


a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use 		Visit the IRS Web Site at www.irs.gov					
b Employer identification number				1 Wages, tips, other compensation Suma zarobków		2 Federal income tax withheld Podatek federalny					
c Employer's name, address, and ZIP code Dane pracodawcy				3 Social security wages		4 Social security tax withheld Podatek Social Security					
				5 Medicare wages and tips		6 Medicare tax withheld Podatek Medicare					
				7 Social security tips		8 Allocated tips					
d Employee's social security number Social Security Number pracownika				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial Last name Dane pracownika				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 Stan		16 State wages, tips, etc.		17 State income tax Podatek stanowy		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 B To Be Filed with Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld
	3 Social security wages	4 Social security tax withheld
b Employer ID number	5 Medicare wages and tips	6 Medicare tax withheld
	c Employer's name, address, and ZIP code	
d Employee's social security number		
e Employee's name, address, and ZIP code		
7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee	14 Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

1 Wages, tips, other comp.		2 Federal income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Control Number	Dept.	Corp.	Employer use only
c Employer's name, address, and ZIP code			
b Employer's FED ID number		d Employee's SSA number	
7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
		12c	
		12d	
		13 Stat emp	Ret. plan
e/f Employee's name, address and ZIP code			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

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Employee Reference Copy
W-2 Wage and Tax Statement 2002

Copy C for employee's records. OMB No. 1545-0008

Form W-2 Wage and Tax Statement 2002

a Control number		Void		c Employer's name, address, and ZIP code		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
g Employer's identification number		d Employer's social security number				1 Wages, tips, other compensation	2 Federal income tax withheld
13 Salaried employee		Retirement plan				3 Social security wages	4 Social security tax withheld
		Third-party sick pay					
12 See Instrs. for Box 12		14 Other		e Employee's name, address, and ZIP code		5 Medicare wages and tips	6 Medicare tax withheld
						7 Social security tips	8 Allocated tips
						9 Advance EIC payment	10 Dependent care benefits
						11 Nonqualified plans	
15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Information is being furnished to the Internal Revenue Service