## ₩ W-2 SUB

## Idaho Substitute W-2 Wage and Tax Statement

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	Your name			Social security number		
	Address					
	City	State	Zip	Phone number		
_	Employer (business name or owner's name)			Employer's ID number, if known		
	Address					
	City	State	Zip	Phone number, if known		
_	Wages, tips, other compensation		Idaho income tax withheld	Social security tax withheld		
	\$	\$	_   \$	\$		
	Give reason, if known, why a W-2 form was not furnished by employer.					
	Attach photocopy of payroll check stub(s)or other document(s)					
	to verify the Idaho withholding amount(s) claimed.					
	verify that I have made effortherwise provide this statement		and have given this emplo	yer sufficient time to mail or		
Yc	ur signature			Date		