

**Exhibit A**  
**Form W-2**  
**(Copy A)**  
(Red-ink)

a Control number 22222		For Official Use Only OMB No. 1545-0008		.333"	
b Employer identification number (EIN) .14"		1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code 4.17"		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 Employee's social security number		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name 5.5"		11 Nonqualified plans	12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
		14 Other <input type="checkbox"/>	12c		
f Employee's address and ZIP code				12d	
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
				.667"	

Form **W-2 Wage and Tax Statement** 2005  
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.  
 Department of the Treasury—Internal Revenue Service  
 For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

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a Control number 22222		For Official Use Only OMB No. 1545-0008		4.3"	
b Employer identification number (EIN) .9"		1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code 4.1"		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 Employee's social security number		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name 1.9" 2.2"		11 Nonqualified plans	12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
		14 Other <input type="checkbox"/>	12c		
f Employee's address and ZIP code				12d	
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
1.8"		1.2"		1.1"	
2.2"		1.2"		1.2"	

Form **W-2 Wage and Tax Statement** 2005  
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# Exhibit B Form W-3

(Red-Ink)

**DO NOT STAPLE OR FOLD**

a Control number 1.6" → 33333 ← .9"		For Official Use Only ← OMB No. 1545-0000 → 5.0"	
b Kind of Payer 1.1" →	941 Military <input type="checkbox"/>	943 Hshld. emp. <input type="checkbox"/>	1 Wages, tips, other compensation
	CT-1 <input type="checkbox"/>	Medicare gov't. emp. <input type="checkbox"/>	2 Federal income tax withheld
c Total number of Forms W-2 1.6" →		d Establishment number 1.6" →	3 Social security wages
e Employer identification number (EIN) 3.2" →		4 Social security tax withheld	
f Employer's name 7.5" →		5 Medicare wages and tips	
		6 Medicare tax withheld	
		7 Social security tips	
		8 Allocated tips	
		9 Advance EIC payments	
		10 Dependent care benefits	
		11 Nonqualified plans 4.67" →	
		12 Deferred compensation	
		13 For third-party sick pay use only ↑ .333"	
		14 Income tax withheld by payer of third-party sick pay	
g Employer's address and ZIP code			
h Other EIN used this year			
15 State ← .6" →	Employer's state ID number 2.6" →	16 State wages, tips, etc.	17 State income tax
		18 Local wages, tips, etc.	19 Local income tax
Contact person		Telephone number ( )	For Official Use Only ↑ .667"
Email address		Fax number ( )	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature → 5.83"      Title →      Date → 11.0"

## Form **W-3** Transmittal of Wage and Tax Statements **2005**

Department of the Treasury  
Internal Revenue Service

**Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration. Photocopies are not acceptable.**

**Do not** send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

### Reminder

**Separate instructions.** See the 2005 Instructions for Forms W-2 and W-3 for information on completing this form.

### Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 on magnetic media or electronically, **do not** file Form W-3.

### When To File

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2006.

5.03"

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D of Form W-2.

### Where To File


Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Data Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note.** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See **Publication 15 (Circular E), Employer's Tax Guide**, for a list of IRS-approved private delivery services.

**Do not** send magnetic media to the address shown above.

**Exhibit  
C  
Form  
W-2  
(Copy B)**

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				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 Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial      Last name				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
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	

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

**2005**

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

# Exhibit D Form W-2 Alternative Employee Copies

(Illustrating Horizontal and Vertical Formats)

## Form W-2 Wage and Tax Statement

b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
d Employee's social security number		f Employee's address and ZIP code				
e Employee's name						
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

Copy C For EMPLOYEE'S RECORDS.

2005

Department of the Treasury—Internal Revenue Service

### ▲ Horizontal Format

1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
Employer identification number			
Employer's name, address, and ZIP code			
Employee's social security number			
Employee's name			
Employee's address and ZIP code			
15 State	Employer's state ID number	18 Local wages, tips, etc.	
16 State wages, tips, etc.		19 Local income tax	
17 State income tax		20 Locality name	

Copy B To Be Filed With Employee's FEDERAL Tax Return.

