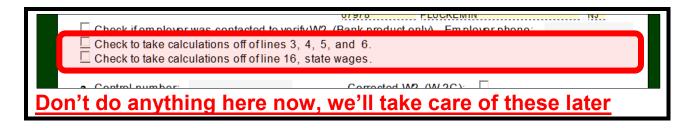
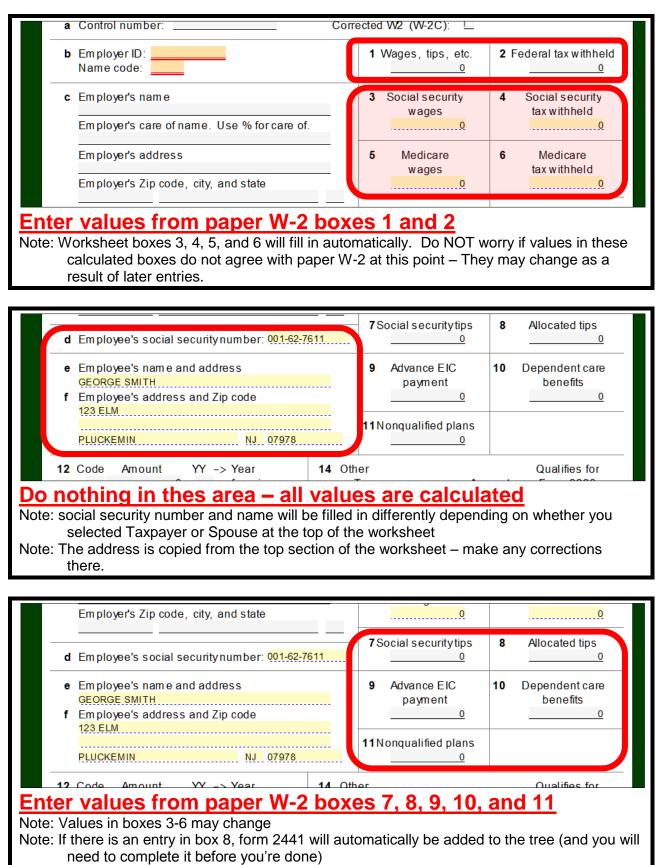
Image: Save Close Print Client Switch To Return Forms List Help Log Out Return Return Return Letters Interview Diagnostics Summary
≫ ► US W-2 Wage and Tax Statement 2010
This W2 statement is for the: 🎴 Taxpayer 🗳 Spouse
Check if this W2 is handwritten, altered, or appears not to be a true W2.
Select Taxpayer or Spouse
Note: Only strictly required if filing status is married filing jointly
⊕ This W2 statement is for the: ☐ Taxpayer ☐ Spouse
 Check if this W2 is handwritten, altered, or appears not to be a true W2. Check if this is the taxpayer's address shown on the W2 or Check and make changes This line is used ONLY for a foreign address > Check if employer was contacted to verify W2 (Bank product only) Employer phone: Check to take calculations off of lines 3, 4, 5, and 6.
 Taxpayer address from paper W-2, box e Note: Address is automatically carried to here from address info supplied on Main Info If address on paper W-2 is exactly the same, then check "Check if this is the taxpayer's address shown on the W2"; otherwise, check "Check and make changes" at which point you will be able to make corrections so info here exactly matches paper W-2. Note: One (and only one) of the above must be checked Note: It is perfectly ok if this address is different – Address given to employer and address where TP wants future correspondence from the IRS can be different for many reasons.

This is Out of Scope



L Check to take calculations off of line 16, state	wages.	
a Control number:	Corrected W2 (W-2C):	
	1 Wages tips etc 2 Federal tax withbe	ld l
From paper W-2 box d		
└── Check to take calculations off of line 16, state v	wages.	
a Control number:	Corrected W2 (W-2C):	
h Employer ID:	1 Wages tins etc 2 Federal tax withhe	Id
Check if paper W-2 is marked	as Corrected	
a Control number:	Corrected W2 (W-2C):	
b Employer ID: Name code:	1 Wages, tips, etc. 2 Federal tax withhe	
c Employer's name	3 Social security wages 4 Social security tax withheld	
Employer's care of name. Use % for care of.	Q	
Employer's address	5 Medicare 6 Medicare wages tax withheld	
Employer's Zip code, city, and state		
	7 Social securitytins 8 Allocated tins	
Enter from paper W-2 boxes b		
Note: Enter only numbers in Employer ID (EIN)		
Note: TWO builds a database of EINs and add	resses from previous entries from all Users (er is in this database, the remainder of the	under
	ally; nevertheless, be sure to validate and m	ake
any necessary corrections to match you	•	
Note: Do NOT fill in anything in the "Name cod		
Note: Do NOT use any punctuation when enter		
"PO BOX 78223" instead of "P.O. Box 7 Stop #23/101")	78223" or "MAIL STOP 23 101" instead of "M	lail
Note: Usual convention for city, state, zip – ent	ter zip code first and correct city if necessary	,



PLUCKEMIN NJ 07978	0
12 Code Amount YY -> Year 12 Code Amount YY -> Year 12 Code Amount YY -> Year 13 Statutory Retirement Third party 13 Statutory Retirement Third party Enter values from paper W-2	14 Other Qualifies for Type Amount Form 8880 NJSDI 0
second box. Do not put anything the	cter code in the first box and the amount in the
, , ,	se the amount for calculations on other forms and/or
Note: Some codes (e.g. K, Q, R, T, V and V sure	W) are out of scope – ask for assistance if you're not
Note: The codes for box 12 are usually exp	plained on the back side of the paper W-2
contribution	NJFLI 0

