

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5472		For Official Use Only ▶ OMB No. 1545-0008								
b Employer identification number (EIN) 11-9988776			1 Wages, tips, other compensation 2650		2 Federal income tax withheld 133								
c Employer's name, address, and ZIP code Last Job Inc. 97 Wheatly Ave. Rio WI 53501			3 Social security wages 2650		4 Social security tax withheld 164								
			5 Medicare wages and tips 2650		6 Medicare tax withheld 38								
			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 May Grass		Last name 123 W Main St. Madison WI 53703		Suff.		11 Nonqualified plans		12a See instructions for box 12					
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12c		12d				
			14 Other		12b		12c		12d				
			14 Other		12b		12c		12d				
15 State WI		Employer's state ID number		16 State wages, tips, etc. 2650		17 State income tax 106		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

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

2009

Department of the Treasury—Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5472		For Official Use Only ▶ OMB No. 1545-0008				
b Employer identification number (EIN) 55-4466881			1 Wages, tips, other compensation 13630		2 Federal income tax withheld 1093				
c Employer's name, address, and ZIP code SnodGrass Feed & Seed 1 Plantation St. Rio WI 53501			3 Social security wages 14360		4 Social security tax withheld 890				
			5 Medicare wages and tips 14360		6 Medicare tax withheld 208				
			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.	11 Nonqualified plans		12a See instructions for box 12 D 730		
f Employee's address and ZIP code May Grass 123 W Main St Madison WI 53703			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other			12c			
						12d			
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		
WI			13630	233					

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

2009

Department of the Treasury—Internal Revenue Service

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22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5402		For Official Use Only ▶ OMB No. 1545-0008				
b Employer identification number (EIN) 11-9988776			1 Wages, tips, other compensation 28300		2 Federal income tax withheld 2419				
c Employer's name, address, and ZIP code Last Job Inc. 97 Wheatly Ave. Rio WI 53501			3 Social security wages 28300		4 Social security tax withheld 1755				
			5 Medicare wages and tips 28300		6 Medicare tax withheld 410				
			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.	11 Nonqualified plans		12a See instructions for box 12		
Test Grass 123 W Main St. Madison WI 53703			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other		12c				
					12d				
f Employee's address and ZIP code			15 State Employer's state ID number WI		16 State wages, tips, etc. 28300	17 State income tax 1026	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2009** Department of the Treasury—Internal Revenue Service
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Complete form using **BLACK INK**

DO NOT STAPLE

Your social security number 400-00-5402		Spouse's social security number 400-00-5472	
Your legal last name Grass		Legal first name Test	
If a joint return, spouse's legal last name Grass		Spouse's legal first name May	
Home address (number and street). If you have a PO Box, see page 6. 123 W Main St			Apt. No.
City or post office Madison		State WI	Zip code 53703

Filing status

Single

Married filing joint return (even if only one had income)

Head of household Fill in qualifying person's name

Also, check here if married.

State election campaign fund
If you want \$1 to go to the State Election Campaign Fund, check here. You Your spouse
Designating an amount will not change your tax or refund.

Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2009.

City, village, or town City Village Town
▶ **Madison**

County of ▶ **Dane**

School district number (see page 23) **3269**

Special conditions

Print numbers like this → **0 1 2 3 4 5 6 7 8 9** **NO COMMAS; NO CENTS**



1	Wages, salaries, tips, etc. (see page 7)	1	44580 .00
2	Interest (see page 7)	2	2160 .00
3	Ordinary dividends (from line 9a of federal Form 1040A or 1040)	3	512 .00
4	Capital gain distributions (see page 8)	4	19 .00
5	Unemployment compensation (from worksheet, page 8)	5	600 .00
6	Taxable IRA distributions, pensions, and annuities (see page 8)	6	7200 .00
7	Add lines 1 through 6	7	55071 .00
8	IRA deduction (see page 10)	8	1400 .00
9	Student loan interest deduction (see page 10)	9	115 .00
10	Medical care insurance deduction (see page 10)	10	1100 .00
11	Add lines 8 through 10	11	2615 .00
12	Subtract line 11 from line 7. This is your Wisconsin income	12	52456 .00
13	If your parent (or someone else) can claim you (or your spouse) as a dependent, check here ▶	13	<input type="checkbox"/>
14	Fill in the standard deduction for your filing status from table, page 31. But if you checked line 13, fill in amount from worksheet, page 11	14	10454 .00
15	Subtract line 14 from line 12. If line 14 is larger than line 12, fill in 0	15	42002 .00
16	Exemptions (Caution: see page 11)		
	a Fill in exemptions from your federal return 4 x \$700	16a	2800 .00
	b Check if 65 or older <input checked="" type="checkbox"/> You + <input checked="" type="checkbox"/> Spouse = 2 x \$250	16b	500 .00
	c Add lines 16a and 16b	16c	3300 .00
17	Subtract line 16c from line 15. If line 16c is larger than line 15, fill in 0. This is your taxable income	17	38702 .00
18	Tax. Use amount on line 17 to find your tax using table, page 24	18	2212 .00
19	Armed forces member credit (must be stationed outside U.S., see page 12)	19	.00
20	School property tax credit		
	a Rent paid in 2009—heat included00	} Find credit from table page 13 ..	20a00
	Rent paid in 2009—heat not included00		
	b Property taxes paid on home in 2009 1280 .00 ▶	} Find credit from table page 14 ..	20b 155.00
21	Working families tax credit, see page 14	21	.00
22	Married couple credit. Complete schedule on reverse side	22	480 .00
23	Add lines 19 through 22. This is the total of your credits	23	635 .00
24	Subtract line 23 from line 18. If line 23 is larger than line 18, fill in 0. This is your net tax	24	1577 .00

ENCLOSE withholding statements

PAPER CLIP payment here

NO COMMAS; NO CENTS

Table with 2 columns: Description and Amount. Rows include: 25 Fill in net tax from line 24 (1577.00), 26 Sales and use tax due on out-of-state purchases (25.00), 27 Advance earned income credit (.00), 28 Donations (a-e, total 35.00), 29 Add lines 25, 26, 27, and 28j (1637.00), 30 Wisconsin income tax withheld (1365.00), 31 2009 estimated tax payments (200.00), 32 Earned income credit (.00), 33 Homestead credit (.00), 34 Eligible veterans and surviving spouses property tax credit (.00), 35 Add lines 30 through 34 (1565.00), 36 Amount you overpaid (.00), 37 Amount refunded to you (.00), 38 Amount applied to 2010 tax (.00), 39 Amount you owe (72.00), 40 Underpayment interest (.00).

Third Party Designee section. Includes fields for Designee's name, phone number, and personal identification number (PIN).

Sign below section. Includes fields for Your signature, Spouse's signature, Date, and Daytime phone.

Mail your return to: Wisconsin Department of Revenue. Includes addresses for tax due, homestead credit claimed, and refund or no tax due.

Married Couple Credit When Both Spouses Are Employed

Table for Married Couple Credit. Columns: (A) YOURSELF, (B) YOUR SPOUSE. Rows: 1 Wages, salaries, tips, and other employee compensation; 2 IRA deduction; 3 Subtract line 2 from line 1; 4 Compare amounts; 5 Rate of credit is .03 (3%); 6 Multiply line 4 by line 5.

Your EFIN, ETIN, Name and Address



For Department Use Only section with fields for R, T, MAN, C.

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