

WORK SHEET FOR NEW EMPLOYEES FOR FORM W-2

Name/Business _____
 Date _____
 EIN _____
 Comments: _____

Wages = Wages, Tips, & other Compensation
 FITW = Federal Income Tax Withheld
 SSTWH = Social Security Tax Withheld
 MCTWH = Medicare Tax Withheld
 SS Tips = Social Security Tips
 AllocTips = Allocated Tips
 DepndCare = Dependent Care Benefits
 St1Tax = State Income Tax Withheld

Social Security # _____	SS Tips _____
Name _____	DepndCare _____
Address _____	FITW _____
City _____ State _____ Zip _____	MCTWH _____
Wages _____	AllocTips _____
SSTWH _____	St1Tax _____

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Address _____	FITW _____
City _____ State _____ Zip _____	MCTWH _____
Wages _____	AllocTips _____
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Social Security #	_____	SS Tips	_____
Name	_____	DepndCare	_____
Address	_____	FITW	_____
City	State Zip	MCTWH	_____
Wages	_____	AllocTips	_____
SSTWH	_____	St1Tax	_____

Social Security #	_____	SS Tips	_____
Name	_____	DepndCare	_____
Address	_____	FITW	_____
City	State Zip	MCTWH	_____
Wages	_____	AllocTips	_____
SSTWH	_____	St1Tax	_____

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Name	_____	DepndCare	_____
Address	_____	FITW	_____
City	State Zip	MCTWH	_____
Wages	_____	AllocTips	_____
SSTWH	_____	St1Tax	_____

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Name	_____	DepndCare	_____
Address	_____	FITW	_____
City	State Zip	MCTWH	_____
Wages	_____	AllocTips	_____
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Wages	_____	AllocTips	_____
SSTWH	_____	St1Tax	_____