



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#											

PENALTIES MAY BE ASSESSED FOR INCOMPLETE OR INCORRECT INFORMATION