

NAME _____ TAX YEAR 2014

EMPLOYER I.D. NO. _____

SOCIAL SECURITY NO. _____

AGRICULTURAL WAGE PAYMENTS

If you paid any person \$150 or more in wages during 2014 or who performed agricultural labor on 20 days or more during the calendar year for any amount, you are required to file Forms 943, W-2 and W-3. If you wish, we will prepare these forms for you. W-2s are required to be sent to the party paid on or before January 31, 2015. Forms 943 and W-3 are required to be filed with the IRS on or before January 31, 2015.

To prepare these forms, we need the following information completed for each individual to whom payment was made. Include wages or other compensation paid to your family members. (Also indicate if you withheld federal and state income taxes.)

Name of Person Paid: _____
ADDRESS _____
SOCIAL SECURITY NO. _____
GROSS WAGE PAID \$ _____
PURPOSE OF PAYMENT _____
HAVE YOU WITHHELD SOCIAL SECURITY? _____
AMOUNT \$ _____
HAVE YOU WITHHELD MEDICARE? _____
AMOUNT \$ _____
HAVE YOU WITHHELD FEDERAL INCOME TAXES? _____
AMOUNT \$ _____
HAVE YOU WITHHELD STATE INCOME TAXES? _____
AMOUNT \$ _____
NET WAGE \$ _____

Name of Person Paid: _____
ADDRESS _____
SOCIAL SECURITY NO. _____
GROSS WAGE PAID \$ _____
PURPOSE OF PAYMENT _____
HAVE YOU WITHHELD SOCIAL SECURITY? _____
AMOUNT \$ _____
HAVE YOU WITHHELD MEDICARE? _____
AMOUNT \$ _____
HAVE YOU WITHHELD FEDERAL INCOME TAXES? _____
AMOUNT \$ _____
HAVE YOU WITHHELD STATE INCOME TAXES? _____
AMOUNT \$ _____
NET WAGE \$ _____

Name of Person Paid: _____
ADDRESS _____
SOCIAL SECURITY NO. _____
GROSS WAGE PAID \$ _____
PURPOSE OF PAYMENT _____
HAVE YOU WITHHELD SOCIAL SECURITY? _____
AMOUNT \$ _____
HAVE YOU WITHHELD MEDICARE? _____
AMOUNT \$ _____
HAVE YOU WITHHELD FEDERAL INCOME TAXES? _____
AMOUNT \$ _____
HAVE YOU WITHHELD STATE INCOME TAXES? _____
AMOUNT \$ _____
NET WAGE \$ _____

Name of Person Paid: _____
ADDRESS _____
SOCIAL SECURITY NO. _____
GROSS WAGE PAID \$ _____
PURPOSE OF PAYMENT _____
HAVE YOU WITHHELD SOCIAL SECURITY? _____
AMOUNT \$ _____
HAVE YOU WITHHELD MEDICARE? _____
AMOUNT \$ _____
HAVE YOU WITHHELD FEDERAL INCOME TAXES? _____
AMOUNT \$ _____
HAVE YOU WITHHELD STATE INCOME TAXES? _____
AMOUNT \$ _____
NET WAGE \$ _____