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Schedule W-2

Employer Withholding Summary
Metro Supportive Housing Services
Personal Income Tax Return

Tax Year Ending Date (MM/DD/YYYY)

This space and QR code for official use only

Taxpayer's Last Name | First Name and Initial | Social Security Number

Spouse's Last Name (if filing joint return) | First Name and Initial | Social Security Number

Instructions: Complete Schedule W-2 if you have employer withholding to report on line 8 of the Metro Supportive Housing Services personal income tax return. If you file a joint Metro tax return, include withholding information for both the primary filer and spouse on this schedule. See instructions for Form MET-40 or MET-40-NP.

W-2 Record 1

Employee SSN (W-2 box a) | Employer FEIN (W-2 box b) | Employer Name (W-2 box c)

(a) Local wages, tips, etc. (W-2 box 18) .00

(b) Local income tax withheld (W-2 box 19) for 'METRO' (W-2 box 20) .00

W-2 Record 2

Employee SSN (W-2 box a) | Employer FEIN (W-2 box b) | Employer Name (W-2 box c)

(a) Local wages, tips, etc. (W-2 box 18) .00

(b) Local income tax withheld (W-2 box 19) for 'METRO' (W-2 box 20) .00

W-2 Record 3

Employee SSN (W-2 box a) | Employer FEIN (W-2 box b) | Employer Name (W-2 box c)

(a) Local wages, tips, etc. (W-2 box 18) .00

(b) Local income tax withheld (W-2 box 19) for 'METRO' (W-2 box 20) .00

Total for each field (b) ..... .00

Enter this amount on the 'Employer withholding' line of the MET-40 or MET-40-NP return.

You must include this schedule with your Form MET-40 or MET-40-NP.
Use additional copies of this page if you have additional employer withholdings.
If using more than one page, total all pages on the 'Total' line of the first page.