Business Name	
Business Name	
Business Address	
Business Address	
City	
State	
Zip Code	
Phone Number	
Federal ID #	
Employer Email	

THIS INCLUDES AGRI-PLAN CLIENTS

ALSO INCLUDES THOSE WHO PAY THEIR CHILDREN

INCOMPLETE FORMS WILL NOT BE PROCESSED

Employee Information

Social Security #		**Gross Wage**		**Retire Plan**	
Name		**Social Security Wage**			
Address		**Medicare wage**		**Dependent Care Benefits**	
City					
State		**Federal Inc Tax W/H**		**Health Insurance**	
Zip		**SS Tax W/H**		**FSA**	
		Medicare Tax W/H		**HSA**	

Employee Information

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Address		**Medicare wage**		**Dependent Care Benefits**	
City					
State		**Federal Inc Tax W/H**		**Health Insurance**	
Zip		**SS Tax W/H**		**FSA**	
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