

2021 Agricultural Employment and Information Return

Worksheet Summary of Monthly Wages, Tax Liability and Deposits

Business name	Fiscal Year End	
Street address		
City, State & Zip	Federal I.D. #	
Contact person	State I.D. # (from INTAX W/H acct)	
Telephone number, including area code	County/School District	

Please complete the following summary.

Month	Gross Cash Wages Paid	Form 943 Tax Calculated	Scheduled Form 943 Payment Date	Actual Form 943 Payment Date	Form 943 Payment Amount	State / County (Form WH-1) Payment Date	State / County (Form WH-1) Payment Amount	Form 940 Payment Date	Form 940 Payment Amount
January	1 4.14		February, 2021	2400	7	I ay o o o	7		7 0 0
February			March, 2021						
March			April, 2021						
April			May, 2021						
May			June, 2021						
June			July, 2021						
July			August, 2021						
August			September, 2021						
September			October, 2021						
October			November, 2021						
November			December, 2021						
December			January, 2022						



2021 Agricultural Employment and Information Return Worksheet

If you paid wages during 2021, list the names, addresses and Social Security Numbers of all the people to whom wages were paid, the amounts (including PIK wages) and withholdings on the following worksheets.

Note: The information requested below asks for information about payments made in the course of business during calendar **2021.** If your tax year ends in a month other than December, you must refer to two fiscal years in order to provide the answers that reflect the payments made in every month of calendar 2021. Do not report any wages paid by the business during 2020 or 2022.

If you paid PIK wages during 2021, please make sure you include your bills of sale when you return these worksheets to us.

Employee Name	Gross Cash Wages	PIK		Medicare				
Address	If you did not	Wages		Withheld				
City, State & Zip Code	withhold any taxes	(Value at Date of	Social Security	(including	Federal	State	County/Local	NET
Social Security Number	mark 'X'	Transfer to	Withheld	Additional	Withheld	Withheld	Withheld	Wages
		Employee)		Medicare Tax)				
SS#								
SS#								
CC II								
SS#								



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CPAS/ADVISORS

Worksheet 2021 Calendar Year Wages

Worksneet 2021 Calendar Year Wages									
Employee Name	Gross Cash Wages	PIK		Medicare					
Address	If you did not	Wages		Withheld					
City, State & Zip Code	withhold any taxes	(Value at Date of	Social Security	(including	Federal	State	County/Local	NET	
Social Security Number	mark 'X'	Transfer to	Withheld	Additional	Withheld	Withheld	Withheld	Wages	
		Employee)		Medicare Tax)					
SS#									
SS#									
SS#									
604									
SS#									