

Your Name: _____
 Your Address: _____
 Telephone No: _____ P.O. Box _____
 Your Employer I.D. #: _____

WAGES PAID TO EMPLOYEES
 (For preparation of W-2 & W-3 Forms and Form 943)

Employee Name: _____
 Address: _____
 Social Security #: _____
 Gross Wages: _____
 Total amount of Social Security (FICA) tax withheld: _____
 Total amount of Federal tax withheld: _____
 Total amount of Iowa tax withheld: _____
 Net wages paid (after withholding): _____
 Total withholding taxes deposited to the IRS: _____
 Total withholding taxes deposited to State of Iowa: _____

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Please fill out your total tax liability for each month and the total for the year.

Dep period ending	Tax for month	Dep period ending	Tax for month	Dep period ending	Tax for month
A January 31		F June 30		K November 30	
B February 28		G July 31		L December 31	
C March 31		H August 31		M Total liability for	
D April 30		I September 30		Year (add lines A	
E May 31		J October 31		through L)	