

943 / State Withholding Worksheet

Employer _____ Fed ID# _____ Year _____

Number of Employees Employed in the Pay Period that includes March 12: _____

Total Number of Employees in the Year: _____

Complete the following monthly chart if your current year total payroll liability equals or exceeds **\$2,500** federal liability and/or **\$500** state liability (ND) and/or if you've made federal or state tax deposits.

(Federal Payroll liability is the total of: **Employee's** share of Social Security and Medicare, matching **Employer's** share of Social Security and Medicare and Employees **Federal Income Tax Withholding**.)

(If under \$2,500 total federal liability AND \$500 state liability, fill in TOTAL amounts only.)

* If **SOLE PROPRIETOR**, GROSS MONTHLY WAGE DOES NOT INCLUDE COMMODITY WAGE OR CHILDREN UNDER 18 WAGE.

Month	Gross Monthly Wage *	SS & Medicare (Gross Wage x .153)	Federal Income Tax Withheld	Total Liability (943)	Federal Tax Deposits	State Withheld	State Tax Deposits
JANUARY	\$	\$	\$	\$		\$	\$
FEBRUARY	\$	\$	\$	\$	\$	\$	\$
MARCH	\$	\$	\$	\$	\$	\$	\$
APRIL	\$	\$	\$	\$	\$	\$	\$
MAY	\$	\$	\$	\$	\$	\$	\$
JUNE	\$	\$	\$	\$	\$	\$	\$
JULY	\$	\$	\$	\$	\$	\$	\$
AUGUST	\$	\$	\$	\$	\$	\$	\$
SEPTEMBER	\$	\$	\$	\$	\$	\$	\$
OCTOBER	\$	\$	\$	\$	\$	\$	\$
NOVEMBER	\$	\$	\$	\$	\$	\$	\$
DECEMBER	\$	\$	\$	\$	\$	\$	\$
JANUARY							
TOTAL							

PLEASE SUPPLY ALL INFORMATION and RETURN TO DARCY BY
JANUARY 15