

**ACCUPAY**<sup>®</sup>  
EMPLOYER INFORMATION

Acct. No.          
Apy Use

Name:   
Telephone:        
"X" if Reprocess

<b>0</b>	<b>Current Quarter</b>	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 <input type="text"/> 4 <input type="text"/> 1 <input type="text"/>	Final Wages Paid Enter Date	Terminated Employer / /	Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack)	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	Fourth Qtr Only *W* = W-2 Only Svc <input type="checkbox"/>
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<b>1</b>	<b>California</b>	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 Q = E-file S = Suppress	DE-34 Print Enter *X*	DE-9 Rounding Enter *R*	DE88 Deposit Date	Mth <input type="text"/> Day <input type="text"/>
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<b>2</b>	<b>Form 941 or 944</b>	Form 941 or Form 944 Deposits	941 - Current Quarter 944 - Total for the Year	941 Monthly Liabilities 1st Month	2nd Month	Memo: Prior Qtr F941 Overpayment	944 Filer Enter *X*	Seasonal 941 Filer Enter *X*	Deposit Date in Letter	Mth <input type="text"/> Day <input type="text"/>	Overpayment Option Blank = Refund *X* = Apply to next Qtr. *S* = Suppress line
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<b>3</b>	<b>Employer Name &amp; Address</b>	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"/>	Mask SSN on Employee W-2 Enter *X* <input type="checkbox"/>	Balance Due Option *X* = Force Payment *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"/>			

<b>4</b>	<b>Tax ID Numbers</b>	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"/>
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<b>5</b>	<b>Tax Rates</b>	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"/>
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<b>6</b>	<b>Form 940</b>	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
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<b>7</b>	<b>Form 943</b>	Farm ONLY FICA Option	*X* = Farm Employer *R* = Refund excess FICA *A* = Adjust Form 943 <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 (Mth/Day) <input type="text"/>	943 Overpayment: *X* = Apply to next Yr. *S* = Suppress line <input type="checkbox"/>
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<b>8</b>	<b>Form 941 Record of Daily Liability</b>	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY		
		.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
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(Complete only if Form 941 Schedule B is required)

<b>9</b>	<b>Employer W-3 Contact</b>	Name	Phone #	Ext.	Fax #	Email
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<b>10</b>	<b>Paid Preparer</b>	*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"/>
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<b>Apy Use</b>	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"/>
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**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"/>	Apay Use <input type="text"/>	Apay Use <input type="text"/>	Apay Use <input type="text"/>	Apay Use <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
<b>40</b> Jan	<input type="text"/>	<b>Apr</b>	<input type="text"/>	<b>Jul</b>	<input type="text"/>	<b>Oct</b>	<input type="text"/>
<b>41</b> Feb	<input type="text"/>	<b>May</b>	<input type="text"/>	<b>Aug</b>	<input type="text"/>	<b>Nov</b>	<input type="text"/>
<b>42</b> Mar	<input type="text"/>	<b>Jun</b>	<input type="text"/>	<b>Sep</b>	<input type="text"/>	<b>Dec</b>	<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 <b>W-3</b> If successor Employer, enter Predecessor's Federal EIN <input type="text"/> <input type="text"/> <input type="text"/>	<b>W-2 BOX 14</b> Customized Descriptions For D/S D Codes (14 char.) <input type="text"/>	For D/S D code 9 - Description of Amt <input type="text"/>	For D/S D code 10 - Description of Amt <input type="text"/>	<b>W-2 Meals &amp; Lodging Text</b> 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 <b>940</b> 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.	If ALL wages are EXEMPT from SUI, enter "1". (FUTA tax rate = 6.2%) <input type="text"/>	Describe employee " <b>Other Compensation</b> " 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 <b>940</b> 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).	
Form <b>940</b> 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 <b>940</b> 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"/>	Form <b>940</b> 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.

# 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		Oct
11 Feb		May		Nov
12 Mar		Jun		Dec
		Jul		
		Aug		
		Sep		

### 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		Oct
07 Feb		May		Nov
08 Mar		Jun		Dec
		Jul		
		Aug		
		Sep		

### 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. (Soc. Sec.)	F.I.C.A. (Medicare)	Calif. S.D.I.	Tips	Meals/Lodg	77	78 F	79 S	80	Net Payroll
A	TPQ ▶													Net Payroll
														Apay Use
B	TPQ ▶													Net Payroll
														Apay Use
C	TPQ ▶													Net Payroll
														Apay Use
D	TPQ ▶													Net Payroll
														Apay Use
E	TPQ ▶													Net Payroll
														Apay Use
F	TPQ ▶													Net Payroll
														Apay Use
G	TPQ ▶													Net Payroll
														Apay Use

<b>FEDERAL Wage Codes -</b> Box 78-Complete only if one of the following applies: 1 = Exempt from FICA & FUTA 2 = Exempt from FUTA, subject to FICA 3 = Exempt from FICA, subject to FUTA 4 = 941 Employee of Farmer 5 = Household Employee 6 = Household Employee exempt from FUTA	<b>CALIF Employers -</b> Box 79-Complete only if one of the following applies: <b>CA Employees:</b> 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 <b>Out of State:</b> N = Out of state X = Out of state (SUI exempt)	<b>Non-CALIF Employers -</b> (Box 79 codes) E = SUI Exempt N = Out of state X = Out of state (SUI exempt)
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EMPLOYEE SUPPLEMENTAL INFORMATION

Acct. No. [ ] [ ]

Table with 13 columns: EMPL NO, Contributions Deferred Comp. Plan, Def Code, Other Amount 1, Code 1, Other Amount 2, Code 2, SOC SEC wages Override \*, Medicare wages Override \*, FUTA wages Override \*, SUI wages Override \*, SDI wages Override \*, 401(k)/403(b) Roth contribution. Rows contain 'TPQ' entries.

Deferred Compensation Codes SEE MANUAL FOR COMPLETE DESCRIPTION
Other Amount Codes A = Other compensation (not subject to FICA/FUTA/SDI/SUI)
Overrides \* Use these columns to OVERRIDE the taxable wages for the item. See manual for complete instructions.
Designated Roth If the designated Roth contributions are part of a 401(k) plan, enter "1" in the deferred compensation code box.

D

EMPLOYEE W-2 INFORMATION

Acct. No.

Account number input fields

ACCUPAY®

Main data table with columns for EMP NO, W-2, Box 12 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. Lists codes A through Z with their corresponding descriptions.

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. Lists codes 1 through 13 with their corresponding descriptions.

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.