



222

COMPROBANTE DE RETENCIÓN - WITHHOLDING STATEMENT

1. Nombre - First Name		3. Núm. Seguro Social Social Security No.		INFORMACIÓN PARA EL DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY INFORMATION		INFORMACIÓN PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION	
Apellido(s) - Last Name(s)		4. Núm. de Ident. Patronal Employer Ident. No. (EIN)		7. Sueldos - Wages		20. Total Sueldos Seguro Social Social Security Wages	
Dirección Postal del Empleado - Employee's Mailing Address		5. Costo de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage		8. Comisiones - Commissions			
Fecha de Nacimiento: Día ____ Mes ____ Año ____ Date of Birth: Day ____ Month ____ Year ____		6. Donativos Charitable Contributions		9. Concesiones - Allowances		21. Seguro Social Retenido Social Security Tax Withheld	
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address		Indique si la remuneración incluye pagos al empleado por: - Indicate if the remuneration includes payments to the employee for:		10. Propinas - Tips			
Número de Teléfono del Patrono Employer's Telephone Number		A- <input type="checkbox"/> Médico cualificado (Ver instrucciones) Qualified physician (See instructions)		11. Total = 7 + 8 + 9 + 10			
Correo Electrónico del Patrono Employer's E-mail		B- <input type="checkbox"/> Servicios domésticos Domestic services		12. Gastos Reemb. y Beneficios Marginales Reemb. Expenses and Forfeited Benefits		22. Total Sueldos y Pro. Medicare Medicare Wages and Tips	
Fecha Cese de Operaciones: Día ____ Mes ____ Año ____ Cease of Operations Date: Day ____ Month ____ Year ____		C- <input type="checkbox"/> Trabajo agrícola Agricultural labor		13. Cont. Retenida - Tax Withheld		23. Contrib. Medicare Retenida Medicare Tax Withheld	
Número Confirmación de Radicación Electrónica Electronic Filing Confirmation Number		D- <input type="checkbox"/> Ministro de una iglesia o miembro de una orden religiosa - Minister of a church or member of a religious order		14. Fondo de Retiro Gubernamental Governmental Retirement Fund		24. Propinas Seguro Social Social Security Tips	
Número Control - Control Number		E- <input type="checkbox"/> Profesionales de la salud (Ver instrucciones) Health professionals (See instructions)		15. Aportaciones a Planes Calificados Contributions to COCA PLANS		25. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips	
Fecha de radicación: 31 de enero - Filing date: January 31		F- <input type="checkbox"/> Otros - Others		Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) Categoría ____		26. Contrib. Medicare no Retenida en Propinas - Uncollected Medicare Tax on Tips	
				16. ____ Categoría ____			
				17. ____ Categoría ____			
				18. ____ Categoría ____			
				19. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Double your Money Program			

Año: 2021  
Year:

# How To Report Form W 2pr Cpa

**Judd E. Hollander**



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## **Table of Contents How To Report Form W 2pr Cpa**

1. Understanding the eBook How To Report Form W 2pr Cpa
  - The Rise of Digital Reading How To Report Form W 2pr Cpa
  - Advantages of eBooks Over Traditional Books
2. Identifying How To Report Form W 2pr Cpa
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an How To Report Form W 2pr Cpa
  - User-Friendly Interface
4. Exploring eBook Recommendations from How To Report Form W 2pr Cpa

- Personalized Recommendations
- How To Report Form W 2pr Cpa User Reviews and Ratings
- How To Report Form W 2pr Cpa and Bestseller Lists
- 5. Accessing How To Report Form W 2pr Cpa Free and Paid eBooks
  - How To Report Form W 2pr Cpa Public Domain eBooks
  - How To Report Form W 2pr Cpa eBook Subscription Services
  - How To Report Form W 2pr Cpa Budget-Friendly Options
- 6. Navigating How To Report Form W 2pr Cpa eBook Formats
  - ePub, PDF, MOBI, and More
  - How To Report Form W 2pr Cpa Compatibility with Devices
  - How To Report Form W 2pr Cpa Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of How To Report Form W 2pr Cpa
  - Highlighting and Note-Taking How To Report Form W 2pr Cpa
  - Interactive Elements How To Report Form W 2pr Cpa
- 8. Staying Engaged with How To Report Form W 2pr Cpa
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers How To Report Form W 2pr Cpa
- 9. Balancing eBooks and Physical Books How To Report Form W 2pr Cpa
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection How To Report Form W 2pr Cpa
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine How To Report Form W 2pr Cpa
  - Setting Reading Goals How To Report Form W 2pr Cpa
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of How To Report Form W 2pr Cpa

- Fact-Checking eBook Content of How To Report Form W 2pr Cpa
- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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