				_														
	22222	2222 Void a Employee's social security number						For Official Use Only ≻ OMB No. 1545-0008										
b Employer identification number (EIN)								1 Wages, tips, ot <u>her comp</u> ensatio				ensation						
c Employer's name, address, and ZIP code									3 Social security wages			4 Socia	4 Social security tax withheld					
									5 Med	5 Medicare wages and tips			6 Medi	6 Medicare tax withheld				
8							3											
									7 Social security tips				8 Alloc	8 Allocated tips				
d	d Control number										9				10 Dependent care benefits			
e f	e Employee's first name and initial Last name								. 11 Nonqualified plans				12a See instructions for box 12					
									13 Stat	utory R bloyee pl	etirement	C Third-party sick pay	12b					
	9									14 Other 12c								
										4			<mark>12d</mark> ເ					
fE		ess and ZIP code											e					
15	State Employe	er's state ID num	ber	10	State wa	ges, tips, et	5. 17 S	tate incor	ne tax	18 Loca	l wages, t	ips, etc.	19 Local in	icome tax	2	0 Localityname		
			d Tev	Ctat			-		10		Der	partment o	of the Treas	urv—Inter	nal Re	evenue Service		
	W-2 Wage and Tax Statement 2019 Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.																	
Form W-3 to the Social Security Administration; photocopies are not acceptable. Cat. No. 101341													t. No. 10134D					
	Page																	
1	Line 4	less lines	5b. 6	i (if P	re-tax). 7 (if t	ax de	ferred	I). 8 (if	tax								
Line 4 less lines 5b, 6 (if Pre-tax), 7 (if tax deferred), 8 (if tax deferred) and line E. from Worksheet 1 from Compensation																		
Form (Prorated for interim changes in appointment).																		
2																		
3	Shoul	Should be blank for clergy.																
4		Amount from "Housing Allowance" from "Housing" box on Page 1 plus line E. from Worksheet 1 from Compensation Form. Use																
		scriptor "h					Com	oensa	tion F	orm. C	Jse							
5	If clerg	If clergy participates in denominational pension plan (CRSP – 50%																
6		or greater appointment) check the box "Retirement plan" Employee's Social Security Number																
	•																	
7	Churc	Church's Employer Identification Number (EIN)																
8	Churc	Church's name and address																
9	Employee's name and address																	
	lf amo	unts from	Com	pens	ation	Form d	o not	agree	e with	churc	h's							

payroll records, contact D.S. or Conference CFO.