

**W-2 COPY D**  
**FOR EMPLOYER**  
**THESE ARE YOUR REFERENCE COPIES**

The following states do not require, or accept, the annual filing of the W-2 Copy 1 forms, therefore, your 'Filing and Reference Set' will not contain this copy:

California, Iowa, New York, Oregon

The states of Illinois and Ohio also do not require, or accept, the annual filing of the W-2 Copy 1 forms, however your 'Filing and Reference' set will contain this copy with a message in the employee name/address box stating not to file, but retain for a number of years.

The Employee's and Reference Copy D sets do include these forms.

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**\* Note to clients using Full Level Tax Filing Service -**

ADP is transmitting Copy A information returns directly to the Social Security Administration on your behalf.

**Do Not** file the paper formats which could result in duplication of information.

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**Employers, Please Note—**

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2019 General Instructions for Forms W-2 and W-3. You can order those instructions and additional forms at [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms).

**Caution:** Do not send the SSA Forms W-2 and W-3 that you have printed from IRS.gov. The SSA is unable to process these forms. Instead, you can create and submit them online. See *E-filing*, later.

**Due dates.** By January 31, 2020, furnish Copies B, C, and 2 to each person who was your employee during 2019. Mail or electronically file Copy A of Form(s) W-2 and W-3 with the SSA by January 31, 2020. See the separate instructions.

**Need help?** If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free).

**E-filing.** If you file 250 or more Forms W-2, you must file electronically. Even if you aren't required to file electronically, doing so can save you time and effort. Employers may now use the SSA's W-2 Online service to create, save, print, and submit up to 50 Form(s) W-2 at a time over the Internet. When you *e-file* with the SSA, no separate Form W-3 filing is required. An electronic Form W-3 will be created for you by the W-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at [www.SSA.gov/employer](http://www.SSA.gov/employer).

**Future developments.** Information about any future developments affecting Form W-2 and its instructions (such as legislation enacted after we release them) will be posted at [www.irs.gov/FormW2](http://www.irs.gov/FormW2).

Void <input type="checkbox"/>		a Employee's social security number <b>080-88-0123</b>		OMB No. 1545-0008 <b>IXS</b>		<b>000001</b>	
b Employer identification number (EIN) <b>90-0908008</b>				1 Wages, tips, other compensation <b>13199.94</b>		2 Federal income tax withheld <b>139.88</b>	
c Employer's name, address, and ZIP code <b>534 W 42ND STREET CONDO ASSOCI 225 W 35TH ST 14TH FL NEW YORK, NY 10001</b>				3 Social security wages <b>13199.94</b>		4 Social security tax withheld <b>818.40</b>	
				5 Medicare wages and tips <b>13199.94</b>		6 Medicare tax withheld <b>191.40</b>	
				7 Social security tips		8 Allocated tips	
d Control number <b>000001 R6/IXS</b>				9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. <b>ARTUR UJKA</b> <b>6022 GROVE ST 1F RIDGEWOOD, NY 11385</b>				11 Nonqualified plans		12a See instructions for box 12 C o d e	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
				14 Other <b>20.28 NY PFL 31.20 VPDI</b>		12c C o d e	
						12d C o d e	
f Employee's address and ZIP code							
15 State Employer's state ID number <b>NY 90-0908008</b>		16 State wages, tips, etc. <b>13199.94</b>		17 State income tax <b>210.08</b>		18 Local wages, tips, etc. <b>13199.94</b>	
						19 Local income tax <b>157.82</b>	
						20 Locality name <b>NYC RES</b>	

Form **W-2** Wage and Tax Statement  
Copy D — For Employer

**2019**



Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void <input checked="" type="checkbox"/>		a Employee's social security number		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		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.				11 Nonqualified plans		12a See instructions for box 12 C o d e	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
				14 Other		12c C o d e	
						12d C o d e	
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	

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**2019**

Department of the Treasury—Internal Revenue Service  
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Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008 <b>IXS</b>	
b Employer identification number (EIN) <b>90-0908008</b>		1 Wages, tips, other compensation <b>13199.94</b>		2 Federal income tax withheld <b>139.88</b>	
c Employer's name, address, and ZIP code <b>534 W 42ND STREET CONDO ASSOCI 225 W 35TH ST 14TH FL NEW YORK, NY 10001</b>		3 Social security wages <b>13199.94</b>		4 Social security tax withheld <b>818.40</b>	
		5 Medicare wages and tips <b>13199.94</b>		6 Medicare tax withheld <b>191.40</b>	
		7 Social security tips		8 Allocated tips	
d Control number <b>R6/IXS</b>		9 		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12 C o d e	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o d e	
		14 Other		12c C o d e	
				12d C o d e	
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

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

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For: Batch No. 2019/4/93482  
For: Company R6/ IXS  
Dept MS

1 TOTAL EMPLOYEES  
20.28 NY PFL (Box 14)  
31.20 VPDI (Box 14)  
13,199.94 State Wages (Box 16)  
210.08 State Income Tax (Box 17)  
13,199.94 Local Wages (Box 18)  
157.82 Local Income Tax (Box 19)