

YOU NEED TO FILL IN ALL THE INFORMATION - EVERY YEAR - INCLUDING THIS TOP PORTION - PLEASE PRINT

YOUR NAME _____

SOCIAL SECURITY # _____

STREET, BOX, ETC _____

FEDERAL ID # _____

TOWN & STATE _____ ZIP _____

PHONE # (605) _____

EMAIL _____

INCOMPLETE FORMS WILL NOT BE PROCESSED!!

MACHINE HIRE SAME AS
NON-EMPLOYEE COMPENSATION
AMOUNT PAID

DO NOT CHANGE HEADINGS
NAME & "COMPLETE" ADDRESS

AMOUNTS PAID TO AN INDIVIDUAL ONLY
IF \$600.00 OR MORE
SOCIAL SECURITY #

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

VETERINARY
AMOUNT PAID

NAME & "COMPLETE" ADDRESS

SOCIAL SECURITY #

\$ _____ Name _____
Address _____
City/State/Zip _____

\$ _____ Name _____
Address _____
City/State/Zip _____

PUT W-2 INFORMATION ON THE SEPARATE W-2 FORM WE PROVIDE. (THIS INCLUDES AGRI-PLAN PEOPLE)
PUT CASH RENT AND INTEREST PAID (TO AN INDIVIDUAL - NOT A BANK) ON PG 2 OF THIS FORM

Updated:
8/29/2016

YOU NEED TO FILL IN ALL THE INFORMATION - EVERY YEAR - INCLUDING THIS TOP PORTION - PLEASE PRINT

YOUR NAME _____ SOCIAL SECURITY # _____

STREET, BOX, ETC _____ FEDERAL ID # _____

TOWN & STATE _____ ZIP _____ PHONE # (605) _____

EMAIL _____

CASH RENT

AMOUNT PAID	NAME & "COMPLETE" ADDRESS	SOCIAL SECURITY #
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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INTEREST PAID

AMOUNT PAID	NAME & "COMPLETE" ADDRESS	SOCIAL SECURITY #
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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\$ _____	Name _____ Address _____ City/State/Zip _____	_____
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