

A-1 SUPPLEMENTAL YEAR-END **EMPLOYER INFORMATION**

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Proforma	13 21				
Option	01				

Do not drop inactive employees				
from Qtr 1 proforma. Enter "1" if				
ALL employee should be saved.				

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Form 944 ANNUAL FEDERAL RETURN

Form 944 Annual Federal Return in	Enter the monthly liability here ONLY if total Form 944 liability for the year is \$2500 or more							
lieu of quarterly Form 941	Month	Liability	Month	Liability	Month	Liability	Month	Liability
	¹³ 40 Jan ²¹		Apr ³¹		 Jul ⁴¹	1	Oct	51
Enter Total Deposits for the year on D/S A deposits for Form 941/944	41 Feb	1	Мау		Aug		Nov	
on D/S A deposits for Form 941/944	42 Mar		Jun		Sep		Dec	

Form W-3 and W-2 ADDITIONAL INFORMATION

Form W-3 If successor Employer, enter Predecessor's Federal EIN See additional information for Successor Employer under Form 940 below.	W-2 BOX 14 For D/S D code 9 - Description of Ame Customized Descriptions 31 For D/S D Codes (14 char.)	End of the sector best of the sect					
Form 940 ADDITIONAL INFORMATION							
Form 940 Printing Option 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%)	Describe employee " Other Compensation " on D/S C: Fringe benefits exempt from FUTA (default) Other payments exempt for FUTA, enter "1" Both Fringe benefits and Other payments exempt from FUTA, enter "2".					
Form 940 Additional Payments Exempt from FUTA.	Enter the TOTAL EMPLOYER paid benefits that Accu	Pay does not list automatically. (For Successor Employer, see below).					
Pension/Retirement 04	Enter EMPLOYER payments to Pension/Retirement plans (do NOT include employee salary reduction payments).						
Dependent Care (override)	AccuPay includes up to \$5000 that is listed as Dependent Care of	on D/S D for each employee. Entry here overrides AccuPay's calculation.					
41 Other (additional) Fringe benefits (additional)	Enter other Employer-paid fringe benefits such as medical/accid	nd FUTA wage overrides (from D/S C). Enter any additional amounts. ent premiums, HSA, MSA payments that are NOT listed as "Other Compensation" tion (from D/S C), and Group Term Life Ins (from D/S D)					
Fringe benefits (additional) 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 940 Successor Enter "1" to identify Employer Employer as a Successor Employer.	If Predecessor's wages are included in Wages listed fo the amount of FUTA wages (limited to \$7000/employee						
Form 940 LATE RETURNS ONLY Enter TOTAL state SUI contributions made by Form 940 due date ONLY if ALL contributions wil not be paid by the Form 940 due date. A REDUCED credit for state contributions will be of If left blank, AccuPay assumes ALL SUI contribut	omputed on any SUI liability in excess of entries here.	SECONDARY state 31 FUTA credit for SUI (overrides automatic calc.)					