

## W-2G Detail Listing

# 2018

Name(s) as shown on return

Social Security No.

| FEDERAL |              |       |     |            | STATE |     |
|---------|--------------|-------|-----|------------|-------|-----|
| T/S     | Payer's Name | Gross | W/H | State Code | Gross | W/H |
|         |              |       |     |            |       |     |