



Bookkeeping & Tax Service

1099, W2 Information Sheet

Questions? Call 712/364-3949

Return Information to:

Wilson's Bookkeeping & Tax Service
P.O. Box 43
Ida Grove, IA 51445

Name: \_\_\_\_\_ SSN \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_
Employer ID # \_\_\_\_\_ Employer State ID # \_\_\_\_\_

See Back Side For Additional Information

1099 W2

Check One!

Recipient: \_\_\_\_\_ SSN \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Income:

Table with 4 columns: Wages (W2 Only), Non Employee Compensation, Prices, Awards, Rents, Medical, Health Care Payments, Substitute Payments, Royalties, Crop Insurance Proceeds, Other. Includes a dollar sign and a line for 'Wages or Payments'.

Deductions:

Table with 4 columns: Federal Tax Withheld, Social Security Tax Withheld, Allocated Tips, Other, State Tax Withheld, Medical Tax Withheld, Advance EIC Payments, Other. Includes dollar signs and lines for each category.

Statutory Employee Deceased Pension Plan Legal Rep. 942 Emp. Deferred Compensation

Check All That Apply:

1099 W2

Check One!

Recipient: \_\_\_\_\_ SSN \_\_\_\_\_
Address: \_\_\_\_\_
City, St: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Income:

Table with 4 columns: Wages (W2 Only), Non Employee Compensation, Prices, Awards, Rents, Medical, Health Care Payments, Substitute Payments, Royalties, Crop Insurance Proceeds, Other. Includes a dollar sign and a line for 'Wages or Payments'.

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Statutory Employee Deceased Pension Plan Legal Rep. 942 Emp. Deferred Compensation

Check All That Apply:

PLEASE RETURN THIS INFORMATION BY JANUARY 15TH

## 1099, W2 Information Sheet Cont.

<b>1099</b>	<b>W2</b>	Recipient: _____	SSN _____
<b>Check One!</b>		Address: _____	
		City, St: _____	St. _____ Zip _____

**Income:**

\$ _____ Wages or Payments	Wages (W2 Only) Rents Royalties	Non Employee Compensation Medical, Health Care Payments Crop Insurance Proceeds	Prices, Awards Substitute Payments Other
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**Deductions:**

\$ _____ Federal Tax Withheld	\$ _____ Social Security Tax Withheld	\$ _____ Allocated Tips	\$ _____ Other
\$ _____ State Tax Withheld	\$ _____ Medical Tax Withheld	\$ _____ Advance EIC Payments	\$ _____ Other
Statutory Employee	Deceased	Pension Plan	Legal Rep. 942 Emp. Deferred Compensation

**Check All That Apply:**

<b>1099</b>	<b>W2</b>	Recipient: _____	SSN _____
<b>Check One!</b>		Address: _____	
		City, St: _____	St. _____ Zip _____

**Income:**

\$ _____ Wages or Payments	Wages (W2 Only) Rents Royalties	Non Employee Compensation Medical, Health Care Payments Crop Insurance Proceeds	Prices, Awards Substitute Payments Other
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**Deductions:**

\$ _____ Federal Tax Withheld	\$ _____ Social Security Tax Withheld	\$ _____ Allocated Tips	\$ _____ Other
\$ _____ State Tax Withheld	\$ _____ Medical Tax Withheld	\$ _____ Advance EIC Payments	\$ _____ Other
Statutory Employee	Deceased	Pension Plan	Legal Rep. 942 Emp. Deferred Compensation

**Check All That Apply:**

<b>1099</b>	<b>W2</b>	Recipient: _____	SSN _____
<b>Check One!</b>		Address: _____	
		City, St: _____	St. _____ Zip _____

**Income:**

\$ _____ Wages or Payments	Wages (W2 Only) Rents Royalties	Non Employee Compensation Medical, Health Care Payments Crop Insurance Proceeds	Prices, Awards Substitute Payments Other
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**Deductions:**

\$ _____ Federal Tax Withheld	\$ _____ Social Security Tax Withheld	\$ _____ Allocated Tips	\$ _____ Other
\$ _____ State Tax Withheld	\$ _____ Medical Tax Withheld	\$ _____ Advance EIC Payments	\$ _____ Other
Statutory Employee	Deceased	Pension Plan	Legal Rep. 942 Emp. Deferred Compensation

**Check All That Apply:**

**PLEASE RETURN THIS INFORMATION BY JANUARY 15TH**