Taxpayer # ______________________________
Taxpayer ______________________________
Address ______________________________
____

____________ Quarter

Year to date period ending ______________

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SOC. SEC. NUMBER	EMPLOYEE NAME* FIRST LAST	YEAR TO DATE GROSS	QUARTER GROSS	6.20% SOC. SEC. W/H	1.45% 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.