FORM W-2 WORKSHEET

Please Check: ___ AG(943) ___Non AG(941)
Name: _____
Address: _____
_____
Phone No.: _____
Federal ID No.: _____
IA Unemployment No.: _____
IA Business efile No. _____
User id: _____
Online Password _____

Office Use Only: **Date Received:** _____
Date Completed: _____
Date Mailed: _____

I. Wages paid to employees:

Name and Address	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._____ Soc Sec # _____										
2._____ Soc Sec # _____										
3._____ Soc Sec # _____										
4._____ Soc Sec # _____										
5._____ Soc Sec # _____										
TOTAL										
	1	2	3	4	5	6	7	8	9	10

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 3/12/25 _____

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)

DEPOSITS FOR 2025 ONLY

*Do not include deposits made during 2025 for wages paid in 2024.
*Do include deposits made in 2026 for wages paid in 2025.

III. Summary of paytoll 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					

Miscellaneous Information ("No" assumed if not completed)	Yes	No
--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?	_____	_____

NON-AGRICULTURE LABOR ONLY:

Please mark here if you would like us to complete your fourth quarter reports:

_____ Form 941 _____ Form 940 (Year-end)
_____ Form IA W/H
_____ Form IA Workforce

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