PLEASE PROVIDE COPIES OF FILED REPORTS TO RECONCILE W-2s

| Employee Information | Gross Wages | Social Security Withheld (6.2%) | Medicare Withheld (1.45%) | Federal Tax Withheld | State Tax Withheld | 401(k) / Simple Amount Withheld | Net Pay |
|---|---|---|---|---|---|---|---|
| SSN:<br>Name:<br>Address:<br>City, State Zip:<br>DOB if: ◯ Child/Parent of Employer ◯ Retirement Catch Up ◯ N/A<br>DOB: | | | | | | | |
| SSN:<br>Name:<br>Address:<br>City, State Zip:<br>DOB if: ◯ Child/Parent of Employer ◯ Retirement Catch Up ◯ N/A<br>DOB: | | | | | | | |
| SSN:<br>Name:<br>Address:<br>City, State Zip:<br>DOB if: ◯ Child/Parent of Employer ◯ Retirement Catch Up ◯ N/A<br>DOB: | | | | | | | |
| SSN:<br>Name:<br>Address:<br>City, State Zip:<br>DOB if: ◯ Child/Parent of Employer ◯ Retirement Catch Up ◯ N/A<br>DOB: | | | | | | | |
| SSN:<br>Name:<br>Address:<br>City, State Zip:<br>DOB if: ◯ Child/Parent of Employer ◯ Retirement Catch Up ◯ N/A<br>DOB: | | | | | | | |
| **Totals:** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |