

8. L. BOTTORFF, LTC, FC, L6363
20 ARMO DIV, FT HOOD, TX 76546

CALENDAR YEAR 1970

Type or print EMPLOYER'S Federal identification number, Organization, and address above. Copy F—Information Copy - To be used as required. (Military - FDRF)

FEDERAL INCOME TAX INFORMATION				SOCIAL SECURITY INFORMATION		
EMPLOYEE'S social security number [REDACTED]	Federal income tax withheld 1660.14	Wages paid subject to withholding in 1970 ¹ 9591.13	Other compensation paid in 1970 ² [REDACTED]	F.I.C.A. employee tax withheld ³ 374.43	Total F.I.C.A. wages paid in 1970 7800.00	
EMPLOYEE'S NAME BLONIKER, MICHAEL E.				Name of State (ABBR) ⁴ [REDACTED]	Employer's State Identification Number ⁴ 37	State income tax withheld ⁴ [REDACTED]
				¹ Amount is before payroll deductions or sick pay exclusion. ² Report salary or other employee compensation which was not subject to withholding. See Circular E. ³ One-eighth of this amount was withheld to finance the cost of Hospital Insurance Benefits. The remainder is for old-age, survivors, and disability insurance. ⁴ State income tax information not applicable to military.		

Type or print EMPLOYEE'S name and address (including ZIP code) above.

FORM **W-2** U.S. Treasury Department, Internal Revenue Service

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DA- MILITARY - CIVILIAN - 6 PART