

Employer Withholding List

Fill out this worksheet online or by hand. You can print and/or save the completed worksheet.

Employer name			FEIN	Page 1 of ____	
Address			Contact Person		
KIDS Employer ID			Contact Information		
Withholding Date	Employee Name	Employee's SSN, Case Identifier, or KIDS PIN	Payroll Frequency (see codes below)	Gross Income	Amount Withheld
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				Total Withholdings (total the amounts listed on all pages)	\$

Payroll Frequency Codes

- 1 Monthly 2 Semi-Monthly 3 Bi-Weekly 4 Weekly
- 5 Other (Commissions, bonuses, etc.)

Employer Withholding List, continued

If more than nine employees, fill out and include copies of this worksheet as needed.

Employer name			FEIN		Page ____ of ____
Withholding Date	Employee Name	Employee's SSN, Case Identifier or KIDS PIN	Payroll Frequency – (codes on page 1)	Gross Income	Amount Withheld (include these amounts in "Total Withholdings" on bottom of page 1)
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

If needed, please add additional pages that include the same information and use the same format as this page.