

LESSON 13-3

REPORTING WITHHOLDING AND PAYROLL TAXES



EMPLOYER ANNUAL REPORT TO EMPLOYEES OF TAXES WITHHELD

Form W-2 – Wage and Tax Statement

Must be mailed by January 31

a Control number 22222		Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008			
b Employer identification number 31-0429632			1 Wages, tips, other compensation 24,843.00	2 Federal income tax withheld 648.00		
c Employer's name, address, and ZIP code Hobby Shack, Inc. 1420 College Plaza Atlanta, GA 30337-1726			3 Social security wages 24,843.00	4 Social security tax withheld 1,540.24		
			5 Medicare wages and tips 24,843.00	6 Medicare tax withheld 360.21		
			7 Social security tips	8 Allocated tips		
d Employee's social security number 450-70-6432			9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Rick E.		Last name Selby	11 Nonqualified plans		12a See instructions for box 12	
1625 Northland Drive Clarkdale, GA 30020-6523			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b		
			14 Other	12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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Cat. No. 10134D

Department of the Treasury—Internal Revenue Service
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EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

- Form 941 – Must be filed each quarter
- Shows the federal income tax, social security tax and Medicare tax due the government
- Filed before the last day of the month following the end of the quarter

EMPLOYER'S QUARTERLY FEDERAL TAX RETURN *(continued on next slide)*

Form **941**
(Rev. January 2004)
Department of the Treasury
Internal Revenue Service (99)

Employer's Quarterly Federal Tax Return

▶ See separate instructions revised January 2004 for information on completing this return.
Please type or print.

Enter state code for state in which deposits were made **only** if different from state in address to the right (see page 2 of separate instructions).

1 Name (as distinguished from trade name)
Hobby Shack, Inc.
Trade name, if any

Date quarter ended
December 31, 20--

Employer identification number
31-0429532
City, state, and ZIP code
Atlanta GA 30337-1726

OMB No. 1545-0029

T
FF
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T

If address is different from prior return, check here ▶

IRS Use

1	1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5						
6	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10

A If you do not have to file returns in the future, check here ▶ and enter date first wages paid ▶

B If you are a seasonal employer, see **Seasonal employers** on page 1 of the instructions ▶ check here ▶

1 Number of employees in the pay period that includes March 12th . ▶ **1** | **6**

2 Total wages and tips, plus other compensation (see separate instructions)	2	32,980.00
3 Total income tax withheld from wages, tips, and sick pay	3	2,168.00
4	4	- 0 -
5	5	

1. Heading

2. Number of employees

EMPLOYER'S QUARTERLY FEDERAL TAX RETURN (continued from previous slide)

14 Total deposits for quarter, including overpayment applied from line 13

15 **Balance due** (subtract line 14 from line 13). See instructions 15 - 0 -

16 **Overpayment.** If line 14 is more than line 13, enter excess here ▶ \$ _____
 and check if to be: Applied to next return or Refunded.

- **All filers:** If line 13 is less than \$2,500, **do not** complete line 17 or Schedule B (Form 941).
- **Semiweekly schedule depositors:** Complete Schedule B (Form 941) and check here
- **Monthly schedule depositors:** Complete line 17, columns (a) through (d), and check here.

17 Monthly Summary of Federal Tax Liability. (Complete **Schedule B (Form 941)** instead, if you were a semiweekly schedule depositor.)

(a) First month liability	(b) Second month liability	(c) Third month liability	(d) Total liability for quarter
2, 2 7 1 . 4 4	2, 3 9 4 . 7 0	2, 5 4 7 . 8 0	7, 2 1 3 . 9 4

Do to allow another person to file this return with the IRS (see separate instructions)? Yes. Complete the following. No

Third Party Designee
 Designee name ▶ Phone no. ▶ () Personal identification number (PIN) ▶

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
 Signature ▶ *Janice Kellogg* Print Your Name and Title ▶ Janice Kellogg, Manager Date ▶ 1/24/--

For Privacy Act and Paperwork Reduction Act Notice, see back of Payment Voucher. Cat. No. 17001Z Form **941** (Rev. 1-2004)

8. Total taxes for each month

9. Total taxes

EMPLOYER ANNUAL REPORTING OF PAYROLL TAXES

Form W-3 – Transmittal of Wage and Tax Statements

Reports previous year's earnings and payroll taxes withheld for all employees

DO NOT STAPLE OR FOLD

a Control number 33333		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer 941 <input checked="" type="checkbox"/> Military <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare gov. emp. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	1 Wages, tips, other compensation 104,525.00		2 Federal income tax withheld 6,790.00
	3 Social security wages 104,525.00		4 Social security tax withheld 6,480.55
c Total number of Forms W-2	d Establishment number	5 Medicare wages and tips 104,525.00	6 Medicare tax withheld 1,515.61
e Employer identification number 31-0429632		7 Social security tips	8 Allocated tips
f Employer's name Hobby Shack, Inc. 1420 College Plaza Atlanta, GA 30337-1726		9 Advance EIC payments	10 Dependent care benefits
		11 Nonqualified plans	12 Deferred compensation
g Employer's address and ZIP code		13 For third-party sick pay use only	
h Other EIN used this year		14 Income tax withheld by payer of third-party sick pay	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
		18 Local wages, tips, etc.	19 Local income tax
Contact person Janice Kellogg		Telephone number (404) 555-9368	For Official Use Only
Email address jkellogg@hobbyshack.com		Fax number ()	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ *Janice Kellogg* Title ▶ *Manager* Date ▶ *2/27/--*

Form **W-3 Transmittal of Wage and Tax Statements** 20-- Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration. Photocopies are not acceptable.