

W-2 FORM WORKSHEET

NAME _____

2011

PLEASE RETURN BY JANUARY 15TH

DWIGHT HETLETVED PC
CERTIFIED PUBLIC ACCOUNTANT
620 MAIN AVENUE PO BOX 1106
WASHBURN ND 58577-1106
701-462-3376
Fax 701-462-3371
www.hetcpa.com

NAME

MAILING ADDRESS

WAGES _____

SS# _____

SOC. SEC. _____

MEDICARE _____

YOUR CHILD UNDER AGE 18 YES NO

FED. W/H _____

AGRICULTURAL EMPLOYEE YES NO

STATE W/H _____

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MAILING ADDRESS

WAGES _____

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MEDICARE _____

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