# *****PLEASE DUPLICATE THIS FORM IF NECESSARY*****

**W-2 REPORTING INFORMATION**

YOUR NAME _____

YOUR ADDRESS _____

_____

YOUR EIN _____

**Federal Payroll Deposits**

| Date Paid | Amount | Tax Period |
|---|---|---|
| Example: 02/15/17 | $ 350.00 | January |
| | | January |
| | | February |
| | | March |
| | | April |
| | | May |
| | | June |
| | | July |
| | | August |
| | | September |
| | | October |
| | | November |
| | | December |
| **Total Deposits** | | |

**W-2 Reporting Instructions (See reverse side for 1099 reporting)**

*This form is to be used to report any employee information necessary for CP to prepare your 2022 W-2 forms as well as applicable Forms 941, 941N, 943's etc. The W-2 forms cannot be completed without all information present on the below detail, as well as information regarding any payroll deposits made during the year. If you are required to file quarterly reports including the 941, 941N, state unemployment or federal unemployment, we request copies of these forms filed for 2022 prior to our commencing with the W-2 preparation. We will use these reports to ensure correct matching between the quarterly reports and the annual forms and/or 4th quarter reports. The deadline for the completion of these forms is January 31, 2023. Please also complete the section on payroll deposit to ensure accurate completion of quartery forms.*

**Quarterly State Payroll Deposits (paid w/ 941N)**

| Date Paid | Amount | Period |
|---|---|---|
| | | 1st Qtr |
| | | 2nd Qtr |
| | | 3rd Qtr |
| | | 4th Qtr |

*Note: "Net Pay" should equal the sum of all checks you issued to your employee after all witholding.*

| EMPLOYEE | GROSS | SOC SEC WH | MED WH | FED WH | ST WH | NET PAY |
|---|---|---|---|---|---|---|
| Name _____ | | | | | | |
| SSN _____ | | | | | | |
| Address _____ | | | | | | |
| City, ST, Zi _____ | | | | | | |
| Name _____ | | | | | | |
| SSN _____ | | | | | | |
| Address _____ | | | | | | |
| City, ST, Zi _____ | | | | | | |
| Name _____ | | | | | | |
| SSN _____ | | | | | | |
| Address _____ | | | | | | |
| City, ST, Zi _____ | | | | | | |
| Name _____ | | | | | | |
| SSN _____ | | | | | | |
| Address _____ | | | | | | |
| City, ST, Zi _____ | | | | | | |
| Name _____ | | | | | | |
| SSN _____ | | | | | | |
| Address _____ | | | | | | |
| City, ST, Zi _____ | | | | | | |