

A-1 SUPPLEMENTAL YEAR-END
EMPLOYER INFORMATION

Acct. No.

L6 Proforma Option Do not drop inactive employees from Qtr 1 proforma. Enter "1" if ALL employee should be saved.

Apay Use

Apay Use

Apay Use

Apay Use

Apay Use

Form 944 ANNUAL FEDERAL RETURN

L6 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
40 Jan	<input type="text"/>	Apr	<input type="text"/>	Jul	<input type="text"/>	Oct	<input type="text"/>
41 Feb	<input type="text"/>	May	<input type="text"/>	Aug	<input type="text"/>	Nov	<input type="text"/>
42 Mar	<input type="text"/>	Jun	<input type="text"/>	Sep	<input type="text"/>	Dec	<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

L15 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 Customized Descriptions For D/S D code 9 - Description of Amt

For D/S D code 10 - Description of Amt

Form 940 ADDITIONAL INFORMATION

L6 Form 940 Printing Option "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%)

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".

L6 Form 940 Additional Payments Exempt from FUTA. Enter the TOTAL EMPLOYER paid benefits that AccuPay does not list automatically. (For Successor Employer, see below).

Pension/Retirement	<input type="text"/>	<input type="text"/>
Dependent Care (override)	<input type="text"/>	<input type="text"/>
Other (additional)	<input type="text"/>	<input type="text"/>
Fringe benefits (additional)	<input type="text"/>	<input type="text"/>

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).

L6 Form 940 Successor Employer Enter "1" to identify Employer as a Successor Employer.

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.

L6 Form 940 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.