0101910024

WAGE STATEMENT SUMMARY

PA Schedule W-2S (09-01) (I) **2001**

OFFICIAL USE ONLY

Name as shown first on the PA tax return:

Social Security Number: – –

Instructions. Do not submit your Form(s) W-2 if using this schedule. Enter the required information from each Form W-2, and keep your original forms. **Important.** Your PA and federal compensation may be different. **Caution.** Do not use this schedule: (1) If your Form(s) W-2 shows that you earned income in another state - you must submit your actual Form(s) W-2, or (2) If you believe an amount on your Form(s) W-2 is incorrect - you must submit the actual Form(s) W-2 with a written explanation from your employer. If you have compensation from forms other than Forms W-2, complete **PA Schedule MC** below.

Number of Form(s) W-2 _____ If you need more space, you may copy this schedule or prepare your own schedule in this format.

Married Taxpayers Filing Jointly: Indicate whether the Form(s) W-2 are for the primary taxpayer listed first on the PA-40 (T) or spouse (S)

T/S	(a) EIN from box b	(b) Federal wages from box 1	**(c) PA compensation from box 16**	**(d) PA tax withheld from box 17**
Total. Add the amounts in columns (c) and (d).			**$**	**$**

Caution. The Department reserves the right to request your actual W-2 and 1099 forms.

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PA Schedule MC (09/01)

MISCELLANEOUS COMPENSATION **2001**

Name as shown first on the PA tax return:

Social Security Number: – –

Instructions. Write the necessary information from your forms below. **Important.** Your PA taxable compensation may be different from your federal wages. Enter only your PA amounts. **Caution.** If a PA amount on a form is incorrect, you must submit the actual form with an explanation.

Married Taxpayers Filing Jointly: Indicate whether the income is for the primary taxpayer listed first on the PA-40 (T) or spouse (S)

T/S	**Payer EIN or SSN**	**(a) Payer Name**	**(b) Code**	**(c) PA Taxable Compensation**	**(d) PA Tax Withheld**	(e) Federal Taxable Income
TOTAL. Total columns (c) and (d).				**$**	**$**	

CODES:

A. Executor fee **B.** Jury duty pay **C.** Director fee **D.** Expert witness fee

E. Honorarium **F.** Covenant not to compete **G.** Damages or settlement for lost wages, other than personal injury

H. Other nonemployee compensation. Describe: _____

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