ACCUPAY®
EMPLOYER INFORMATION

A

"X" If Reprocess

Acct. No.

Apy Use

Name:
Telephone:

0 Current Quarter

Number of Employees This Quarter	1st Month	2nd Month	3rd Month	12th Day - 3rd Mth (9 4 1)	Terminated Employer (/ /)	Ship Method (8 Char) "S" = Std	Printback "S" = Std	Alphabetize proforma "Y" = Yes	Fourth Qtr Only "W" = W-2 Only Svc
					Final Wages Paid Enter Date	Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack)		E-file W-2 "M" = E-file "P" = Paper	Mth Day

1 California

California Tax Deposits This Quarter	S.U.I.	E.T.T.	S.D.I.	State W/H
				DE-9/9C Q = E-file S = Suppress	DE-34 Print Enter "X"	DE-9 Rounding Enter "R"	DE88 Deposit Date (Mth Day)

2 Form 941 or 944

Form 941 or Form 944 Deposits	941 - Current Quarter / 944 - Total for the Year
941 Monthly Liabilities 1st Month	2nd Month
944 Filer Enter "X"	Deposit Date in Letter (Mth Day)
Memo: Prior Qtr F941 Overpayment	Overpayment Option Blank = Refund "X" = Apply to next Qtr. "S" = Suppress line
Suppress 941/W-3 Reconciliation Enter "S"

3 Employer Name & Address

Employer's Name (28 Char)

Trade Name (40 Char) — F = foreign address

No. & Street (22 Char)

Suite, Bldg., Room (15 Char)

City (22 Char)

State

ZIP

Ext. ZIP

Filing Labels "S" = NO	Employee Labels Enter "X"	FICA/SDI Options "X" = Adjust "A" = Actual on W-2	Mask SSN on Employee W-2 Enter "X"	Balance Due Option "X" = Force Payment "F" = Force Deposit	Elec. Deposit "F" = Federal "S" = State "B" = Both	"X" = AccuPay Mails Employee W-2 Copies	Federal Deposit State	Suppress 3rd Party Designee Enter "X"

4 Tax ID Numbers

Federal ID Number (10 Char. Include Dash)	Primary State ID Number (18 Char. Include Dashes)	Secondary State ID Number (18 Char. Include Dashes)

Employer's SSN (no dashes)

Household Employer Only (9 char)

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

5 Tax Rates

Primary State Code	Secondary State Code	Primary State SUI Rate	Secondary State SUI Rate	Calif. ETT Rate	Other Rate

6 Form 940

FUTA Deposits	Current Quarter FUTA	Total Prior Quarter FUTA	"X" If Form 940 Required for this Farm

First Quarter	Second Quarter	Third Quarter	940 Overpayment Option Blank = Refund "X" = Apply to next Yr. "S" = Suppress line

7 Form 943

Farm ONLY FICA Option	"X" = Farm Employer "R" = Refund excess FICA "A" = Adjust Form 943	Quarterly FUTA Liabilities	Number of Farm Employees on March 12th	Total Form 943 Deposits for the Year	Deposit Due Date (Mth/Day)	943 Overpayment: "X" = Apply to next Yr. "S" = Suppress line

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

9 Employer W-3 Contact

Name	Phone #	Ext.	Fax #	Email

10 Paid Preparer

"X" to complete Paid Preparer Section on Federal Forms

"S" if preparer is self-employed

PTIN

Preparer's Name (31 Characters)

Apay Use

A	B	C	D	E	F	G	H

1EMPIA-A