



**STATE STREET**  
TAX & ACCOUNTING ADVISORS

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W-2 Worksheet: Tax Year \_\_\_\_\_

Please return to us no later than  
**JANUARY 15** so all forms are sent  
out to recipients by January 31.

PAYER INFORMATION:

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
EIN or SS#: \_\_\_\_\_ Phone: \_\_\_\_\_

CHECK ONE: Mail W2's to Recipients \_\_\_\_\_ Mail W2's to me: \_\_\_\_\_ I will pick up W2's: \_\_\_\_\_

PAYEE (RECIPIENT) INFORMATION: (print add'l pages as needed)

SS#: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
Name: \_\_\_\_\_ Income Tax W/H: \_\_\_\_\_  
Address: \_\_\_\_\_ Soc. Sec. W/H: \_\_\_\_\_  
\_\_\_\_\_ Medicare W/H: \_\_\_\_\_  
Other Info to Report on W2 (401k, Health Ins., Other) \_\_\_\_\_

SS#: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
Name: \_\_\_\_\_ Income Tax W/H: \_\_\_\_\_  
Address: \_\_\_\_\_ Soc. Sec. W/H: \_\_\_\_\_  
\_\_\_\_\_ Medicare W/H: \_\_\_\_\_  
Other Info to Report on W2 (401k, Health Ins., Other) \_\_\_\_\_

SS#: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
Name: \_\_\_\_\_ Income Tax W/H: \_\_\_\_\_  
Address: \_\_\_\_\_ Soc. Sec. W/H: \_\_\_\_\_  
\_\_\_\_\_ Medicare W/H: \_\_\_\_\_  
Other Info to Report on W2 (401k, Health Ins., Other) \_\_\_\_\_

SS#: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
Name: \_\_\_\_\_ Income Tax W/H: \_\_\_\_\_  
Address: \_\_\_\_\_ Soc. Sec. W/H: \_\_\_\_\_  
\_\_\_\_\_ Medicare W/H: \_\_\_\_\_  
Other Info to Report on W2 (401k, Health Ins., Other) \_\_\_\_\_

SS#: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
Name: \_\_\_\_\_ Income Tax W/H: \_\_\_\_\_  
Address: \_\_\_\_\_ Soc. Sec. W/H: \_\_\_\_\_  
\_\_\_\_\_ Medicare W/H: \_\_\_\_\_  
Other Info to Report on W2 (401k, Health Ins., Other) \_\_\_\_\_

*FIRM USE ONLY*

Total # of W2's: \_\_\_\_\_ Any Info Missing: \_\_\_\_\_ Client Contacted: \_\_\_\_\_ New Info Recv'd: \_\_\_\_\_