GALAXY hosted software LLC Tax Form Guide



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Introduction

The Galaxy software can generate various payroll tax forms that are prefilled by the system with relevant payroll data for the appropriate reporting period. These forms include Federal tax forms 941, 944, 940, and W-2, as well as an electronic submission file for W-2 and W-3 information. Also included are some state unemployment files that can be electronically submitted.

1099 forms are not considered to be payroll tax forms. You may use the tools available in the Galaxy software to generate your 1099 forms. Please see the 1099 Form Guide for instructions and more information.

Galaxy does not provide legal or tax advice and will not be held accountable for any tax related fines and/or penalties that you or your company may be subject to as a result of incorrectly entered or setup data in the Galaxy system, erroneous form filing or lack of filing, incorrect tax payments, and/or late deposits that were your responsibility and that may have been completed based on any advice or assistance from any Galaxy employee.



Accessing Tax Forms

From the Payroll menu select the Tax Reports and Forms icon.

| Payroll | | |
|---------------------|-----------------------|------------------------------------|
| Normal Process | ing | |
| PR Explorer | Reprint Checks | Employee Time Journal |
| Reports | | |
| Earnings Reports | Tax Reports and Forms | Other Reports |
| Company File M | | |
| | Payroll Tax Quarte | |
| Employee Set | | ary Report ary Quarterly Report |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

A list of different types of reports appears:

- Payroll Tax Report
- Payroll Tax Quarterly Report
- Payroll Tax Annual Report
- Payroll Tax Summary Report
- Payroll Tax Summary Quarterly Report
- Payroll Tax Summary Annual Report
- Tax Forms



Select the last option-Tax Forms. A screen with available tax forms will display.

| Payroll / Tax Forms 🛛 🛱 Cleveland Rocks, Inc. | | |
|---|--|--------------------|
| Tax Forms | | ▲ Facility |
| Select Form to Generate | | ✓ <u>G</u> enerate |
| Select Form to Generate State Forms State Forms All Arailable Forms: State Forms Au Arailable Forms: State Forms Au Arailable Forms: State Forms Au Arailable Forms: State Form State | | S Load |
| Description: | 15 Overpapered, File 10 in hose that in 41, white the difference | |
| Use this to report quarterly federal tax information. | | |

System selection defaults to **Federal Forms** (you may change this to **State Forms** and select the desired state from the option to the right).

- From Available Forms menu select the form that you need. All forms are listed in the form #/year format. A generic image of the form displays on the right side of the screen (the W2 form will NOT be generated in the same format as the preview image seen on this screen).
- 2. Select the Year that applies to the form you wish to access using the up/down arrows.
- 3. Select Quarter (1, 2, 3, or 4), if applicable.
- 4. Click Generate to prefill the form.

*If the form has previously been generated, the following message will appear: 'The form xxx/xxxx for this period already exist. Recreate?' Clicking 'No' will simply load the form as it was last saved. Clicking 'Yes' will recreate the form. Clicking **Load** instead of **Generate** will allow you to load any previous versions of the form.



Generating Tax Forms

941/944 Form

After accessing the appropriate form the screen will display the selection. Any relevant data

that is stored in the system will be prefilled in the corresponding fields on the form.

| Payroll / Form 941 2013 🏢 Cleveland Rocks, Inc. | × |
|--|---------------------------------------|
| I I I I I I I I I I I I I I I I I I I | |
| Spectral for 2013: Department of the Treadury - Internal Revenue Service Spectral for 2013: Department of the Treadury - Internal Revenue Service Spectral for 2013: Spectral for 2013: Department of the Treadury - Internal Revenue Service Spectral for 2013: Call No. 15:65-0029 Finity - Spectral for 2013: Department of the Treadury - Internal Revenue Service Exposition number (ENR) 4 4 | |
| including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 5 2 Wages, tips, and other compensation 2 42, 446.97 | l l l l l l l l l l l l l l l l l l l |
| 4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6. | |
| Column 1 Column 2 | |
| 5a Taxable social security wages 45,196.97 ×.124 = 5,604.42 | |
| 5b Taxable social security tips 2,308.94 x.124 = 286.31 | |
| 5c Taxable Medicare wages & tips 45,196.97 ×.029 = 1,310.71 | |
| 5d Taxable wages & tips subject to Additional Medicare Tax withholding × .009 = 5e Add Column 2 from lines 5a, 5b, 5c, and 5d 5e | |
| 5e Add Column 2 from lines 5a, 5b, 5c, and 5d | |

Manually add any other information that may be required but not stored in the system. Fields that usually require manual input include:

- Total deposits for the quarter/year (Part 1).
- Deposit schedule (Part 2).
- Signer information (Parts 4 and 5).
- Part 3 (if applicable).

