



WILSON'SSM
Bookkeeping & Tax Service

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer ID# _____ Employer State ID# _____

Recipient: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Check One: 1099 W-2

Income:

\$ _____
Gross Payments

- Wages (W-2 Only)
 Rents
 Royalties

- Non-Employee Comp
 Medical Payments
 Crop Ins Proceeds

- Prices, Awards
 Substitute
 Payments

Deductions:

\$ _____
Federal Tax Withheld

\$ _____
Social Security Tax Withheld

\$ _____
Allocated Tips

\$ _____
Other

\$ _____
State Tax Withheld

\$ _____
Medicare Tax Withheld

\$ _____
Advance EIC Payments

\$ _____
Other

Check All That Apply: Statutory Employee Deceased Pension Plan Deferred Compensation

Recipient: _____ SSN# _____

Address: _____ City: _____ State: _____ Zip: _____

Check One: 1099 W-2

Income:

\$ _____
Gross Payments

- Wages (W-2 Only)
 Rents
 Royalties

- Non-Employee Comp
 Medical Payments
 Crop Ins Proceeds

- Prices, Awards
 Substitute
 Payments

Deductions:

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Other

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State Tax Withheld

\$ _____
Medicare Tax Withheld

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Advance EIC Payments

\$ _____
Other

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Please return information by January 15th to: Wilson's Bookkeeping & Tax Service

517 2nd Street · PO Box 43 · Ida Grove, IA 51445 · P 712 364 3949 · TF 800 283 3207 · F 712 364 2841 · www.wilsonsaxservice.com

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Deductions:

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Federal Tax Withheld *Social Security Tax Withheld* *Allocated Tips* *Other*
\$ _____ \$ _____ \$ _____ \$ _____
State Tax Withheld *Medicare Tax Withheld* *Advance EIC Payments* *Other*

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