

a Control number <b>150</b>		OMB No 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b Employer identification number [REDACTED]				1 Wages, tips, other compensation <b>63458.21</b>	2 Federal income tax withheld <b>9215.91</b>				
c Employer's name, address, and ZIP code <b>Plumbing &amp; Heating Co, Inc.</b> [REDACTED]				3 Social security wages <b>63458.21</b>	4 Social security tax withheld <b>3934.41</b>				
				5 Medicare wages and tips <b>63458.21</b>	6 Medicare tax withheld <b>920.14</b>				
				7 Social security tips	8 Allocated tips				
d Employee's social security number [REDACTED]				9 Advance EIC payment <b>0</b>	10 Dependent care benefits				
e Employee's name, address, and ZIP code [REDACTED]				11 Nonqualified plans		12a See instructions for box 12			
				13 <input type="checkbox"/> Secondary employee	13 <input checked="" type="checkbox"/> Retirement plan	13 <input type="checkbox"/> Third-party sick pay	12b		
				14 Other			12c		
							12d		
15 State	Employer's state ID number <b>05040</b>	16 State wages, tips, etc. <b>63458.21</b>	17 State income tax <b>2504.88</b>	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			

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

**2003**

Department of the Treasury—Internal Revenue Service

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

Safe, accurate,  
FAST! Use



FORM 5203