**Note:** Exhibit D provides examples of employee copies of Form W-2 only. For examples of Form W-2, see Exhibit A or Exhibit E. For the specifications of Copy A, which must be filed with the SSA, see Part B, sections 1A and 1B.

The core data boxes are 1 through 6 and, if applicable, 15 through 20. The core data must be similarly positioned, exactly numbered, and exactly titled as shown for each format. Other data may be placed in unoccupied areas based upon the employer's needs. Form identification may be placed before or after the core data. However, the employer's non-core elements may be positioned only between the sections of core data.

Form W-2  
Wage and Tax  
Statement

2005



Department of the Treasury—  
Internal Revenue Service

Vertical Format

# Exhibit E Form W-2 (Copy A)

(Laser-Printed)

This form may be subject to change.

a Control number 1.6" → 22222 ← .9" → Void ← .7" →		For Official Use Only OMB No. 1545-0008			
b Employer identification number ← .5" →		1 Wages, tips, other compensation		2 Federal income tax withheld ← .5" →	
c Employer's name, address, and ZIP code ← 4.1" →		3 Social security wages		4 Social security tax withheld ← 1.7" →	
		5 Medicare wages and tips		6 Medicare tax withheld ← 1.7" →	
		7 Social security tips		8 Allocated tips	
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial 1.9" → Last name ← 2.2" →		11 Nonqualified plans		12a See instructions for box 12 ← .5" → ← 1.2" →	
		13 Statutory employee Retirement plan Third-party sick pay ← 1.7" →		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State ← .4" →	Employer's state ID number ← 1.8" →	16 State wages, tips, etc. ← 1.2" →	17 State income tax ← 1.1" →	18 Local wages, tips, etc. ← 1.2" →	19 Local income tax ← 1.1" →
				20 Locality name ← .7" →	

## Form W-2 Wage & Tax Statement

2005

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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Department of the Treasury—Internal Revenue Service

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a Control number 22222		Void		For Official Use Only OMB No. 1545-0008			
b Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code		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 Employee's social security number		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retirement plan Third-party sick pay		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code							
15 State ← .4" →	Employer's state ID number ← 1.8" →	16 State wages, tips, etc. ← 1.2" →	17 State income tax ← 1.1" →	18 Local wages, tips, etc. ← 1.2" →	19 Local income tax ← 1.1" →		
				20 Locality name ← .7" →			

## Form W-2 Wage & Tax Statement

2005

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Department of the Treasury—Internal Revenue Service

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# Exhibit F Form W-3

(Laser-Printed)

This form may be subject to change.

a Control number 33333		For Official Use Only OMB No. 1545-0008		5.0"	
b Kind of Payer 941 Military 943		c Total number of Forms W-2 1.6"		d Establishment number 1.6"	
e Employer identification number 3.2"		f Employer's name 7.5"		1 Wages, tips, other compensation	
g Employer's address and ZIP code		h Other EIN used this year		2 Federal income tax withheld	
15 State		Employer's state ID number		3 Social security wages	
16 State wages, tips, etc.		17 State income tax		4 Social security tax withheld	
18 Local wages, tips, etc.		19 Local income tax		5 Medicare wages and tips	
Contact person		Telephone number		6 Medicare tax withheld	
Email address		Fax number		7 Social security tips	
				8 Allocated tips	
				9 Advance EIC payments	
				10 Dependent care benefits	
				11 Nonqualified plans	
				12 Deferred compensation	
				13 For third-party sick pay use only	
				14 Income tax withheld by payer of third-party sick pay	
				0000/0000	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Form W-3 Transmittal of Wage and Tax Statements 2005

Department of the Treasury  
Internal Revenue Service

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### An Item To Note

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