

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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>MTH</th><th>DAY</th><th>LIABILITY</th><th>MTH</th><th>DAY</th><th>LIABILITY</th><th>MTH</th><th>DAY</th><th>LIABILITY</th><th>MTH</th><th>DAY</th><th>LIABILITY</th><th>MTH</th><th>DAY</th><th>LIABILITY</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>														MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY																																																																																																									
MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY																																																																																																																									
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	<table style="width:100%;"> <tr> <td style="width:12.5%;">A <input type="text"/></td> <td style="width:12.5%;">B <input type="text"/></td> <td style="width:12.5%;">C <input type="text"/></td> <td style="width:12.5%;">D <input type="text"/></td> <td style="width:12.5%;">E <input type="text"/></td> <td style="width:12.5%;">F <input type="text"/></td> <td style="width:12.5%;">G <input type="text"/></td> <td style="width:12.5%;">H <input type="text"/></td> </tr> </table>														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 <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"/>																																																																																																																																