

*Iver J. Eliason*  
CERTIFIED PUBLIC ACCOUNTANT

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MEMBER OF:  
AMERICAN INSTITUTE OF CPA'S  
NORTH DAKOTA SOCIETY OF CPA'S

900 20TH AVENUE SOUTHWEST, BOX 3130  
MINOT, NORTH DAKOTA 58702-3130  
TELEPHONE 701/839-2520  
FAX 701/839-2531

December 2025

## W-2 Preparation-2025

***\*\*\* Federal and State W-2's will be submitted electronically. Input sheet attached  
MUST contain a signature authorization. \*\*\****

Your signature is authorizing our office to electronically file the information on your behalf. Please fill out the form attached for any workers you employed during this tax year, including your spouse and children. Your spouse, and your children 18 years and over are subject to Social Security tax. List **AGE** only if employee is your child and under 18 years old. All fields on the form must be accurate and complete. If our office prepared a W-2 previously you may indicate that the address, Social Security number are "On File".

Please have your information to us on or before **January 8** to allow us time to get your forms completed and returned to you in good time. Your annual return for agriculture employees and their W-2's is due **January 31**. If your total gross wages exceed \$16,000 the payments are due by **January 15<sup>th</sup>!**

Please provide an **EFTPS report** or list withholding payments made for 2025. This list should include the dates and amounts of your EFTPS Deposits.

We cannot and will not take your information over the phone. You may, however, mail to PO Box 3130, Minot, ND 58702-3130, fax (701)839-2531, or upload securely to your client portal or electronically via iver.biz.

**\*\*\*\*UPDATE:** We now have a fillable form on the website, and it contains a field to provide an electronic signature.

Thank you,  
The Staff of Iver J. Eliason, CPA

YOUR NAME \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

Employer ID # \_\_\_\_\_

TELEPHONE# \_\_\_\_\_

## W-2 REPORTING FOR TAX YEAR \_\_\_\_\_

\*\*\* If total wages paid for YEAR exceeds 14,500; you MUST provide EFTPS deposit information

### INDIVIDUAL EMPLOYEE INFORMATION

SS# & Name			AGE, if your Child & under 18
Mailing Address			
Gross Wage (Before Tax) \$	Minus DEDUCTIONS		Net Wage (Check Amount) \$
	SS & Medicare \$	Federal Tax W/held \$	

### INDIVIDUAL EMPLOYEE INFORMATION

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	SS & Medicare \$	Federal Tax W/held \$	

I certify that the provided information is correct, and I authorize Iver J. Eliason, CPA to electronically file my W-2's

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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