2025 W2 Information

Your Name or Business Name: ____________________

Address: ____________________

Employer ID: ____________________ Telephone #____________________

Employee Name			SSN		
Employee Address			Circle If applicable:	Your Child	H2A
City		State	Zip		
	Soc Sec & Medicare	Fed WH	State WH	Net Paycheck	
Gross Wage					
* Overtime Wages Paid:	$				

Employee Name			SSN		
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City		State	Zip		
	Soc Sec & Medicare	Fed WH	State WH	Net Paycheck	
Gross Wage					
* Overtime Wages Paid:	$				

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Gross Wage					
* Overtime Wages Paid:	$				

Please ensure you have indicated if Employee is an H2A worker or your Child under age 18.

By completing this form you are giving authorization for Jay Hansen CPA to electronically file your forms.