



**2019 Employment and Information Return Worksheet**

<b>Business</b>		<b>Telephone number, including area code</b>	
<b>Street Address</b>		<b>Federal ID #</b>	
<b>City, State, Zip</b>		<b>State ID # (from INTAX W/H acct)</b>	
<b>Contact person</b>		<b>County</b>	

If we are to prepare Forms 940 (Federal Unemployment) and/or 941 (Employer’s Quarterly Federal Tax Return), please list deposits which were made.

940		941	
Date	Amount	Amount	Date

**Note:** The information requested below asks for information about wage payments made in the course of business during calendar year 2019. If your tax year ends in a month other than December, you must refer to two fiscal years in order to provide answers that reflect the payments made in every month of calendar 2019. Do not report information on any wages paid by you during 2018 or 2020.

- 1) If you paid wages during 2019, list the names, addresses and Social Security Numbers of all the people to whom wages were paid, and the amounts of wages and withholdings.
  - a) Indicate if the employees are participants in your pension or profit sharing plan.
  - b) If the employees contributed to the company 401(k) plan or deferred compensation plan, indicate the amount contributed by each employee.
  - c) If the employee had contributions to a company Section 125 (Cafeteria) plan withheld, indicate the amount withheld. Do not report amounts reimbursed to the employee.

**If you file 250 or more W-2 forms for 2019, you MAY be required to report health insurance paid on behalf of your employees on W-2 forms filed for 2020.**

**PENALTIES MAY BE ASSESSED FOR INCOMPLETE OR INCORRECT INFORMATION**



### 2019 Employment and Information Return Worksheet

#### 2019 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:		
SS#											
									COUNTY:		
SS#											
									COUNTY:		
SS#											
									COUNTY:		
SS#											

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