

Iowa Gambling Income: Example 2

22222		a Employee's social security number		OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation 20,000		2 Federal income tax withheld 2,500			
c Employer's name, address, and ZIP code Your Employer's Name and Address			3 Social security wages 20,000		4 Social security tax withheld			
			5 Medicare wages and tips 20,000		6 Medicare tax withheld			
			7 Social security tips		8 Allocated tips			
d Control number			9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a C o d e
Your Name and Address			13 Statutory employee	Retirement plan	Third-party sick pay	12b C o d e		<input type="checkbox"/>
			14 Other		12c C o d e			<input type="checkbox"/>
			12d C o d e			<input type="checkbox"/>		
f Employee's address and ZIP code								
15 State	Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
NE			20,000	850				

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

2010

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department