Taxpayer # _____ _____ Quarter

Taxpayer _____

Address _____

_____

Year to date period ending _____

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

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