## INFORMATION FOR YEAR ENDED <u>12-31-24</u> W-2/WAGES WORKSHEET (USE BACK OF FORM IF ADDITIONAL LINES NEEDED)



Employer's Name:			Feder	ral ID # (X)	<-xxxxxx	X):		
Employer's Address: City, State, Zip:					Social Security #: Phone Number:			
Please list below all agricultural employee the amount of the non-cash wages. The ar employee. Social Security, Medicare and f	s and their wages for mount of the non-casl	2024. Also ple h wages is the	ease list all em fair market val	ployees that ue of the con	were paid non- nmodity on the	date the comm	r example: grain or hogs or other commodities) and odity is transferred by the employer to the	
Spouse & Your Children Under Age 18							lowa requires electronic upload of all W-2s that had lowa Withholding Tax Paid.	
Name & Address	Social Security #	Gross Amount Paid	Federal W/H	FICA W/H	lowa W/H	Health Ins	ilau lowa witiiilolullig lax Falu.	
							*Please provide your login information below.*	
							BEN:	
							User ID: Password:	
		· <del></del>					DID YOUR CHILD TURN 18 DURING 2022?	
							YES NO	
		· <del></del>					Wages Before 18	
							Wages After 18	
		. <del></del>					_	

NOTE: The FICA tax withholding rate for 2024 is 7.65%. Please contact us or view our website for updates. www.rfsw.com

<sup>\*</sup>If you are providing a pension or profit sharing plan for your employees or spouse, please let us know. \*

## **NON-FAMILY HELP & CHILDREN OVER AGE 18 - CONTINUED**

Gross Social Federal **COMMEDITY** Amount Paid W/H Health Ins WAGES Name & Address Security# FICA W/H Iowa W/H **NET WAGES** 

Please list Fe	Date	•	paid to the Intern		iceEFTPS onl	<u>ine for <b>2024</b></u>
January February March April May June July August September October November December						
Total Federa	l Deposits					
<u>Please list St</u>	Date	·	d to State of lowa			
January February March April May June July August September October November December	Payment Mac	<u>le Am</u>	nount Paid to Iow	<u>'a</u>		
Total Iowa D	eposits					

