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Patent Pending

A

Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
b Employer identification number (EIN)	a Employee's social security number	
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	
e Employee's name, address and ZIP code		

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

2015

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

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

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

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service.	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
b Employer identification number (EIN)	a Employee's social security number	
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	
e Employee's name, address and ZIP code		

2015

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

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

Copy B-To Be Filed With Employee's FEDERAL Tax return

Department of the Treasury—Internal Revenue Service

4-3/4"

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code		
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b Employer identification number (EIN)	a Employee's social security number	
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	
e Employee's name, address and ZIP code		

2015

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

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

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

Department of the Treasury—Internal Revenue Service

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
c Employer's name, address and ZIP code		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d
b Employer identification number (EIN)	a Employee's social security number	
13 Statutory employee / Retirement plan / Third-party sick pay	14 Other	
e Employee's name, address and ZIP code		

2015

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

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

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

Department of the Treasury—Internal Revenue Service

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Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

▸ Information about Form 1095-C and its separate instructions is at *www.irs.gov/f1095c.*

☐ VOID
☐ CORRECTED

600116
OMB No. 1545-2251
2015

Part I Employee | **Applicable Large Employer Member (Employer)**

1 Name of employee	2 Social security number (SSN)	7 Name of employer	8 Employer identification number (EIN)
3 Street address (including apartment no.)		9 Street address (including room or suite no.)	10 Contact telephone number

4 City or town	5 State or province	6 Country and ZIP or foreign postal code	11 City or town	12 State or province	13 Country and ZIP or foreign postal code

Part II Employee Offer and Coverage | **Plan Start Month** (Enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage	$	$	$	$	$	$	$	$	$	$	$	$	$
16 Applicable Section 4980H Safe Harbor (enter code, if applicable)													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each covered individual. ☐

	(a) Name of covered individual(s)	(b) SSN	(c) DOB (If SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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