

6. Form W-2 must contain the following information:

- a. Complete name, address and social security number of the employee.
- b. Total wages (including tips) paid in the tax year and compensation not subject to the withholding.
- c. The Rhode Island tax withheld amount must be clearly identified.
- d. Full name and address of the employer.
- e. The employer's federal identification number.

7. Do not enclose any remittance for taxes withheld from your employees with the package of wage and tax statements and Form RI-W3 which you send to the Rhode Island Division of Taxation. Remittance for taxes withheld should be mailed with the employers return form (941-QM, 941-M or 941Q).

8. Employers who use mechanical or electronic listing equipment may substitute a listing or magnetic tape in lieu of state tax department copy W-2. (Employers who wish to submit magnetic tapes must obtain prior written approval of tape formats from the Rhode Island Division of Taxation.

9. If necessary, further assistance may be obtained at the Division of Taxation, One Capitol Hill, Providence, Rhode Island 02908-5809.

MONTH	1ST QTR OF MONTH	2ND QTR OF MONTH	3RD QTR OF MONTH	4TH QTR OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR - ENTER HERE AND ON LINE 2A (FRONT)					

TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS

MONTH	1ST QTR OF MONTH	2ND QTR OF MONTH	3RD QTR OF MONTH	4TH QTR OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR - ENTER HERE AND ON LINE 2A (FRONT)					

TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS