

ACCUPAY[®]
EMPLOYER INFORMATION

Acct. No.

Apy Use

Name: Telephone: "X" If Reprocess

0	Current Quarter	Number of Employees This Quarter	1st Month <input type="text"/>	2nd Month <input type="text"/>	3rd Month <input type="text"/>	12th Day - 3rd Mth 9 4 1 <input type="text"/>	Final Wages Paid Enter Date	Terminated Employer / /	Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack) <input type="checkbox"/>	Ship Method (8 Char) <input type="text"/>	Printback *S* = Std <input type="checkbox"/>	Alphabetize proforma *Y* = Yes <input type="checkbox"/>	E-file W-2 *M* = E-file *P* = Paper <input type="checkbox"/>	Fourth Qtr Only *W* = W-2 Only Svc <input type="checkbox"/>																																																																																							
1	California	California Tax Deposits This Quarter	S.U.I. <input type="text"/>	E.T.T. <input type="text"/>	S.D.I. <input type="text"/>	State W/H <input type="text"/>	DE-9/9C E-file Enter *Q* <input type="checkbox"/>	DE-34 Print Enter *X* <input type="checkbox"/>	DE-9 Rounding Enter *R* <input type="checkbox"/>	DE88 Deposit Date	Mth <input type="text"/>	Day <input type="text"/>																																																																																									
2	Form 941 or 944	Form 941 or Form 944 Deposits	941 - Current Quarter 944 - Total for the Year <input type="text"/>	941 Monthly Liabilities 1st Month <input type="text"/>	2nd Month <input type="text"/>	Memo: Prior Qtr F941 Overpayment <input type="text"/>	944 Filer Enter *X* <input type="checkbox"/>	Seasonal 941 Filer Enter *X* <input type="checkbox"/>	Deposit Date in Letter	Mth <input type="text"/>	Day <input type="text"/>	Overpayment Option Blank = Refund *X* = Apply to next Qtr. *S* = Suppress line <input type="checkbox"/>																																																																																									
3	Employer Name & Address	Employer's Name (28 Char) <input type="text"/>				Trade Name (40 Char) <input type="text"/>																																																																																															
		No. & Street (22 Char) <input type="text"/>			Suite, Bldg., Room (15 Char) <input type="text"/>			City (22 Char) <input type="text"/>			State <input type="text"/>	ZIP <input type="text"/>	Ext. ZIP <input type="text"/>	F = foreign address <input type="checkbox"/>																																																																																							
		Filing Labels *S* = NO <input type="checkbox"/>	Employee Labels Enter *X* <input type="checkbox"/>	FICA/SDI Options *X* = Adjust *A* = Actual on W-2 <input type="checkbox"/>	Balance Due Option *X* = Force pmt with return *F* = Force Deposit <input type="checkbox"/>			Electronic Depositor	*F* = Federal *S* = State *B* = Both <input type="checkbox"/>	Federal Deposit State <input type="text"/>	Suppress 3rd Party Designee Enter *X* <input type="checkbox"/>	Suppress 941/W-3 Reconciliation Enter *S* <input type="checkbox"/>																																																																																									
4	Tax ID Numbers	Federal ID Number	(10 Char. Include Dash) <input type="text"/>			Primary State ID Number	(18 Char. Include Dashes) <input type="text"/>			Secondary State ID Number	(18 Char. Include Dashes) <input type="text"/>			Household Employer Only (9 char) <input type="text"/>	Employer's SSN (no dashes) <input type="text"/>																																																																																						
5	Tax Rates	Primary State Code <input type="text"/>	Secondary State Code <input type="text"/>	Primary State SUI Rate <input type="text"/>	Calif. ETT Rate <input type="text"/>	Secondary State SUI Rate <input type="text"/>	Other Rate <input type="text"/>	Employer Type on W-3 (if applicable) *1* = Non government 501(c) *2* = State/local gov't NON 501(c) *3* = State/local gov't 501(c) *4* = Federal government <input type="checkbox"/>																																																																																													
6	Form 940	FUTA Deposits	Current Quarter FUTA <input type="text"/>	Total Prior Quarter FUTA <input type="text"/>	Quarterly FUTA Liabilities	First Quarter <input type="text"/>	Second Quarter <input type="text"/>	Third Quarter <input type="text"/>	940 Overpayment Option Blank = Refund *X* = Apply to next Yr. *S* = Suppress line <input type="checkbox"/>																																																																																												
7	Form 943	Farm ONLY FICA Option	*X* = Farm Employer *R* = Refund excess FICA *A* = Adjust Form 943 for excess FICA <input type="checkbox"/>	*X* If Form 940 Required for this Farm <input type="checkbox"/>	Number of Farm Employees on March 12th <input type="text"/>	Total Form 943 Deposits for the Year <input type="text"/>	Deposit Due Date for Letter	Mth <input type="text"/>	Day <input type="text"/>	943 Overpayment Option *X* = Apply to next Yr. *S* = Suppress line <input type="checkbox"/>																																																																																											
8	Form 941 Record of Daily Liability	(Complete only if Form 941 Schedule B is required)	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td></tr> <tr> <td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td></tr> <tr> <td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td></tr> <tr> <td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td><td style="text-align:center;">.</td></tr> </table>																																	
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9	Paid Preparer	*X* to complete Paid Preparer Section on Federal Forms <input type="checkbox"/>	*S* if preparer is self-employed <input type="checkbox"/>	PTIN <input type="text"/>	Preparer's Name (31 Characters) <input type="text"/>																																																																																																
Apy Use	A	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D	<input type="text"/>	E	<input type="text"/>	F	<input type="text"/>	G	<input type="text"/>	H	<input type="text"/>																																																																																					

A-1 SUPPLEMENTAL YEAR-END
EMPLOYER INFORMATION

Acct. No.

Proforma Option <input type="text"/> <input type="text"/> <input type="text"/> Do not drop inactive employees from Qtr 1 proforma. Enter "1" if ALL employee should be saved.	Apay Use <input type="text"/> <input type="text"/>	Apay Use <input type="text"/> <input type="text"/>	Apay Use <input type="text"/> <input type="text"/>	Apay Use <input type="text"/> <input type="text"/>	Apay Use <input type="text"/> <input type="text"/>
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Form 944 ANNUAL FEDERAL RETURN

Form **944** Annual Federal Return in lieu of quarterly Form 941

Enter the monthly liability here ONLY if total Form 944 liability for the year is **\$2500** or more..

Month	Liability	Month	Liability	Month	Liability	Month	Liability
40 Jan	<input type="text"/>	Apr	<input type="text"/>	Jul	<input type="text"/>	Oct	<input type="text"/>
41 Feb	<input type="text"/>	May	<input type="text"/>	Aug	<input type="text"/>	Nov	<input type="text"/>
42 Mar	<input type="text"/>	Jun	<input type="text"/>	Sep	<input type="text"/>	Dec	<input type="text"/>

Enter **Total Deposits** for the year on **D/S A** deposits for Form 941/944

Form W-3 and W-2 ADDITIONAL INFORMATION

Form W-3 If successor Employer, enter Predecessor's Federal EIN <input type="text"/> <input type="text"/> <input type="text"/>	W-2 BOX 14 Customized Descriptions For D/S D Codes (14 char.) <input type="text"/>	For D/S D code 9 - Description of Amt <input type="text"/> <input type="text"/> <input type="text"/> For D/S D code 10 - Description of Amt <input type="text"/> <input type="text"/> <input type="text"/>	W-2 Meals & Lodging Text Blank = Meals/Lodging 1 = Meals 2 = Lodging <input type="text"/>
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See additional information for Successor Employer under Form 940 below.

Form 940 ADDITIONAL INFORMATION

Form 940 Printing Option <input type="text"/> <input type="text"/> <input type="text"/>	"1" = Suppress print when no FUTA wages (all exempt). "2" = Force print when no FUTA wages.	Describe employee " Other Compensation " on D/S C: Fringe benefits exempt from FUTA (default) <input type="text"/> Other payments exempt for FUTA, enter "1" Both Fringe benefits and Other payments exempt from FUTA, enter "2".
Form 940 Successor Employer Enter "1" to identify Employer as a Successor Employer. <input type="text"/> <input type="text"/> <input type="text"/>	If Predecessor's wages are included in Wages listed for each employee, enter the amount of FUTA wages (limited to \$7000/employee) that were paid by Predecessor. <input type="text"/> <input type="text"/> <input type="text"/>	

Form 940 Additional Payments Exempt from FUTA. Pension/Retirement <input type="text"/> <input type="text"/> <input type="text"/> Dependent Care (override) <input type="text"/> <input type="text"/> <input type="text"/> Other (additional) <input type="text"/> <input type="text"/> <input type="text"/> Fringe benefits (additional) <input type="text"/> <input type="text"/> <input type="text"/>	Enter the TOTAL EMPLOYER paid benefits that AccuPay does not list automatically. (For Successor Employer, see below). Enter EMPLOYER payments to Pension/Retirement plans (do NOT include employee salary reduction payments). AccuPay includes up to \$5000 that is listed as Dependent Care on D/S D for each employee. Entry here overrides AccuPay's calculation. AccuPay includes Wages coded as FUTA Exempt (from D/S B) and FUTA wage overrides (from D/S C). Enter any additional amounts. Enter other Employer-paid fringe benefits such as medical/accident premiums, HSA, MSA payments that are NOT listed as "Other Compensation" Do NOT include Meals/Lodgings (from D/S B), Other Compensation (from D/S C), and Group Term Life Ins (from D/S D).
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Form 940 LATE RETURNS ONLY	Enter TOTAL state SUI contributions made by Form 940 due date ONLY if ALL contributions will not be paid by the Form 940 due date. A REDUCED credit for state contributions will be computed on any SUI liability in excess of entries here. If left blank, AccuPay assumes ALL SUI contributions were paid by Form 940 due date.	SECONDARY state FUTA credit for SUI (overrides automatic calc.) <input type="text"/> <input type="text"/> <input type="text"/>
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Form 945 PENSIONS, ANNUITIES

Acct. No.

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Form 945 Annual Return of Fed Income Tax (Pensions, Annuities, Gambling, etc.)

Form 945 Record of Monthly Liability (If Form 945-A is required, complete Record of Daily Liability below)

Total Federal Withholding from Pensions, Annuities, Gambling, etc.

Total Fed Backup Withholding

Total Form 945 deposits

Adjustments

13 09	21	31	41	51
Month	Liability	Month	Liability	Month
10 Jan		Apr		Jul
11 Feb		May		Aug
12 Mar		Jun		Sep
				Oct
				Nov
				Dec

Form 945-A Record of Daily Liability (Complete only if semi-weekly depositor)

13 21 24 25 Mth Day Liability	35 38 39 Mth Day Liability	49 52 53 Mth Day Liability	63 66 67 Mth Day Liability	77 80 81 Mth Day Liability
30				
31				
32				
33				
34				

Form 943 AGRICULTURAL EMPLOYER

Form 943 Agricultural Employer Record of Monthly Liability

Enter Total Deposits on D/S A, rec 9. (If Form 943-A is required, complete Record of Daily Liability below)

13 06	21	31	41	51
Month	Liability	Month	Liability	Month
06 Jan		Apr		Jul
07 Feb		May		Aug
08 Mar		Jun		Sep
				Oct
				Nov
				Dec

Form 943-A Record of Daily Liability (Complete only if semi-weekly depositor)

13 21 24 25 Mth Day Liability	35 38 39 Mth Day Liability	49 52 53 Mth Day Liability	63 66 67 Mth Day Liability	77 80 81 Mth Day Liability
13				
14				
15				
16				
17				
18				
19				

	EMP NO	Social Security No.	W-2	First Name (14 characters)	M.I.	Last Name (20 characters)	Address (25 characters)	City (15 characters)	State	Zip
A										
B										
C										
D										
E										
F										
G										

ENTER THE EMPLOYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS.
W-2 BOX (ABOVE): ENTER "X" IF A MID-YEAR W-2 WANTED FOR THIS EMPLOYEE
BOX 77 (BELOW): ENTER "P" EMPLOYEE IS COVERED BY A QUALIFIED PENSION PLAN
WAGE CODE
F = EMPLOYEE ADDR IS OUTSIDE USA

	EMP NO	Wages	Fed W/H	State W/H	F.I.C.A. (OASDI 4.2%)	F.I.C.A. (HI 1.45%)	Calif. S.D.I.	Tips	Meals/Lodg	77	78	79	80	Net Payroll
A	TPQ ▶													
B	TPQ ▶													
C	TPQ ▶													
D	TPQ ▶													
E	TPQ ▶													
F	TPQ ▶													
G	TPQ ▶													

<p>FEDERAL Wage Codes - Box 78-Complete only if one of the following applies:</p> <p>1 = Exempt from FICA & FUTA 2 = Exempt from FUTA, subject to FICA 3 = Exempt from FICA, subject to FUTA</p> <p>4 = 941 Employee of Farmer 5 = Household Employee 6 = Household Employee exempt from FUTA</p>	<p>CALIF Employers - Box 79-Complete only if one of the following applies:</p> <p><u>CA Employees:</u> W = Subject to PIT only P = W/H for 1099R recipient J = Subject SDI, exempt SUI R = Religious exempt SDI, Subj SUI C = Sole stockholder exempt SDI, Subj SUI</p> <p><u>Out of State:</u> N = Out of state X = Out of state (SUI exempt)</p>	<p>Non-CALIF Employers - (Box 79 codes)</p> <p>E = SUI Exempt N = Out of state X = Out of state (SUI exempt)</p>
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D

EMPLOYEE W-2 INFORMATION

Acct. No.

Account number input boxes

ACCUPAY®

Main data table with columns for EMPLOYEE NO, W-2, Box 12 Amount, Code, W-2, Box 8, 10, 11 or 14 Amount, Code, 3rd Party Sick Pay W/H by Payer (Federal, State), See Instr., and Apay Use (Amount, Code).

Columns 13 & 23 are carried to Form W-2, box 12 with code below:

Table with columns CODE for col. 21 & 31 and EXPLANATION. Includes codes A through Z with descriptions of various tax and benefit items.

Columns 33 & 43 are carried to Form W-2 box 8, 10, 11 or 14.

Table with columns CODE for col. 41 & 51 and EXPLANATION. Includes codes 1 through 12 with descriptions of allocated tips, dependent care benefits, nonqualified plan distributions, etc.

Columns 53 & 61:

Enter the federal and state income tax withheld by third-party sick pay payers. Entries will be added to withholding from D/S B and carried to W-2, W-3 and California DE-7.

Columns 69:

Enter one of the following codes if it applies: 1 = Statutory employee, 2 = Deceased employee, 3 = Legal representative

Columns 70 & 78:

Apay Use boxes. Use only as directed.