

Return #3

*Please suppress the state on screen 1 of data entry by selecting 0 from the **Resident State** field.*

Peter and Susan Beach are married and have two children. Peter was born on August 30, 1973 and his social security number is 400-00-1903. He is a truck driver.

Susan was born on September 9, 1975 and her social security number is 400-00-9103. She does clerical work.

Peter and Susan's filing status is Married Filing Joint.

Peter and Susan live at:
10 Hope Street
Austin TX 78731
Travis County

Peter's daytime telephone number is 512-458-1234. Their evening number is 512-458-4321.

Both of Peter and Susan's children lived with them the entire year. Paul's birth date is May 1, 2001; his social security number is 400-00-5002. Suzanna's birth date is June 2, 2003; her social security number is 400-00-5003.

Both children went to ABC Day Care Center, at a cost of \$2500 per child for the entire year. ABC Day Care Center is located on Bailey Street, Austin TX 78731; its Employer Identification Number (EIN) is 72-3333333.

Peter has one W2 for \$21,000. Susan has one W2 for \$5,000 and another W2 for \$3,000 (attached).

After keying in all relevant data, you must **always** recalculate the return before selecting files to transmit!

Void <input type="checkbox"/>		a Employee's social security number 400-00-9003		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 32-1248964			1 Wages, tips, other compensation 21,000	2 Federal income tax withheld 1,010	
c Employer's name, address, and ZIP code TRUCKING COMPANY 12 Porter ST Austin TX 78731			3 Social security wages 21,000	4 Social security tax withheld 1,302	
			5 Medicare wages and tips 21,000	6 Medicare tax withheld 305	
			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. PETER BEACH 10 Hope ST Austin TX 78731			11 Nonqualified plans		12a See instructions for box 12 <input type="checkbox"/>
			13 Statutory employee <input type="checkbox"/> Retmnt. plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b <input type="checkbox"/>	
			14 Other		12c <input type="checkbox"/>
					12d <input type="checkbox"/>
f Employee's address and ZIP code			15 State Employer's state ID no. TX	16 State wages, tips, etc. 21,000	17 State income tax
			18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Void <input type="checkbox"/>		a Employee's social security number 400-00-9103		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN) 36-8888888				1 Wages, tips, other compensation 3,000		2 Federal income tax withheld 280	
c Employer's name, address, and ZIP code BIG COUNTY LIBRARY 15TH STREET AUSTIN TX 78731				3 Social security wages 3,000		4 Social security tax withheld 186	
				5 Medicare wages and tips 3,000		6 Medicare tax withheld 44	
				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. SUSAN BEACH 10 HOPE ST AUSTIN TX 78731				11 Nonqualified plans		12a See instructions for box 12 indicate	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b indicate	
				14 Other		12c indicate	
						12d indicate	
f Employee's address and ZIP code				15 State Employer's state ID no. TX 723333333		16 State wages, tips, etc. 3,000	
				17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement EEA 2009 Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Void <input type="checkbox"/>		a Employee's social security number 400-00-9103		For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number (EIN) 12-3456789				1 Wages, tips, other compensation 5,000		2 Federal income tax withheld 700	
c Employer's name, address, and ZIP code MARYS GARDEN STU ROUND HERE AUSTIN TX 78731				3 Social security wages 5,000		4 Social security tax withheld 310	
				5 Medicare wages and tips 5,000		6 Medicare tax withheld 73	
				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. SUSAN BEACH 10 HOPE ST AUSTIN TX 78731				11 Nonqualified plans		12a See instructions for box 12 indicate	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b indicate	
				14 Other		12c indicate	
						12d indicate	
f Employee's address and ZIP code				15 State Employer's state ID no. TX 3153151		16 State wages, tips, etc. 5,000	
				17 State income tax 600		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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 This information is being furnished to the Internal Revenue Service.

