

22222 Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation 27695.04	2 Federal income tax withheld 129.60	
c Employer's name, address, and ZIP code DUPAGE TOWNSHIP 241 CANTERBURY LANE BOLINGBROOK IL 60440			3 Social security wages 28999.92	4 Social security tax withheld 1218.00	
			5 Medicare wages and tips 28999.92	6 Medicare tax withheld 420.48	
			7 Social security tips	8 Allocated tips	
d Control number 28			9	10 Dependent care benefits	
e Employee's name, address, city, and ZIP code WILLIAM M MAYER			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	
			14 Other 1304.88 IMRF		12c
					12d
15 State Employer's state ID number IL	16 State wages, tips, etc. 27695.04	17 State income tax 1361.72	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2011

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

LW2D1

5204

22222		Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)				1 Wages, tips, other compensation 27695.04		2 Federal income tax withheld 59.52	
c Employer's name, address, and ZIP code DUPAGE TOWNSHIP 241 CANTERBURY LANE BOLINGBROOK IL 60440				3 Social security wages 28999.92		4 Social security tax withheld 1218.00	
				5 Medicare wages and tips 28999.92		6 Medicare tax withheld 420.48	
				7 Social security tips		8 Allocated tips	
d Control number 28				9		10 Dependent care benefits	
e Employee's name, address, city, and ZIP code WILLIAM M MAYER 7001 1				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other 1304.88 IMRF		12c	
						12d	
15 State Employer's state ID number IL 5		16 State wages, tips, etc. 27695.04		17 State income tax 1384.80		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2012

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

LW2D1

5204

a Employee's social security number

OMB No. 1545-0008

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.

Employer identification number (EIN)

Employer's name, address, and ZIP code

DUPAGE TOWNSHIP
241 CANTERBURY LANE
BOLINGBROOK IL 60440

Control number

30

Employee's name, address, city, and ZIP code

WILLIAM M MAYER

EMOX

1 Wages, tips, other compensation

27695.04

2 Federal income tax withheld

.00

3 Social security wages

28999.92

4 Social security tax withheld

1798.08

5 Medicare wages and tips

28999.92

6 Medicare tax withheld

420.48

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

Suff.

11 Nonqualified plans

12a See instructions for box 12

13 Statutory employee

Retirement plan

Third-party sick pay

12b

14 Other

1304.88

IMRF

12c

12d

Employer's state ID number

16 State wages, tips, etc.

27695.04

17 State income tax

1384.80

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

W-2 Wage and Tax Statement

2013

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

LW2C/LW22

52

a Employee's social security number		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.			
b Employer identification number (EIN)		1 Wages, tips, other compensation 27695.04		2 Federal income tax withheld .00	
c Employer's name, address, and ZIP code DUPAGE TOWNSHIP 241 CANTERBURY LANE BOLINGBROOK IL 60440		3 Social security wages 28999.92		4 Social security tax withheld 1798.08	
		5 Medicare wages and tips 28999.92		6 Medicare tax withheld 420.48	
		7 Social security tips		8 Allocated tips	
d Control number 34		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code WILLIAM M MAYER		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other 1304.88 IMRF		12c	
				12d	
16 State	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	27695.04	1384.80			

Form **W-2** Wage and Tax Statement

2014

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



LW2C/LW22

5203

22222 Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN)			1 Wages, tips, other compensation 27695.04		2 Federal income tax withheld .00		
c Employer's name, address, and ZIP code DUPAGE TOWNSHIP 241 CANTERBURY LANE BOLINGBROOK IL 60440			3 Social security wages 28999.92		4 Social security tax withheld 1798.08		
			5 Medicare wages and tips 28999.92		6 Medicare tax withheld 420.48		
			7 Social security tips		8 Allocated tips		
d Control number 33			9		10 Dependent care benefits		
e Employee's name, address, and ZIP code WILLIAM M MAYER			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
			14 Other 1304.88 IMRF		12c		
					12d		
15 State Employer's state ID number IL		16 State wages, tips, etc. 27695.04	17 State income tax 1038.48	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department
 Copy D—For Employer.

2015

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

22222 Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld	
-----			27695.04	4944.24	
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld	
DUPAGE TOWNSHIP			28999.92	1798.08	
241 CANTERBURY LANE			5 Medicare wages and tips	6 Medicare tax withheld	
BOLINGBROOK IL 60440			28999.92	420.48	
d Control number			7 Social security tips	8 Allocated tips	
37			9	10 Dependent care benefits	
e Employer's name, address, and ZIP code			11 Nonqualified plans		12a See instructions for box 12
WILLIAM M MAYER			12b		-----
-----			13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
-----			14 Other		12c
-----			1304.88		12d
-----			IMRF		-----
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
IL	-----	27695.04	1038.48	-----	-----
-----	-----	-----	-----	-----	20 Locality name
-----	-----	-----	-----	-----	-----

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department
 Copy D—For Employer.

2016

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

22222		Void <input type="checkbox"/>	a Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld		
			27695.04	4923.32		
c Employer's name, address, and ZIP code DUPAGE TOWNSHIP 241 CANTERBURY LANE BOLINGBROOK IL 60440			3 Social security wages	4 Social security tax withheld		
			28999.92	1798.08		
			5 Medicare wages and tips	6 Medicare tax withheld		
			28999.92	420.48		
			7 Social security tips	8 Allocated tips		
d Control number			9 Verification code	10 Dependent care benefits		
37						
e Employee's name, address, and ZIP code WILLIAM M MAYER			Suff. 11 Nonqualified plans	12a See instructions for box 12		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
			14 Other	12c		
			1304.88 IMRF	12d		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
IL	27695.04	1002.84				

22222 Void <input type="checkbox"/>		a Employee's social security number		OMB No. 1545-0008.		
b Employer identification number (EIN)		1 Wages, tips, other compensation 5508.69		2 Federal income tax withheld 627.54		
c Employer's name, address, and ZIP code DUPAGE TOWNSHIP 241 CANTERBURY LANE BOLINGBROOK , IL 60440		3 Social security wages 6813.57		4 Social security tax withheld 422.44		
		5 Medicare wages and tips 6813.57		6 Medicare tax withheld 98.80		
		7 Social security tips		8 Allocated tips		
d Control number		9 Verification code		10 Dependent care benefits		
e Employee's name, address, and ZIP code WILLIAM M MAYER		11 Nonqualified plans		12a See instructions for box 12 C O D E		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b C O D E		
		14 Other 414H 1,304.88		12c C O D E		
				12d C O D E		
15 State Employer's state ID number IL		16 State wages, tips, etc. 5508.69	17 State income tax 156.30	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2018

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.