

## **Provider Version of Form 80-107-11-3 Individual W-2 Data Information.**

**The original W-2's and this form must be filed with the return. Next year this may change depending upon our experience with compliance.**

**All information presented on the W-2 Data Sheet should be completed on this form. There must be data in all fields of this form. There cannot be any handwritten information on these forms. The preparer or taxpayer should not be able to print this form (80-107) with data missing from the W-2 Data Information Form.**



# MISSISSIPPI Individual W-2 Data Sheet 2011

This form must be attached as a schedule to the return without cutting into separate W-2's. It should be attached as the last page of the return. If you have more than 4 W-2's, please use as many copies of this form as needed to include all W-2's. All original W-2S must also be attached the return along with this form.

## W-2 Data First Employer

<b>a</b> Control Number		For State, City, or Local Tax Department.		<b>1</b> Wages, tips, other comp.		<b>2</b> Federal income tax withheld					
<b>c</b> Employers name, address, and ZIP code				<b>b</b> Employer I.D. number		<b>3</b> Social security wages		<b>4</b> Social security tax withheld			
				<b>d</b> Employee's social security no.		<b>5</b> Medicare Wages, and tips		<b>6</b> Medicare tax withheld			
				<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>9</b> Advance EIC payment			
<b>e</b> Employee's first, initial, and last names				<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans		<b>13</b> State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>			
				<b>12a</b> Code See inst. for box 12		<b>12b</b> Code		<b>14</b> Other			
				<b>12c</b> Code		<b>12d</b> Code					
				<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID no.		<b>16</b> State Wages, tips, etc		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc. tax		<b>19</b> Local income tax		<b>20</b> Locality name	

## W-2 Data Second Employer

<b>a</b> Control Number		For State, City, or Local Tax Department.		<b>1</b> Wages, tips, other comp.		<b>2</b> Federal income tax withheld					
<b>c</b> Employers name, address, and ZIP code				<b>b</b> Employer I.D. number		<b>3</b> Social security wages		<b>4</b> Social security tax withheld			
				<b>d</b> Employee's social security no.		<b>5</b> Medicare Wages, and tips		<b>6</b> Medicare tax withheld			
				<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>9</b> Advance EIC payment			
<b>e</b> Employee's first, initial, and last names				<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans		<b>13</b> State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>			
				<b>12a</b> Code See inst. for box 12		<b>12b</b> Code		<b>14</b> Other			
				<b>12c</b> Code		<b>12d</b> Code					
				<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID no.		<b>16</b> State Wages, tips, etc		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc. tax		<b>19</b> Local income tax		<b>20</b> Locality name	

## W-2 Data Third Employer

<b>a</b> Control Number		For State, City, or Local Tax Department.		<b>1</b> Wages, tips, other comp.		<b>2</b> Federal income tax withheld					
<b>c</b> Employers name, address, and ZIP code				<b>b</b> Employer I.D. number		<b>3</b> Social security wages		<b>4</b> Social security tax withheld			
				<b>d</b> Employee's social security no.		<b>5</b> Medicare Wages, and tips		<b>6</b> Medicare tax withheld			
				<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>9</b> Advance EIC payment			
<b>e</b> Employee's first, initial, and last names				<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans		<b>13</b> State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>			
				<b>12a</b> Code See inst. for box 12		<b>12b</b> Code		<b>14</b> Other			
				<b>12c</b> Code		<b>12d</b> Code					
				<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID no.		<b>16</b> State Wages, tips, etc		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc. tax		<b>19</b> Local income tax		<b>20</b> Locality name	

## W-2 Data Fourth Employer

<b>a</b> Control Number		For State, City, or Local Tax Department.		<b>1</b> Wages, tips, other comp.		<b>2</b> Federal income tax withheld					
<b>c</b> Employers name, address, and ZIP code				<b>b</b> Employer I.D. number		<b>3</b> Social security wages		<b>4</b> Social security tax withheld			
				<b>d</b> Employee's social security no.		<b>5</b> Medicare Wages, and tips		<b>6</b> Medicare tax withheld			
				<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>9</b> Advance EIC payment			
<b>e</b> Employee's first, initial, and last names				<b>10</b> Dependent care benefits		<b>11</b> Nonqualified plans		<b>13</b> State empl. <input type="checkbox"/> Retirement plan <input type="checkbox"/> 3rd party sick pay <input type="checkbox"/>			
				<b>12a</b> Code See inst. for box 12		<b>12b</b> Code		<b>14</b> Other			
				<b>12c</b> Code		<b>12d</b> Code					
				<b>f</b> Employee's address and ZIP code							
<b>15</b> State Employer's state ID no.		<b>16</b> State Wages, tips, etc		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc. tax		<b>19</b> Local income tax		<b>20</b> Locality name	