

**State of Oklahoma**  
**2018 INDIVIDUAL W-2 DATA SHEET**



This form must be attached as a schedule to the return without cutting into separate W-2s. It should be attached as the last page of the return. If you have more than 3 W-2s, please use as many copies of this form as needed to include all W-2s.

**FORM 511W**

**NOTE: Only send Form 511W with your return. DO NOT send your W-2s. Original W-2s must be kept with the taxpayer's copy of return.**

**W-2 Data First Employer**

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld			
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld			
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld			
		7) Social security tips		8) Allocated tips		9) Verification code			
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other			
		12c) Code		12d) Code					
F) Employee's address and ZIP									
15) State	Employer's state ID number	16) State wages, tips, etc		17) State income tax		18) Local wages, tips, etc.		19) Local income tax	20) Locality name
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**W-2 Data Second Employer**

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld			
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld			
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld			
		7) Social security tips		8) Allocated tips		9) Verification code			
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other			
		12c) Code		12d) Code					
F) Employee's address and ZIP									
15) State	Employer's state ID number	16) State wages, tips, etc		17) State income tax		18) Local wages, tips, etc.		19) Local income tax	20) Locality name
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**W-2 Data Third Employer**

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld			
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld			
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld			
		7) Social security tips		8) Allocated tips		9) Verification code			
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	3rd party sick pay <input type="checkbox"/>	
		12a) Code - See instructions for box 12		12b) Code		14) Other			
		12c) Code		12d) Code					
F) Employee's address and ZIP									
15) State	Employer's state ID number	16) State wages, tips, etc		17) State income tax		18) Local wages, tips, etc.		19) Local income tax	20) Locality name
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