The correct liability amounts will generate in Part 2 (or on an additional schedule for semiweekly depositors).

Once all appropriate fields are complete, you should **Save** the form by using the button on the top of the screen. At this point you may choose to print the form. There are two print buttons at the top of the screen - **Print** (only prints current page) and **Print All** (prints all pages of the form).



940 Form

The selected 940 form will be displayed on the screen. Any relevant data that is stored in the system will be prefilled in the corresponding fields on the form.

| oll / Form 940 2013 🏢 Cleveland Rocks, Inc. | (9 |
|---|----|
| ፋ 1 🕨 🕨 📋 Print 📳 Print All 🕼 Export 📕 Save | |
| Form 940 for 2013: Employer's Annual Federal Unemployment (FUTA) Tax Return 55013 Department of the Treasury - Internal Revenue Service OMB No. 1545-0028 Employer identification number 3 4 - 1 2 3 4 5 6 7 Name (het your trade name@ CLEVELAND ROCKS / INC. Internal Revenue Service Trade name@(distribution apply) a. Amended b. Successor employer | • |
| Address 1 ROCK CENTER Number Street Suits or room number CLEVELAND OH 44115 Cry Street Zif cods Fatign country name Forsign predictobury Forsign predictobury Read the separate instructions before you complete this form. Please type or print within the boxes. Instructions | - |
| Part 1: Tell us about your return. If any line does NOT apply, leave it blank. 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation. 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer. 1b If you paid wages in a state that is subject to CREDIT REDUCTION. 2 If you paid wages in a state that is subject to CREDIT REDUCTION. 2 If you paid wages in a state that before adjustments for 2013. If any line does NOT apply, leave it blank. 3 Total payments to all employees 4 | |
| 5 Total of payments made to each employee in excess of \$7,000 | |

Manually add any other information that may be required but not stored in the system. Fields that usually require manual input include:

- The total deposits for the year (Part 4).
- Signer information (Parts 6 and 7).

The correct liability amounts will generate in Part 5. If a credit reduction applies, the correct information should be included and Schedule A will appear after page 2 of the form.

Once all appropriate fields are complete, you should **Save** the form by using the button on the top of the screen. At this point you may choose to print the form. There are two print buttons at the top of the screen - **Print** (only prints current page) and **Print All** (prints all pages of the form).



State Forms

All state forms in the Galaxy software are electronic versions of information required by various state agencies. Depending on the selected state form, there may be additional fields that require completing (see in red below) before the form can be generated. Please make sure that those are completed.

| Payroll / Tax Forms 🛛 🛱 Cleveland Rocks, Inc. | | | |
|---|------------|------------------------------|---|
| Tax Forms Select Form to Generate Federal Forms State Forms Available Forms: FL LICT6 April 2010 e-file | | ▲ Facility ✓ Generate S Load | × |
| Year 2014 - Quarter 4 - Employer UT # Submission Date Q Contact Name Contact Phone Contact E-mail Description: | No Preview | | |

Once you click **Generate** you will get a dialog box that will allow you to save the electronic file in the selected format. You will then need to submit this file to the appropriate government authority. You will need to make sure that you have the appropriate access to do so. **We do not have any details or information about how this can be done.** If you are unfamiliar with **this process, you will need to contact your state agency directly or ask your accountant or tax advisor for help.**



W-2 Forms

If you selected to generate W-2 forms you will be taken through a series of 'Steps' that will ask that you confirm all data for accuracy. Any relevant data that is stored in the system will be prefilled in the corresponding fields. Each field can be overtyped directly on screen and that data will be used on the forms. However, some of the data (employee names, addresses and SSNs) may need to be updated in the Employee setup screen, otherwise this data will always display the same errors in future years' W-2's.

