## W-2 WORKSHEET

Please provide the information for your W-2's to this office as soon as possible after the end of the year. No later than 1/15.

These forms should be received by the recipient by 1/31. You may fax this completed form to us at 402-924-3609.

If you pay wages with commodities, please complete the attached "On Farm Commodity Transfer Agreement".

| EMPLOYER:  |                                     |                       | FEDERAL ID#: |       |    |     |         |       |
|--|-------------------------------------|-----------------------|--------------|-------|----|-----|---------|-------|
| ADDRESS:   |                                     |                       | STATE ID#:   |       |    |     |         |       |
|  |                                     |                       |              |       |    |     |         |       |
|  |                                     |                       |              |       |    |     |         |       |
| We will be returning th  | e prepared W-2's to you to review a | and distribute.<br>ss | GROSS        | SS    | SS | MED | FEDERAL | STATE |
| EMPLOYEE NAME  | FULL ADDRESS                        | NUMBER                | WAGES        | WAGES | WH | WH  | WH      | WH    |
|  |                                     |                       |              |       |    |     |         |       |
|  |                                     |                       |              |       |    |     |         |       |
|  |                                     |                       |              |       |    |     |         |       |
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|  |                                     |                       |              |       |    |     |         |       |
|  |                                     |                       |              |       |    |     |         |       |
| Please list all payroll tax deposits made. If no deposits were made, please check here |                                     |                       |              |       |    |     |         |       |
| Date Amount  |                                     | , р                   | Date         | Amou  |    |     |         |       |
|  | Allowin                             | 1                     |              | Amou  |    |     |         |       |
|  |                                     | +                     |              |       |    |     |         |       |
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