

PLEASE USE THIS FORM (FILL OUT COMPLETELY)

THIS INCLUDES AGRI-PLAN CLIENTS

YOUR NAME \_\_\_\_\_

ALSO THOSE WHO PAY THEIR CHILDREN

STREET, BOX, ETC \_\_\_\_\_

PHONE (605) \_\_\_\_\_

TOWN & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FEDERAL ID# (Not SS#) \_\_\_\_\_

EMAIL \_\_\_\_\_

INCOMPLETE FORMS WILL NOT BE PROCESSED!!

Please Circle One    COMMODITIES    CASH

EMPLOYEE INFORMATION- YOU MUST PROVIDE BREAKDOWN OF TAXES AS STATED.

SOCIAL SECURITY # _____	GROSS WAGE _____	\$ _____
NAME _____	FEDERAL INCOME TAX WITHHELD _____	\$ _____
STREET ADDRESS, BOX, ETC _____	SOCIAL SECURITY WITHHELD _____	\$ _____
TOWN & STATE _____ ZIP CODE _____	MEDICARE WITHHELD _____	\$ _____

SOCIAL SECURITY # _____	GROSS WAGE _____	\$ _____
NAME _____	FEDERAL INCOME TAX WITHHELD _____	\$ _____
STREET ADDRESS, BOX, ETC _____	SOCIAL SECURITY WITHHELD _____	\$ _____
TOWN & STATE _____ ZIP CODE _____	MEDICARE WITHHELD _____	\$ _____

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NAME _____	FEDERAL INCOME TAX WITHHELD _____	\$ _____
STREET ADDRESS, BOX, ETC _____	SOCIAL SECURITY WITHHELD _____	\$ _____
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