

**W-2 INPUT INFORMATION-20**

Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Fed ID # \_\_\_\_\_  
 State ID # \_\_\_\_\_

941      942      943

Employee	Fed Wages	SS Wages	FICA	MC	Fed W/H	State W/H	Other
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SSN:							
Name:							
Addr:							

SSN:							
Name:							
Addr:							

SSN:							
Name:							
Addr:							

SSN:							
Name:							
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SSN:							
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SSN:							
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