LESSON 13-3

REPORTING WITHHOLDING AND PAYROLL TAXES

EMPLOYER ANNUAL REPORT TO EMPLOYEES OF TAXES WITHHELD

Form W-2 – Wage and Tax Statement

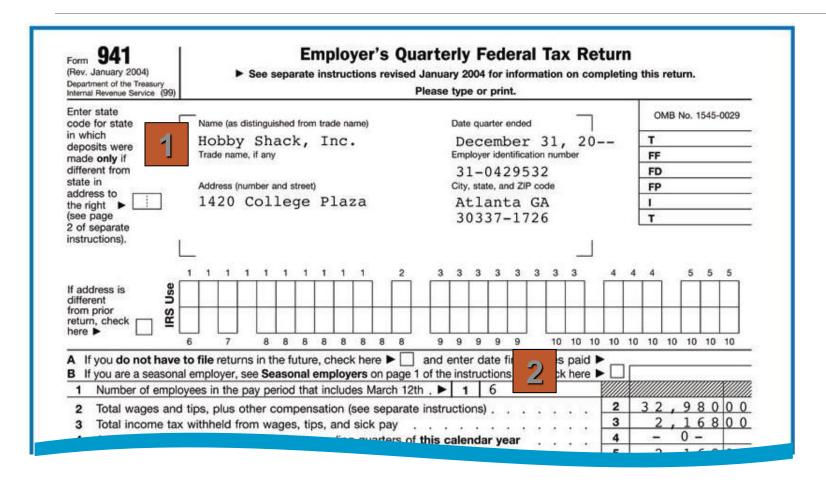
Must be mailed by January 31

1545-0008	
1 Wages, tips, other compensation 24,843.00	2 Federal income tax withheld 648.00
3 Social security wages 24,843.00	4 Social security tax withheld 1,540.24
5 Medicare wages and tips	6 Medicare tax withheld
24,843.00	360.21
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
13 Statutory Retirement Third-party sick pay	12b
14 Other	12c
	d e
	12d c
e income tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name
Department of	the Treasury—Internal Revenue Service
	Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.
	24,843.00 3 Social security wages 24,843.00 5 Medicare wages and tips 24,843.00 7 Social security tips 9 Advance EIC payment 11 Nonqualified plans 13 Statutory Retirement Third-party plan six pay 14 Other Department of

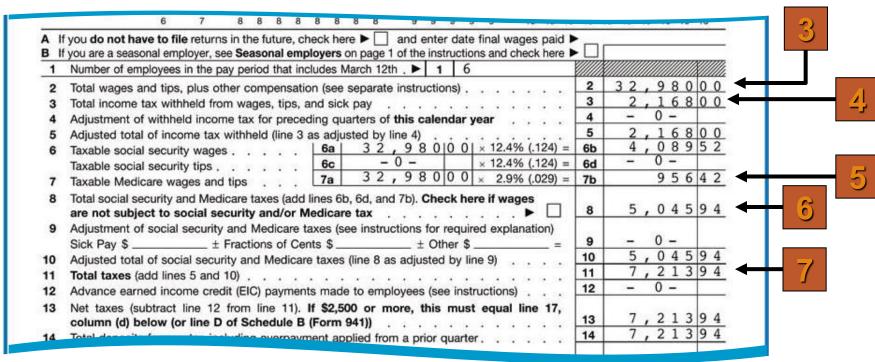
EMPLOYER'S QUARTERLY FEDERAL TAX RETURN

- □ 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 QUARTER WINGED ER RESIDENT TAX RETURN



EMPLOYER'S QUARTER WINGED ER RESIDENT TAX RETURN



- 3. Total quarterly earnings
- 4. Income tax withheld
- 5. Employee and employer social security and Medicare taxes
- 6. Social security plus Medicare taxes
- 7. Total taxes

EMPLOYER'S QUARTERWING DERALVIOUS slide) TAX RETURN

###CO SOUT		including overpayment applied in	\$11.000.00000		
15 B	alance due (subtract lin	e 14 from line 13). See instruction	ns	15 - 0 -	-0
	verpayment. If line 14 ind check if to be:	s more than line 13, enter excess Applied to next return or	s here ▶ \$ ☐ Refunded.		
• All fil	lers: If line 13 is less th	an \$2,500, do not complete line	17 or Schedule B (Form 941)		
		sitors: Complete Schedule B (Fo		▶ 🛘	
	[10] 선생님 [10] 원생님 [10] 전 [10] [10] [10] [10] [10] [10] [10] [10]	rs: Complete line 17, columns (a)	[18] [18] 그렇게 되었다. [18] [18] [18] [18] [18] [18] [18] [18]		
· WOIII	thly schedule deposito	13. Complete line 17, columns (a)	allough (u), and check here		
17 M	onthly Summary of Feder	al Tax Liability. (Complete Schedule	B (Form 941) instead, if you were a	semiweekly schedule depositor.)	1
		CAN Constant of the Mark Mark Mark	(a) Third month Exhibits	407.410.400.4	1
	(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	
	2 , 2 7 1 . 4 4 Do to allow anot		2 , 5 4 7 . 8 0 IRS (see separations)?	7 , 2 1 3 . 9 4 Yes. Complete the following. No	
Third Party Designed	2 , 2 7 1 . 4 4 Do to allow anote allow a	2 , 3 9 4 . 7 0 ther person to sher person to Phon no. I declare that I have examined this return, in	2 , 5 4 7 . 8 0 IRS (see separations)? Person number including accompanying schedules and sta	7 , 2 1 3 . 9 4 Yes. Complete the following. No nal identification r (PIN) Itements, and to the best of my knowledge]
Third Party	2 , 2 7 1 . 4 4 Do to allow anote allow and belief, it is true-correct	ther person to Phon no. I declare that I have examined this return, inct, and complete.	2 , 5 4 7 . 8 0 IRS (see separat	7 , 2 1 3 . 9 4 Yes. Complete the following. No nal identification r (PIN) Itements, and to the best of my knowledge]

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

