Payroll Worksheets	Federal Monthly Deposit Record		Name		_Fed ID#	
AC		Address		Year		
$\mathcal{F}_{\!$	_	_				
<i>9</i> ₃ Business, inc.	Α.	В.	(A + 2B) = C	Actual	Date	
	FIT W/H	FICA W/H	Deposit Record	Amount Paid	Paid	
Example: January	\$38.00	\$76.50	\$191.00	\$191.00	2/15/	
Example: February	\$38.00	\$76.50	\$191.00	\$191.00	3/15/	
Example: March	\$38.00	\$76.50	\$191.00	\$191.00	4/15/	
Example: April	\$38.00	\$76.50	\$191.00	\$191.00	5/15/	
Example: May	\$38.00	\$76.50	\$191.00	\$191.00	6/15/	
Example: June	\$38.00	\$76.50	\$191.00	\$191.00	7/15/	
Example: July	\$38.00	\$76.50	\$191.00	\$191.00	8/15/	
Example: August	\$38.00	\$76.50	\$191.00	\$191.00	9/15/	
Example: September	\$38.00	\$76.50	\$191.00	\$191.00	10/15/	
Example: October	\$38.00	\$76.50	\$191.00	\$191.00	11/15/	
Example: November	\$38.00	\$76.50	\$191.00	\$191.00	12/15/	
Example: December	\$132.00	\$153.00	\$438.00	\$438.00	1/15/	
TOTAL	\$550.00	\$994.50	\$2,539.00	\$2,539.00		
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Yearly Total						

	State Quarterly Deposit Record			State I.D.#		
	SIT W/H	Payment	Date Paid			
Example: 1st Quarter	\$38.22	\$38.22	4/30/			
Example: 2nd Quarter	\$38.22	\$38.22	7/31/	Commodity Wage?		
Example: 3rd Quarter	\$38.22	\$38.22	10/31/		Yes	No
Example: 4th Quarter	\$62.03	\$62.03	1/31/	Record commodity was	ges paid on la	st page
Total	\$176.69	\$176.69		of worksheets		
1st Quarter				Retirement Plans:		
2nd Quarter					Yes	No
3rd Quarter					Г	
4th Quarter				Simple	SEP	
Yearly Total						

Employee Paycheck Information Year Name Name Address Address Soc. Sec. # Soc. Sec. # Other Taxable Federal Tax State Tax FICA TAX Net Amount Date Other Taxable Federal Tax State Tax FICA TAX Net Amount Date Paid W/H Earning W/H W/H W/H Paid Paid W/H Earning W/H W/H W/H Paid TOTAL TOTAL

Value of Health Insurance Paid:		Value of Health Insurance Paid:			
HSA Contribution:	Reitrement Yes/No:	HSA Contribution:	Reitrement Yes/No:		

Employee Paycheck Information Year Name Name Address Address Soc. Sec. # Soc. Sec. # Other Taxable Federal Tax State Tax FICA TAX Net Amount Date Other Taxable Federal Tax State Tax FICA TAX Net Amount Date Paid W/H Earning W/H W/H W/H Paid Paid W/H Earning W/H W/H W/H Paid TOTAL TOTAL

Value of Health Insurance Paid:		Value of Health Insurance Paid:			
HSA Contribution:	Reitrement Yes/No:	HSA Contribution:	Reitrement Yes/No:		



Wages Paid In Commo	odities	Year-End Summary		Employer		
Name	Address	S. S. Number	Commodity Name	Quantity	\$ Value At Transfer	Comm. Sold In Year Given? Yes or No
		-				
		-				