

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			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	Self	11 Nonqualified plans		12a See instructions for box 12
				13 Health insurance		12b
				Retirement plan		12c
				Flex plan		12d
				14 Other		
f Employee's address and ZIP code			15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
				18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2008** Department of the Treasury—Internal Revenue Service
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable. 41-0852411
 For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			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	Self	11 Nonqualified plans		12a See instructions for box 12
				13 Health insurance		12b
				Retirement plan		12c
				Flex plan		12d
				14 Other		
f Employee's address and ZIP code			15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
				18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2008** Department of the Treasury—Internal Revenue Service
 Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable. 41-0852411
 For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D. FORM 5231

Form **W-2 Wage and Tax Statement 2008**

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld
8 Allocated tips		3 Social security wages	4 Social security tax withheld
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code	Suff. 13 <small>Statutory employee Retirement Plan Third-party sick pay</small>	14 Other	12b
	b Employer identification number (EIN)		12c
	a Employee's social security no.		12d
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

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service OMB No. 1545-0008

Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov

Form **W-2 Wage and Tax Statement 2008**

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld
8 Allocated tips		3 Social security wages	4 Social security tax withheld
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code	Suff. 13 <small>Statutory employee Retirement Plan Third-party sick pay</small>	14 Other	12b
	b Employer identification number (EIN)		12c
	a Employee's social security no.		12d
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

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

This information is being furnished to the Internal Revenue Service if you are required to file a tax return, a regular penalty or other sanction may be imposed on you if the income is based on you fail to report it.

OMB No. 1545-0008

Dept. of the Treasury - IRS Visit the IRS Web Site at www.irs.gov

Form **W-2 Wage and Tax Statement 2008**

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld
8 Allocated tips		3 Social security wages	4 Social security tax withheld
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits		11 Nonqualified plans	12a
e Employee's name, address, and ZIP code	Suff. 13 <small>Statutory employee Retirement Plan Third-party sick pay</small>	14 Other	12b
	b Employer identification number (EIN)		12c
	a Employee's social security no.		12d
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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2008**

c Employer's name, address, and ZIP code

7 Social security tips		1 Wages, tips, other comp.	2 Federal income tax withheld
8 Allocated tips		3 Social security wages	4 Social security tax withheld
9 Advance EIC payment		5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits		11 Nonqualified plans	12a
e Employee's name, address, and ZIP code	Suff. 13 <small>Statutory employee Retirement Plan Third-party sick pay</small>	14 Other	12b
	b Employer identification number (EIN)		12c
	a Employee's social security no.		12d
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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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Dept. of the Treasury - IRS

FORM 5008

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33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer ▶	<input type="checkbox"/> 941	<input type="checkbox"/> Military	<input type="checkbox"/> 943	<input type="checkbox"/> 944	1 Wages, tips, other compensation
	<input type="checkbox"/> CT-1	<input type="checkbox"/> Hshld. emp.	<input type="checkbox"/> Medicare govt. emp.	<input type="checkbox"/> Third-party sick pay	2 Federal income tax withheld
c Total number of Forms W-2		d Establishment number		3 Social security wages	4 Social security tax withheld
e Employer identification number (EIN)		5 Medicare wages and tips		6 Medicare tax withheld	7 Social security tips
f Employer's name		8 Allocated tips		9 Advance EIC payments	10 Dependent care benefits
g Employer's address and ZIP code		11 Nonqualified plans		12 Deferred compensation	
h Other EIN used this year		13 For third-party sick pay use only		14 Income tax withheld by payer of third-party sick pay	
15 State	Employer's state ID number	16 State wages, tips, etc.		17 State income tax	
Contact person		18 Local wages, tips, etc.		19 Local income tax	
Email address		Telephone number ()		For Official Use Only	
		Fax number ()			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** 2008

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2008 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

A Form W-3 Transmittal is completed only when paper Copy A of Form(s) W-2, Wage and Tax Statement, are being filed. Do not file Form W-3 alone. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the Social Security Administration (see below). All paper forms must comply with IRS standards and be machine readable. Photocopies and hand-printed forms are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records.

Electronic Filing

The Social Security Administration strongly suggests employers report Form W-3 and W-2 Copy A electronically instead of on paper. SSA provides two e-file options:

- Free fill-in Forms W-2 for employers who file 20 or fewer Form(s) W-2.

- Upload a file for employers who use payroll/tax software to print Form(s) W-2, if the vendor software creates a file that can be uploaded to SSA.

