

# W-2 INFORMATION SHEET

EMPLOYER LEGAL NAME
DBA NAME
ADDRESS
ADDRESS
SSN OR EIN

EMPLOYEES	GROSS WAGES	SOC SEC	MEDI-CARE	FED W/H	IOWA W/H	NET CHECK
NAME						
ADDRESS						
ADDRESS						
SSN						
NAME						
ADDRESS						
ADDRESS						
SSN						
NAME						
ADDRESS						
ADDRESS						
SSN						

If subject to SS & MC and not with held, check one.

<input type="checkbox"/>	Gross up wages
<input type="checkbox"/>	Employer pay employee's share (Employee's half is additional fed & state wages)

  

If any payroll deposits made, list on back

<input type="checkbox"/>	No deposits
<input type="checkbox"/>	Deposits on back