Payroll Worksheets	Federal Monthly Deposit Record		Name	Fed	ID#
AC	• •		Address	Year	
$\mathcal{N}_{\mathcal{F}_{\mathcal{B}}}$ Nebraska Farm Business, Inc.	A. FIT W/H	B. FICA W/H	(A + 2B) = C Deposit Record	Actual Amount Paid	Date Paid
Example: January	\$38.00	\$76.50	\$191.00	\$191.00	2/15/
Example: February	\$38.00	\$76.50	\$191.00	\$191.00	3/15/
Example: March	\$38.00	\$76.50	\$191.00	\$191.00	4/15/
Example: April	\$38.00	\$76.50	\$191.00	\$191.00	5/15/
Example: May	\$38.00	\$76.50	\$191.00	\$191.00	6/15/
Example: June	\$38.00	\$76.50	\$191.00	\$191.00	7/15/
Example: July	\$38.00	\$76.50	\$191.00	\$191.00	8/15/
Example: August	\$38.00	\$76.50	\$191.00	\$191.00	9/15/
Example: September	\$38.00	\$76.50	\$191.00	\$191.00	10/15/
Example: October	\$38.00	\$76.50	\$191.00	\$191.00	11/15/
Example: November	\$38.00	\$76.50	\$191.00	\$191.00	12/15/
Example: December	\$132.00	\$153.00	\$438.00	\$438.00	1/15/
TOTAL	\$550.00	\$994.50	\$2,539.00	\$2,539.00	
January					
February					
March					
April					
May					
June					
July					
August					
September					
October	_		-		
November					
December					
Yearly Total					

	State Quarterly Deposit Record			State I.D.#		
	SIT W/H	Payment	Date Paid			
Example: 1st Quarter	\$38.22	\$38.22	4/30/			
Example: 2nd Quarter	\$38.22	\$38.22	7/31/	Commodity Wage?		
Example: 3rd Quarter	\$38.22	\$38.22	10/31/		Yes	No
Example: 4th Quarter	\$62.03	\$62.03	1/31/	Record commodity wa	ges paid on la	ist page
Total	\$176.69	\$176.69		of worksheets		
1st Quarter				Retirement Plans:		
2nd Quarter					Yes	No
3rd Quarter						
4th Quarter				Simple	SEP _	
Yearly Total	_					

Year **Employee Paycheck Information** Name Name Address Address Soc. Sec. # Soc. Sec. # Other Taxable Federal Tax State Tax FICA TAX | Net Amount Date Other Taxable Federal Tax State Tax FICA TAX Net Amount Date W/H W/H W/H W/H Paid W/H Earning W/H W/H Paid Earning Paid W/H Paid TOTAL TOTAL Value of Health Insurance Paid: Value of Health Insurance Paid: _____

Reitrement Yes/No:____

HSA Contribution: ____

HSA Contribution:

Reitrement Yes/No:_____

Year **Employee Paycheck Information** Name Name Address Address Soc. Sec. # Soc. Sec. # Other Taxable Federal Tax State Tax FICA TAX | Net Amount Date Other Taxable Federal Tax State Tax FICA TAX Net Amount Date W/H W/H W/H W/H Paid W/H Earning W/H W/H Paid Earning Paid W/H Paid TOTAL TOTAL Value of Health Insurance Paid: Value of Health Insurance Paid: _____

Reitrement Yes/No:____

HSA Contribution: ____

HSA Contribution:

Reitrement Yes/No:_____



Wages Paid In Commo	odities	Year-End	Year-End Summary			
Name	Address	S. S. Number	Commodity Name	Quantity	\$ Value At Transfer	Comm. Sold In Year Given? Yes or No
		- - -				
		- - - -				