

W-2 FORM WORKSHEET

NAME \_\_\_\_\_

2010

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

NAME	MAILING ADDRESS	
_____	_____	WAGES _____
_____	_____	SOC. SEC. _____
SS# _____		MEDICARE _____
YOUR CHILD UNDER AGE 18 <input type="checkbox"/> YES <input type="checkbox"/> NO		FED. W/H _____
AGRICULTURAL EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO		STATE W/H _____

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_____	_____	SOC. SEC. _____
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