

b Employer's identification number				12a See instructions for Box 12		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	
e Employee's name, address, and ZIP code				\$		9 Advance EIC payment		10 Dependent care benefits	
				This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				Copy B for Employee's Federal Tax Return		14 Other			
				d Employee's soc. sec. no					
15 State	Employer's state I.D. 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 2003-Reissued Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's identification number				12a See instructions for Box 12		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	
e Employee's name, address, and ZIP code				\$		9 Advance EIC payment		10 Dependent care benefits	
				This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				Copy 2 for State, City or Local Tax Departments		14 Other			
				d Employee's soc. sec. no					
15 State	Employer's state I.D. 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 2003-Reissued Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's State, CITY or Local Tax Departments

b Employer's identification number				12a See instructions for Box 12		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	
e Employee's name, address, and ZIP code				\$		9 Advance EIC payment		10 Dependent care benefits	
				This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				Copy 2 for State, City or Local Tax Departments		14 Other			
				d Employee's soc. sec. no					
15 State	Employer's state I.D. 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 2003-Reissued Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's State, CITY or Local Tax Departments

b Employer's identification number				12a See instructions for Box 12		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	
e Employee's name, address, and ZIP code				\$		9 Advance EIC payment		10 Dependent care benefits	
				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.		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
				Copy C for Employee's Records (See notice on back.)		14 Other			
				d Employee's soc. sec. no					
15 State	Employer's state I.D. 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 2003-Reissued Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C for Employee's Records