

## FORM W2 CORPORATE FARMER

Business Name	*Amounts are based on a calendar year from Jan 1-Dec 31
Business Address	*W2s are to be distributed to recipients on or before Jan 31
City/State/Zip	*We will electronically file with the Social Security
EIN#	Administration which is also due no later than Jan 31 *Social Security/Medicare calculated on cash wages only

NAME	ADDRESS	SS#		GROSS	FED	SS (6.2%)	MED (1.45%)	S	TATE
Ex. John E. Doe	111 Main Street	111-11-1111	Cash	50,000.00	5 000 00	3,100.00	725.00	IA	1250.00
	Mason City, IA 50401		PIK	13,189.36	5,000.00			МО	1250.00
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			PIK						

Business Name		
<b>Business Address</b>		
City/State/Zip		
EIN#	<u></u>	

NAME	ADDRESS	SS#	GROSS	FED	SS (6.2%)	MED (1.45%)	STATE
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			PIK				
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