W-2 INFORMATION SHEET (for wages paid to employees) 2023

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

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

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Employer Name			_	Client #		(for CHMS, PC offi	ce use only)	
Address			Federal Tax ID					
City, State, Zip			_ State	Withholding ID				
				Taxes Withheld				
	Social Security	Mailing Address	Gross Amount					
Employee Name	Number	City, State, Zip	Paid	Social Security	Medicare	Federal	State	