SW-2 PLEASE PRINT OR TYPE PRINT Download Clear Form PAGE:_____ OF _____

DEPARTMENT OF REVENUE AND TAXATION
EMPLOYER QUARTERLY STATE WAGE REPORT

EMPLOYER'S EIN: _____ QUARTER ENDING: _____ EMPLOYERS NAME: _____

STREET ADDRESS: _____ CITY / STATE: _____ BUSINESS PHONE: _____

ZIP CODE: _____ NAME CODE: _____ TYPE OF EMP: _____

NO. OF EMPLOYEES REPORTED:_____ TOTAL WAGES REPORTED: TOTAL FEDERAL INCOME TAX WITHHELD REPORTED:

EMPLOYEE SSN	EMPLOYEE NAME	STREET ADDRESS CITY-STATE	ZIP	EMPLOYMENT STATUS	WAGES	FIT WITHHELD

EMPLOYER'S SIGNATURE _____ **TITLE:**_____ **DATE:**_____