

CLIENT ID # _____

MAILED / PUT IN FILE _____

ATTENTION: FARMERS, BUSINESS OWNERS & SOLE PROPRIETORS:

This W-2 Form needs to be furnished to the recipient by January 31, 2024.

*****BENGARD & ASSOCIATES INC MUST HAVE THIS INFORMATION ON OR BEFORE JANUARY 15, 2024*****

(Failure to file these forms will result in an IRS fine of \$250.00 per form for any late filing or errors.)

CLIENT INFORMATION FOR TAX YEAR 2023 W-2 PREPARATION

YOUR NAME: _____

FED ID# OR SS#: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

DATE: _____

CLIENT MAILS: _____

BENGARD & ASSC MAILS: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

CITY, STATE & ZIP: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

GROSS PAY \$: _____ MEDICARE \$: _____

GROSS PAY \$: _____ MEDICARE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

NET PAY \$: _____

NET PAY \$: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

CITY, STATE & ZIP: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

GROSS PAY \$: _____ MEDICARE \$: _____

GROSS PAY \$: _____ MEDICARE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

NET PAY \$: _____

NET PAY \$: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

CITY, STATE & ZIP: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

GROSS PAY \$: _____ MEDICARE \$: _____

GROSS PAY \$: _____ MEDICARE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

NET PAY \$: _____

NET PAY \$: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

CITY, STATE & ZIP: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

GROSS PAY \$: _____ MEDICARE \$: _____

GROSS PAY \$: _____ MEDICARE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

SOC SEC \$: _____ FEDERAL \$: _____ STATE \$: _____

NET PAY \$: _____

NET PAY \$: _____