

Taxpayer # _____
 Taxpayer _____
 Address _____

_____ Quarter _____
 Year to date period ending _____

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SOC. SEC. NUMBER	EMPLOYEE NAME*		YEAR TO DATE GROSS	QUARTER GROSS	6.20%	1.45%	FEDERAL W/H	STATE W/H	OTHER	NET	Match
	FIRST	LAST			SOC. SEC. W/H	MEDICARE W/H					
PAGE TOTALS											

*If new employee or if employee has moved, please include employee's address.