For more information, go to www.socialsecurity.gov/employer and select "First Time Filers" or "Returning Filers" under "BEFORE YOU FILE."

When To File

Mail any paper Forms W-2 under cover of this Form W-3 Transmittal by March 2, 2009. Electronic fill-in forms or uploads are filed through SSA's Business Services Online (BSO) Internet site and will be on time if submitted by March 31, 2009.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D of Form W-2.

41-0852411

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FORM 5200

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Form 1096 Department of the Treasury Internal Revenue Service		Annual Summary and Transmittal of U.S. Information Returns				OMB No. 1545-0108 2008							
FILER'S name													
Street address (including room or suite number)													
City, state, and ZIP code													
Name of person to contact				Telephone number ()		For Official Use Only [] [] [] [] [] [] [] [] [] []							
Email address				Fax number ()									
1 Employer identification number		2 Social security number		3 Total number of forms		4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$						
6 Enter an "X" in only one box below to indicate the type of form being filed							7 If this is your final return, enter an "X" here						
W-2G 02	1098 91	1095-C 08	1098-E 84	1098-T 83	1099-A 86	1099-B 79	1099-C 85	1099-CAP 23	1099-DIV 91	1099-G 86	1099-INT 71	1099-RET 83	1099-T 83
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC 95	1099-DIV 96	1099-PATR 97	1099-Q 11	1099-R 88	1099-S 75	1099-SA 94	5498 08	5498-ESA 72	5498-SA 27				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature >	Title >	Date >
-------------	---------	--------

Instructions

What's new. After December 1, 2008, tape cartridges will no longer be accepted at the Enterprise Computing Center—Martinsburg (ECC—MTB). The only acceptable method of filing information returns with ECC—MTB will be electronically through the FIRF system. See Pub. 1220, Specifications for Filing Forms 1099, 1098, 5498, and W-2G Electronically.

Where to file. The following changes have been made under Where To File.

- The general addresses have been changed to a three-line format.
- Form 1098-C is now filed at the Internal Revenue Service Center in Austin, Texas, or Kansas City, Missouri, based on the filer's location.

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically.

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically. If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer is any person or entity who files any of the forms shown in line 6 above.

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

When to file. File Form 1096 as follows.

- With Forms 1099, 1098, or W-2G, file by March 2, 2009.
- With Forms 5498, 5498-ESA, or 5498-SA, file by June 1, 2009.

Where To File

Send all information returns filed on paper with Form 1096 to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in	Use the following three-line address
--	--------------------------------------

Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia	Department of the Treasury Internal Revenue Service Center Austin, TX 73301
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41-0852411 Form 1096 (2008)

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FORM

9595 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Fees		OMB No. 1545-0045 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div> Form 1099-MISC		Miscellaneous Income
		2 Dividends				
		3 Other income				
PAYER'S federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name		5 Fishing boat proceeds		6 Medical and health care payment		
Street address (including apt. no.)		7 Nonqualified annuities		8 Substantiated payment of legal defense or interest		For Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code		9 Prior year short sale of \$5,000 or more of consumer goods for resale <input type="checkbox"/>		10 Crop insurance proceeds		
Account number (see instructions)		11		12		
15a Section 409(a) election		15b Section 409(a) election		13 Federal income tax withheld		14 Gross proceeds paid to an attorney
\$		\$		16 State tax withheld		
				17 State/Postal state tax		18 State income

Form 1099-MISC (1-09-07) Department of the Treasury Internal Revenue Service

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 MANUFACTURED IN U.S.A. ON RECYCLED OR LASER BOND PAPER USING HEAT RESISTANT INKS

9595 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Fees		OMB No. 1545-0045 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div> Form 1099-MISC		Miscellaneous Income
		2 Dividends				
		3 Other income				
PAYER'S federal identification number		RECIPIENT'S identification number		4 Federal income tax withheld		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name		5 Fishing boat proceeds		6 Medical and health care payment		
Street address (including apt. no.)		7 Nonqualified annuities		8 Substantiated payment of legal defense or interest		For Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code		9 Prior year short sale of \$5,000 or more of consumer goods for resale <input type="checkbox"/>		10 Crop insurance proceeds		
Account number (see instructions)		11		12		
15a Section 409(a) election		15b Section 409(a) election		13 Federal income tax withheld		14 Gross proceeds paid to an attorney
\$		\$		16 State tax withheld		
				17 State/Postal state tax		18 State income

Form 1099-MISC (1-09-07) Department of the Treasury Internal Revenue Service

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