



Withholding identification number:

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Employer legal name:

Mark an **X** in the applicable box(es):

A. Original ☐ or Amended return ☐

Jan 1 - Mar 31 1 Apr 1 - Jun 30 2 July 1 - Sep 30 3 Oct 1 - Dec 31 4 Tax year Y Y

B. Other wages only reported on this page ☐

C. Seasonal employer

[illegible]

Contact information (see instructions)	Name	Daytime telephone number ()
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For office use only
Postmark

□ □ □ □ □

Received date

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