<u>Step 1</u>-In Step 1 you are asked to verify employee social security numbers. Once you have done so, click **Next Step** at the top of the screen.

| Payroll / | Form W- | 2 2014 🏥 (| leveland Rocks, Inc. | | | | | × |
|-----------|-----------|----------------|----------------------|-------------------|-----------------------|--------------------------|----------------|---|
| Step 1: V | erify Emp | loyee SSNs are | e correct | | | ◀ Prior Step ▶ Next Step | 🛃 <u>S</u> ave | |
| Emp ID | Form | Box a: SSN | Box e: Last Name | Box e: First Name | Box e: Middle Initial | | | |
| 1 | Α | 111-11-1111 | Freed | Alan | | | | |
| 2 | A | 222-22-2222 | Presley | Elvis | A | | | |
| 3 | A | 333-33-3333 | Franklin | Aretha | | | | |
| 4 | Α | 444-44-4444 | Holly | Buddy | | | | |
| 5 | A | 555-55-5555 | Lewis | Jerry | L | | | |
| 6 | A | 666-66-6666 | Lee | Laser | | | | |

If there are any fields with invalid data, they will be highlighted in red. Those errors must be corrected in order to proceed to the next step.

| orm W-3 | 2 2014 🛛 🛱 C | leveland Rocks, Inc. | | | | | × |
|---------|---|---|---|---|--|---|---|
| ify Emp | loyee SSNs are | e correct | | | ● Prior Step ● <u>N</u> ext Step | 📙 <u>S</u> ave | |
| Form | Box a: SSN | Box e: Last Name | Box e: First Name | Box e: Middle Initial | | | * |
| Α | 111-11-1111 | Freed | Alan | | | | |
| Α | 222-22-2222 | Presley | Elvis | A | | | |
| Α | 333-33-3333 | Franklin | Aretha | | | | |
| Α | 444-44-4444 | Holly | Buddy | | | | |
| Α | 555-55-5555 | Lewis | Jerry | L | | | |
| A | 666-66 | Lee | Laser | | | | |
| | ify Emp Form A A A A A A | Form Box a: SSN A 111-11-1111 A 222-22-2222 A 333-33-3333 A 444-44-4444 | Form Box a: SSN Box e: Last Name A 111-11-1111 Freed A 222-22-2222 Presley A 333-33-3333 Franklin A 444-44-4444 Holly A 555-55-5555 Lewis | Form Box a: SSN Box e: Last Name Box e: First Name A 111-11-1111 Freed Alan A 222-22-2222 Presley Elvis A 333-33-3333 Franklin Aretha A 444-44-4444 Holly Buddy A 555-55-5555 Lewis Jerry | fy Employee SSNs are correct Form Box a: SSN Box e: Last Name Box e: First Name Box e: Middle Initial A 111-11-1111 Freed Alan A 222-22-2222 Presley Elvis A A 333-33333 Franklin Aretha A 444-44-4444 Holly Buddy A 555-55-5555 Lewis Jerry L | Form Box a: SSN Box e: Last Name Box e: First Name Box e: Middle Initial A 111-11111 Freed Alan A 222-22-2222 Presley Elvis A A 333-33333 Franklin Aretha A 444-44-4444 Holly Buddy A 555-55-5555 Lewis Jerry L | Form Box a: SSN Box e: Last Name Box e: First Name Box e: Middle Initial A 111-11111 Freed Alan A 222-22-2222 Presley Elvis A A 333-33333 Franklin Aretha A 444-44-4444 Holly Buddy A 555-55-5555 Lewis Jerry |

<u>Step 2</u>-In Step 2 you are asked to verify employee names and addresses. Once you have done so, click **Next Step** at the top of the screen.

| Payroll / Fo | orm W- | 2 2014 🛛 🛱 Clev | veland Rocks, Inc. | | | | | | | | |
|--------------|----------|------------------|--------------------|-----------------------|--------------------|-----------------------|-----------------------|-------------|--------------|------------|--|
| tep 2: Veri | ify that | employee names | and addresses are | e complete | | I ■ Prior Step | ext Step 🛛 📙 Save | | | | |
| Emp ID | Form | Box e: Last Name | Box e: First Name | Box e: Middle Initial | Box e: Name Suffix | Box f: Address Line 1 | Box f: Address Line 2 | Box f: City | Box f: State | Box f: Zip | |
| 1 | A | Freed | Alan | | | 1 Moondog Lane | | Cleveland | OH | 44114 | |
| 2 | Α | Presley | Elvis | A | | 24 King Court | Heartbreak Hotel | Graceland | OH | 44122 | |
| 3 | Α | Franklin | Aretha | | | 14 Queen of Sole Ave | | Motown | IN | 44112 | |
| 4 | A | Holly | Buddy | | | 1801 Crickets Ave | | Concord | OH | 44077 | |
| 5 | Α | Lewis | Jerry | L | | 123 Killer Ave | | Shakin | OH | 44111 | |
| 6 | A | Lee | Laser | | | 26 Main St | | Downtown | OH | 44122 | |



<u>Step 3-Step 8</u>-Each of the steps clearly shows what is expected to be verified at the top of the screen. Steps 7 and 8 may display a warning message if totals in boxes 4 and 6 (highlighted in green) do not correspond to wages multiplied by the correct tax amounts. These warnings do NOT have to be corrected before proceeding to the next step.



