

# A EMPLOYER INFORMATION

Acct. No.

Name:   
Telephone:

\*X\* If Reprocess

**ACCUPAY®**

<b>0</b>	No. Employees on 12th Day			Form 941	X =	Ship Method	*S* to	Apy Use	*C* for	Apy Use	Primary	Second	Print-back	Alphabetize	FOURTH QUARTER ONLY		
	1st Month	2nd Month	3rd Month	12th Day	Employee Labels		Suppress Filing Labels		Confid		State	State	S = Std	proforma	W-2 Option	Enter "W" for W-2 Only Service	
12	13	16	19	22	36	37	45	53	60	76	77	78	80	82	83	84	85
State: <input type="text"/>																	

<b>1</b>	Adjustments To:				Apy Use	FICA/SDI	*X* To	941	940	943	AGRICULTURAL ONLY			TERMINATED ONLY		
	13	21	29	37	53	X to Adjust or A to print Actual on W-2 (see instr.)	61	62	63	64	65	66	67	68	77	78
12	Form 941 FED W/H				Form 941 F.I.C.A.	Form 943 F.I.C.A.	State Quarterly		Force Bal. Due	*X* = Apply Overpmt	*S* = Suppress Line	Enter X, R or A	Enter X if 940 Req'd.	No. of Employees	Enter Date Final Wages Paid	

<b>2</b>	Employer's Name (28 Char) <input type="text"/>										Trade Name (40 Char) <input type="text"/>					
12																

<b>3</b>	No. & Street (22 Char)				Suite, Bldg., Room (15 Char)				City (22 Char)				State		ZIP		Ext. ZIP	
	13					35					50					72	74	
12																		

<b>4</b>	State Employer Contrib. Rate				Calif. ETT Rate				Secondary State Contrib. Rate				Other Rate				Federal Deposit State		Federal ID No.	
	13					21					23					30			35	37
12																				
	Primary State ID No.				Secondary State ID No.				Household Employer Only Employer's SSN											
	47				65								83				91			
	*X* to Print Paid Preparer Info				*S* if Preparer is Self-Employed				Preparer's SSN/PTIN				104				*X* if 944 Filer			
	92				93				94				105							

<b>5</b>	<b>Calif Deposits</b>		Line	U.I.		E.T.T.		S.D.I.		State W/H		DE-6		DE-7		Year End DE88		Electronic Depositor	
	12	Current Quarter	13	21	31	41	51	61	Enter "Q" for Mag. Media filing of DE-6		62	Enter "Y" for Mag Media Filing of DE-7		63	Enter "R" for rounding adjmt on YrEnd DE7		64	"F" = Fed "S" = State "B" = Both	
	Total Previous Quarters (TPQ)	01	02																
		13	21	U.I.		E.T.T.		S.D.I.		State W/H		DE-34		SSN/Name Match		941/W-3 Reconciliation		Apay Use	
		13	21									61		62		63		64	
												61		62		63		64	
												61		62		63		64	
												61		62		63		64	

<b>7</b>	Form 941 - Deposits for Qtr.		Form 944 - Deposits for Yr.		Form 941 Liabilities		FIRST MONTH		SECOND MONTH		*X* if Form 941 Seasonal Filer		Prior Qtr Ovrpmt Add to Col 13		MEMO ONLY	
	12	13			23			33			43					

Form 941 Record of Daily Liabilities (Complete only if Form 941, Schedule B is required)																					
<b>8</b>	MTH		DAY		LIABILITY			MTH		DAY		LIABILITY			MTH		DAY		LIABILITY		
	12	13	21	24	25	35	38	39	49	52	53	63	66	67	77	80	81				
	01																				
	02																				
	03																				
	04																				
	05																				

<b>9</b>	Deposit due dates						Form 940 Federal Unemployment Liability			Form 940 Deposits		Form 943 Agricultural Employer	
	Form 941		Form 943		Form DE88		Qtr. 1	Qtr. 2	Qtr. 3	Current Quarter	Total Previous Quarter	YTD Deposits (Include any prior year overpayment)	
12	13	16	17	20	21	24	25	35	45	55	65	75	
	Mth Day		Mth Day		Mth Day								