

W-2 FORM WORKSHEET

NAME \_\_\_\_\_

2009

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 \_\_\_\_\_

SS# \_\_\_\_\_

SOC. SEC. \_\_\_\_\_

MEDICARE \_\_\_\_\_

YOUR CHILD UNDER AGE 18  YES  NO

FED. W/H \_\_\_\_\_

AGRICULTURAL EMPLOYEE  YES  NO

STATE W/H \_\_\_\_\_

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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STATE W/H \_\_\_\_\_