



2018 Employment and Information Return Worksheet

2018 Annual Wages

EMPLOYEE NAME, ADDRESS, CITY, STATE, ZIP SOCIAL SECURITY NUMBER	PENSION PARTICI- PATION 'X'	GROSS WAGES	DEFERRED COMPENSATION CONTRIBUTED BY EMPLOYEE	SECTION 125 (CAFETERIA) PLAN WITHHELD	SOCIAL SECURITY WITHHELD	MEDICARE W/H (INCLUDING ADDITIONAL MEDICARE TAX)	FEDERAL WITHHELD	STATE WITHHELD	COUNTY WITHHELD	OTHER BENEFITS	NET WAGES
									COUNTY:		
									COUNTY:		
SS#									COUNTY:		
									COUNTY:		
									COUNTY:		
SS#									COUNTY:		
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									COUNTY:		
SS#									COUNTY:		

PENALTIES MAY BE ASSESSED FOR INCOMPLETE OR INCORRECT INFORMATION