## ₩ W-2 SUB

## Idaho Substitute W-2 Wage and Tax Statement

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. Υοι	ur name			Social security number	
Ade	dress				
Cit	у	State	Zip	Phone number	
Em	ployer (business name or owner	r's name)		Employer's ID number, if known	
Ado	Address				
City	у	State	Zip	Phone number, if known	
Wa	ges, tips, other compensation	Federal income tax withheld	Idaho income tax withheld	Social security tax withheld	
\$		\$	\$\$	\$	
Gi	ive reason, if known, why a	W-2 form was not furnished by	y employer.		
	Attach photocopy of payroll check stub(s)or other document(s) to verify the Idaho withholding amount(s) claimed.				
		to verify the Idaho withh	olaing amount(s) claimed.		
	ify that I have made effort		and have given this employ	er sufficient time to mail or	
Your s	signature		Date		