ID Number					
	Employer Name					
1	Wages, Tips, Etc.					
	Federal Tax Withheld					
	Social Security Wages					
	Social Security Tax W?H					
5	Medicare Wages					
	Medicare Tax W/h					
	Spcial Security Tips					
	Allocated Tips					
9	Advance EIC Payments					
	Dependent Care Benefits					
	Distribution from nonqualified					
12	A1 Code (one letter)					
	A2 Amount					
	B1 Code (one letter)					
	B2 Amount					
	C1 Code (one letter)					
	C2 Amount					
	D1 Code (one letter)					
	D2 Amount					
13	Check if statutory employee					
	check if retirement plan					
	check if 3rd party sick pay					
14	other items					
	description 1					
	amount 1					
	desciption 2					
	amount 2					
	Descriptin 3					
	amount 3					
	State Name					
	Employer State ID					
16A	State Wages					
17A	Stare Income Tax					
18A	Local Wages					
	Local Income Tax					
20A	Locality Name					
	Associated State					