

ACCUPAY[®]
EMPLOYER INFORMATION

Acct. No.

Apy Use

Name:
Telephone:

X If Reprocess

0	Current Quarter	Number of Employees This Quarter <input type="text"/>	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 <input type="text"/>	Terminated Employer <input type="text"/>	Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack) <input type="text"/>	Ship Method (8 Char) <input type="text"/>	Printback <input type="text"/>	Alphabetize proforma <input type="text"/>	E-file W-2 *M*= E-file *P*=Paper <input type="text"/>	Fourth Qtr Only *W* = W-2 Only Svc <input type="text"/>		
1	California	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 E-file Enter *Q* <input type="text"/>	DE-34 Print Enter *X* <input type="text"/>	DE-9 Rounding Enter *R* <input type="text"/>	DE88 Deposit Date <input type="text"/>	Mth <input type="text"/>	Day <input type="text"/>		
2	Form 941 or 944	Form 941 or Form 944 Deposits	941 - Current Quarter 944 - Total for the Year <input type="text"/>		941 Monthly Liabilities 1st Month <input type="text"/>		2nd Month <input type="text"/>		Memo: Prior Qtr F941 Overpayment <input type="text"/>	944 Filer Enter *X* <input type="text"/>	Seasonal 941 Filer Enter *X* <input type="text"/>	Deposit Date in Letter <input type="text"/>	Mth <input type="text"/>	Day <input type="text"/>	Overpayment Option Blank = Refund *X* = Apply to next Qtr. *S* = Suppress line <input type="text"/>	
3	Employer Name & Address	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="text"/>		
		Filing Labels *S* = NO <input type="text"/>	Employee Labels Enter *X* <input type="text"/>	FICA/SDI Options *X* = Adjust *A* = Actual on W-2 <input type="text"/>	Balance Due Option *X* = Force pmt with return *F* = Force Deposit <input type="text"/>		Electronic Depositor <input type="text"/>	*F* = Federal *S* = State *B* = Both <input type="text"/>	Federal Deposit State <input type="text"/>	Suppress 3rd Party Designee Enter *X* <input type="text"/>	Suppress 941/W-3 Reconciliation Enter *S* <input type="text"/>					
4	Tax ID Numbers	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"/>	
5	Tax Rates	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="text"/>								
6	Form 940	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 <input type="text"/>					
7	Form 943	Farm ONLY FICA Option <input type="text"/>	*X* = Farm Employer *R* = Refund excess FICA *A* = Adjust Form 943 <input type="text"/>		*X* If Form 940 Required for this Farm <input type="text"/>		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="text"/>					
8	Form 941 Record of Daily Liability	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY	MTH	DAY	LIABILITY
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
	(Complete only if Form 941 Schedule B is required)	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
9	Employer Contact Info	Name <input type="text"/>			Phone # <input type="text"/>		Ext. <input type="text"/>	Fax # <input type="text"/>	Email <input type="text"/>							
10	Paid Preparer	*X* to complete Paid Preparer Section on Federal Forms <input type="text"/>		*S* if preparer is self-employed <input type="text"/>		PTIN <input type="text"/>	Preparer's Name (31 Characters) <input type="text"/>									
Apy Use	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"/>