

Please Check: ___ AG(943) ___ Non AG(941)

FORM W-2 WORKSHEET

Office Use Only: Date Received: _____

Name: _____

Date Completed: _____

Address: _____

Date Mailed: _____

Phone No.: _____

Federal ID No.: _____

IA Unemployment No.: _____

IA Business efile No. _____

User id: _____

Online Password _____

I. Wages paid to employees:

Name and Address

1. _____

Soc Sec # _____

2. _____

Soc Sec # _____

3. _____

Soc Sec # _____

4. _____

Soc Sec # _____

5. _____

Soc Sec # _____

TOTAL

	Value of Commodity Paid	Other	Gross Cash Wages to Your Child Under 18	Gross Cash Wages	Social Security Tax Withheld 6.20%	Medicare Tax Withheld 1.45%	Federal Tax Withheld	State Tax Withheld	Misc. Ded.	Net Wages Paid
	1	2	3	4	5	6	7	8	9	10
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

PLEASE NOTE: Totals in Columns 1,4,7, and 8 must agree to totals in Section II on next page.

*If an employee was paid in commodities, the amount entered in the value of commodity paid column should be the value of the commodity on the date it was transferred to the employee not the value at the time the employee sold the commodity.

SEE OTHER SIDE

II. Summary of tax withheld and gross cash wages
(not including wages paid by a sole proprietor to his/her
children under age 18):

No. of employees for period including 3/12/24 _____

Month	Gross Cash Wages	Commodity Wages	Federal Tax Withheld	State Tax Withheld	(Office use only) Liability
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

(Equals Total: in Col. 4 in Col. 1 in Col. 7 in Col. 8)

Miscellaneous Information ("No" assumed if not completed)	<u>Yes</u>	<u>No</u>
--Do you maintain a retirement plan for your employees?	_____	_____
--Do you provide corporate auto for your employees?	_____	_____
-- S Corporations: Do you provide health insurance for any shareholders?	_____	_____

DEPOSITS FOR 2023 ONLY

*Do not include deposits made during 2023 for wages paid in 2022.
*Do include deposits made in 2024 for wages paid in 2023.

III. Summary of payroll tax deposits:

Date of Deposit	Soc. Sec. & Fed. Tax	State Tax	Federal Unemployment	State Unemployment
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

NON-AGRICULTURE LABOR ONLY:	
Please mark here if you would like us to complete your fourth quarter reports:	
_____ Form 941	_____ Form 940
_____ Form IA W/H	(Year-end)
_____ Form IA Workforce	

REMINDER: PLEASE MAKE SURE ALL WORKSHEETS ARE FILLED OUT COMPLETELY. SEE COVER LETTER FOR DETAILS.