

**RECORD COPY
ONLY
DO NOT SEND
TO THE AGENCY**

Name:

Withholding
Account No.:

Quarterly Period Covered:

MM DD

YYYY

MM DD

YYYY

Individual Employee/Payee Withholding Reporting and Corrections

If this is an amended return, see instructions before completing this schedule.

A**B****C****D**

Payee Name (Last, First, MI)

Social Security Number

Original Return
WithholdingAmended Return
Correct Withholding

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____
- h. _____
- i. _____
- j. _____
- k. _____
- l. _____
- m. _____
- n. _____
- o. _____
- p. _____
- q. _____
- r. _____
- s. _____

6. Total of column C 6. \$

7. Total of column D 7. \$