

W-2 Information for 20____



Employer Name: _____
 Employer Address: _____
 City: _____ State: ____ Zip: _____

Federal ID# ____ - _____
 Nebraska ID# _____

Recipient Information	Compensation and Withholdings
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ SSN: ____ - ____ - _____	Gross Wages: _____ Fed Withholding: _____ SS Wages: _____ SS Taxes: _____ Mdc Wages: _____ Medicare Taxes: _____ Retirement Plan Contributions: _____ State Wages: _____ State Withholding: _____ Other: _____
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ SSN: ____ - ____ - _____	Gross Wages: _____ Fed Withholding: _____ SS Wages: _____ SS Taxes: _____ Mdc Wages: _____ Medicare Taxes: _____ Retirement Plan Contributions: _____ State Wages: _____ State Withholding: _____ Other: _____
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ SSN: ____ - ____ - _____	Gross Wages: _____ Fed Withholding: _____ SS Wages: _____ SS Taxes: _____ Mdc Wages: _____ Medicare Taxes: _____ Retirement Plan Contributions: _____ State Wages: _____ State Withholding: _____ Other: _____
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ SSN: ____ - ____ - _____	Gross Wages: _____ Fed Withholding: _____ SS Wages: _____ SS Taxes: _____ Mdc Wages: _____ Medicare Taxes: _____ Retirement Plan Contributions: _____ State Wages: _____ State Withholding: _____ Other: _____
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ SSN: ____ - ____ - _____	Gross Wages: _____ Fed Withholding: _____ SS Wages: _____ SS Taxes: _____ Mdc Wages: _____ Medicare Taxes: _____ Retirement Plan Contributions: _____ State Wages: _____ State Withholding: _____ Other: _____
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ SSN: ____ - ____ - _____	Gross Wages: _____ Fed Withholding: _____ SS Wages: _____ SS Taxes: _____ Mdc Wages: _____ Medicare Taxes: _____ Retirement Plan Contributions: _____ State Wages: _____ State Withholding: _____ Other: _____