W-2 INFORMATION SHEET (for wages paid to employees) 2025

Please fill in all employee information. A filliable PDF version of this form can be found on our website at CHMSPC.COM

If you are an agricultural employer, please indicate whether you use the following method (circle one): Withhold or Grossup

Employer Name _____

Address _____

City, State, Zip _____

Client # _____ (for CHMS, PC office use only)

Federal Tax ID _____

State Withholding ID _____

Employee Name	Social Security Number	Mailing Address City, State, Zip	Gross Amount Paid	Taxes Withheld			
				Social Security	Medicare	Federal	State