<u>Step 9</u>-This is the step where you will be able to preview all of the W-2 fields for each employee to see if there are any changes needed.

| Payroll / F | orm W- | 2 2014 🛛 🛱 Cle | veland Rocks, Inc. | | | | | | | | | × |
|-------------|---------|-------------------|--------------------|-----------------------|-----------------------|--------------------|-----------------------------|-----------------------|-------------|--------------|------------|-----------------|
| Step 9: All | require | d steps are compl | ete. Please verify | that all fields are o | correct. | ◀ Prior Step | ▶ <u>N</u> ext Step 🛛 🛃 Sav | /e | | | | |
| Emp ID | Form | Box a: SSN | Box e: Last Name | Box e: First Name | Box e: Middle Initial | Box e: Name Suffix | Box f: Address Line 1 | Box f: Address Line 2 | Box f: City | Box f: State | Box f: Zip | Box 13: Statu 🔺 |
| 1 | A | 111-11-1111 | Freed | Alan | | | 1 Moondog Lane | | Cleveland | OH | 44114 | F |
| 2 | A | 222-22-2222 | Presley | Elvis | A | | 24 King Court | Heartbreak Hotel | Graceland | OH | 44122 | F |
| 3 | A | 333-33-3333 | Franklin | Aretha | | | 14 Queen of Sole Ave | | Motown | IN | 44112 | F |
| 4 | Α | 444-44-4444 | Holly | Buddy | | | 1801 Crickets Ave | | Concord | OH | 44077 | F |
| 5 | A | 555-55-5555 | Lewis | Jerry | L | | 123 Killer Ave | | Shakin | OH | 44111 | F |
| 6 | A | 666-66-6666 | Lee | Laser | | | 26 Main St | | Downtown | OH | 44122 | F |

Once you click **Next Step** in Step 9, you will enter the Filing Wizard.





Here you will be asked to verify your company information and to identify some other items that are W-2 specific (see **E-filing W-2's** on p. 13 for info on **BSO User ID**).

| Company Info | ormation | | | | | |
|-------------------|-----------------------|----|---|------------------|-----------------|---|
| Company Name | Cleveland Rocks, Inc. | | × | Federal EIN | 34-1234567 | |
| Trade Name | | | | Contact Name | | |
| Address Line 1 | 1 Rock Center | | н | Telephone # | (216) 555-1234x | |
| Address Line 2 | | | | Fax # | I | |
| City | Cleveland | × | | E-Mail | | |
| State | OH Q × | | | Kind of Payer | 941 | ٩ |
| ZIP | 44115 | x | | Kind of Employer | N | ٩ |
| | | | | BSO User ID | | |
| Use W-2 Control N | umbers 🔿 Yes 🔘 | No | | * Indicates a re | equired field | |

You will also have an option to enter additional information.

| N-3 Optional Information | 1 | | |
|--|---------------------------|--|--|
| ill in any optional information that ye | ou require for your W-3s. | | |
| Control # (Box a) | | | |
| stablishment # (Box d) | | | |
| Other EIN used this year (Box h) | | | |
| ncome tax withheld by paper of hird-party sick pay (Box 14) | | | |
| √3 Third Party Sick Pay | 🔿 Yes 🛛 🔘 No | | |
| | | | |
| | | | |
| | | | |

Once finished, the forms will be displayed on the screen. The **View/Modify Data** button at the top will allow you to go back into edit mode to make any necessary changes.