	13 Statu emplo [· ·	Third party sick pay	RR = Ra RRT2	ilroad; T = Tier	r RRT1: _ _0 RRTM: _	0
	15	State ID	16 State	17 State	18 Local	19 Local	20 Local
<u>Ch</u>	<u>ieck w</u>	orksheet b	oxes bas	sed on pa	aper W-	2 box 1	<u>3</u>
Not	e: It is ok	if none of these	boxes are che	cked			_

	PLUCKEMIN	NJ 07978		0	
	0 0 0	YY -> Year for prior year USERRA contribution	14 Other Type <u>NJSDI</u> NJSUI NJFLI		Qualifies for Form 8880
	3 Statutory Retirem		2 hox 14		
			box), and an Amount	(second box)	lanore the third
NOIC. L	box]	i Type code (ill'st i	Jox), and an Amoun		lightie the third
Note: 7	-	ecognized by TW	O are pre-filled in the	first three Type	boxes from the
	Template:	c	·		
	NJSDI – Disability				formal (
			Workforce developm	nent partnersnip	fund /
	Supplemental work NJFLI – Family lea				
Note: 7			nay be different (e.g.	SWF for Supple	mental
			above 3 codes for ar		
	0		ask for help if you're		r an amount
Note: 7			/e special categories		M.O. thou
Note: 1			14H) which show up t box 14 entries, but		
	special with the co	•	-		, anything
Note: A			ometimes broken do	wn into more tha	an one amount –
			ne or use the same s		
Note: S	1 2	•	rograms – the have		2
		•	e plan number (PP#)		
	special codes reco		ay for tax calculatior	is and should no	i use the
Note: 7			n on the paper W-2 a	at the bottom of t	he form or in
	boxes 18-20 instea				
Note: I			on the paper W-2 you nt box – use Ctrol-Sp		anually "Toggle

07978	PLUCKEMIN	NJ
	Employerp	phone:
\Box Check to take calculations off of lines 3, 4, 5, and 6.		
a Control number: Corr	rected W2 (W-2C):	
b Employer ID: Name code:	1 Wages, tips, etc.	2 Federal tax withheld
c Employer's name	3 Social security wages	4 Social security tax withheld
Employer's care of name. Use % for care of.	0	<u> </u>
Employer's address	5 Medicare	6 Medicare tax withheld
Employer's Zip code, city, and state	wages 0	
	7 Social securitytips	8 Allocated tips
Go back and check the amounts	<u>in boxes 3, 4,</u>	<u>5, and 6</u>
Note: If the calculated amounts in boxes 3, 4, 5, and	d 6 all agree with the	paper W-2, then do
nothing	-	
Note: If any of the calculated amounts in boxes 3, 4,	, 5, or 6 disagree witl	h the amount on the
paper W-2, then check the box next to "Check		
6" and then make any necessary corrections		

Check if employer was contacted to verify W2 (Bank p	roduct only) Employer phone:
Check to take calculations off of line 16, state wages.	
a Control number: Corre	ected W2 (W-2C):
b Employer ID: Name code:	1 Wages, tips, etc. 2 Federal tax withheld
c Employer's name Employer's care of name. Use % for care of.	3 Social security wages 0 0 0
Employer's address Employer's Zip code, city, and state	5 Medicare wages 0 0 0 0
d Employee's social security number: 001-62-7611	7 Social security tips 0 0
 Employee's name and address GEORGE SMITH f Employee's address and Zip code 	9 Advance EIC payment 0 10 Dependent care benefits 0
123 ELM PLUCKEMIN NJ 07978	11Nonqualified plans
0 year NJS 0 USERRA NJS 0 contribution NJF	Product Qualifies for Type Amount Type O SDI O SUI O LI O O
	RRT2: 0 RRT1: 0
15State ID16State17StateStatenumberwagestax	
<u>NJ</u>	00
0	0 0 0

Boxes 15, 16, and 17

Note: The state code (NJ) is filled in on the worksheet by the Template

Note: Make sure that your paper W-2 is showing NJ in box 15; if any state other than NJ, then it is either Out of Scope or requires special training.

Note: The State ID number should be filled in exactly as given on the paper W-2 Note: By default, box 16 is calculated from box 1

If the calculated amount agrees with the paper W-2 then proceed;

If the calculated amount is not the same as the paper W-2 box 16 amount, then go back up and check the box next to "*Check to take calculations off of line 16, State wages*" and you will then be able to enter the correct amount from the paper W-2 box 16

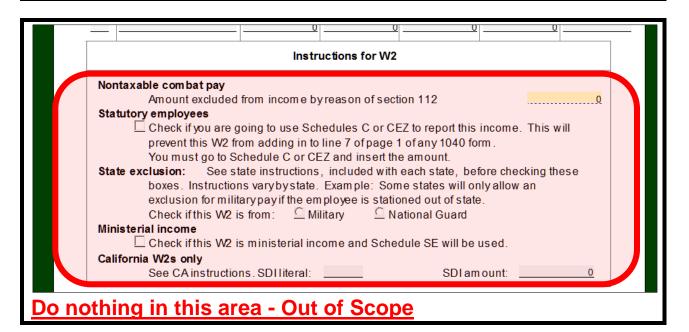
Note: Don't forget to enter any amount from the paper W-2 box 17 (State tax) into the worksheet

	employee plan		employee plan sick pay		RR = Railroad; T = Lier RRT1: 0 RRT2: 0 RRTM: 0			0
	15 State	State ID number	16 State wages	17 State tax	18 Local wages	19 Local tax	20 Local name	
	NJ		0		0	0		
			0	(00	0		

Boxes 18, 19, and 20

Note: We should never see anything in these boxes in NJ

Note: If there is something in these boxes on the paper W-2, it may actually belong in box 14 – ask for help if you're not sure



Sample paper W-2: