

PLEASE USE THIS FORM (FILL OUT COMPLETELY)

THIS INCLUDES AGRI-PLAN CLIENTS

YOUR NAME _____

ALSO THOSE WHO PAY THEIR CHILDREN

STREET, BOX, ETC _____

PHONE (605) _____

TOWN & STATE _____ ZIP _____

FEDERAL ID# (Not SS#) _____

EMAIL _____

Please Circle One

COMMODITIES

CASH

EMPLOYEE INFORMATION

SOCIAL SECURITY # _____

GROSS WAGE _____ \$ _____

NAME _____

FEDERAL INCOME TAX WITHHELD _____ \$ _____

STREET ADDRESS, BOX, ETC _____

SOCIAL SECURITY WITHHELD _____ \$ _____

TOWN & STATE _____ ZIP CODE _____

MEDICARE WITHHELD _____ \$ _____

SOCIAL SECURITY # _____

GROSS WAGE _____ \$ _____

NAME _____

FEDERAL INCOME TAX WITHHELD _____ \$ _____

STREET ADDRESS, BOX, ETC _____

SOCIAL SECURITY WITHHELD _____ \$ _____

TOWN & STATE _____ ZIP CODE _____

MEDICARE WITHHELD _____ \$ _____

SOCIAL SECURITY # _____

GROSS WAGE _____ \$ _____

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