| and the second s | e Export playee copies Employee notice only Employer copy D Form | | | | |
|--|---|---|--|---|---|
| | | n w-3 | | | |
| 100% - 14 4 1 | 🕨 🕨 📄 Print 📑 Print All 🛛 🖾 Export | | | | |
| | | | | | |
| | | | | | |
| | Form W-2 Wage and Tax Statement 2014 | OMB No. 1545-0008 | Department of the Treas | sury Internal Revenue Service | |
| | a Employee's social security No. Copy 1 For State, City, or Loca | | 1 Wages, tips, other Comp. | 2 Federal Income tax withheld | |
| | 333-33-3333 | | \$221,155.0 | | |
| | c Employer's name, address, and ZIP code | b Employer I.D. number 34–1234567 | 3 Social security wages \$113,700.0 | 4 Social security tax withheld 0 \$7,049.40 | |
| | Cleveland Rocks, Inc. 1 Rock Center | d Control number | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| | Cleveland, OH 44115 | | \$221,680.0 | | |
| | | 7 Social security tips | 8 All ocated tips | 9 | |
| | e Employee's first, initial, and last names and suffix | 10 Dependent care benefits | 11 Nongua lifed plans | 13 Stat. Retirement 3rd-party Empl. plan sick pay | |
| | Aretha Franklin | | | | |
| | 14 Queen of Sole Ave | 12a Code See Inst. for box 12 D \$52.5. | 12bCode | 14 Other | |
| | Motown, IN 44112 | D \$525. | . 00 12dCade | - 1 | |
| | f Employee's address and ZIP code | 120 0000 | 1. doord | | |
| | | | | | |
| | 15 State Employer's state ID No. 16 State wages, tips, | , etc. 17 State income tax 18 Lo | ocal wages, tips, etc. 19 Local income | | |
| | | etc. 17 State income tax 5.00 \$12,809.89 | | tax 20 Locality name 423.10 Cleveland | |
| | 15 State Employer's state ID No. 16 State wages, tips, | etc. 17 State Income tax 18 Lo 5.00 \$12,809.89 | | | |
| | 15 State Employer's state ID No. 16 State wages, tips, | etc. 17 State income tax 5.00 \$12,809.89 | | | |
| | 15 State Employer's state ID No. 16 State wages. tips. OH 52-999999 \$221, 155 | 5.00 \$12,809.89 | \$221,155.00 \$4,4 | 423.10 Cleveland | |
| | 15 State Employer's state ID No. 16 State wages, tips, \$221, 153 CH 52-999999 \$221, 153 \$221, 153 Form W-2 Wage and Tax Statement 2014 | etc. 17 State Income tax 5.00 \$12,809.89 OMB No. 1545-0008 | \$221, 155.00 \$4, - | 423.10 Cleveland | |
| | 15 State Emogene table DNA. 16 State stages tag. 0 15 State State stages tag. State stages tag. form W-2 Wage and Tax Statement 2014 State state state state state state 18 Employee table and Tax Statement 2014 State state state state state State state | 5.00 \$12,809.89 OMB No. 1545-0008 | \$221, 155.00 \$4, - Department of the Treas 1 Wages, the, other Comp. \$221, 155.00 | 423.10 Cleveland | |
| | 15 State Emogers state ID No. 16 State ways, typ. 0H 52-99999 \$221, 150 Form W-2. Vlage and Tax Statement 2014 a Employer social scoring No. 33-03-0333 c Employer may. More state 20 or one | 5.00 \$12,809.89 OMB No. 1545-0008 | \$221, 155.00 \$4, Department of the Treas 1 Wages, tips. cother Comp. \$221, 155.0 3 Social security wages | 423.10 Cleveland | |
| | 15 State Engagers state IDNA 16 State stages tops 0 15 State State State State Form W-2 Wage and Tax Statement 2014 Is Engagers and Tax Statement 2014 Is State S | 5.00 \$12,809.89 OMB No. 1545-0008 b Employer ID. number 34-1234567 | \$221,155.00 \$4, Department of the Treas 1 Wages, tips, other Comp. \$221,155.0 3 Social security wages \$1,3700.0 | 423.10 Clevel and sury Internal Revenue Service 2 Peteral income ta: witheki 0 \$79,865.26 4 Social security ta: witheki 0 \$7,9.49.40 | |
| | 15 State Ensigner traite IDNA 16 State stage tot, S221, 194 ctt 52-999990 \$221, 194 Form W-2 Wage and Tax Statement 2014 To Ensigner stocal stocal month No. 5 < | 5.00 \$12,809.89 OMB No. 1545-0008 | \$221, 155.00 \$4, Department of the Treas 1 Wages, tips, other Comp. 2221, 155.0 3 Social security wages \$131, 700.0 5 Metictare wages and tips | 423.10 Cleveland ury - Unbrnal Revenue Service 2 resaria one tau vitrosi c 3 resaria one tau vitrosi c 4 social service tau vitrosi c 0 s79,865.26 4 social service tau vitrosi c 5 Medica te vitrosi c | |
| | 15 State Engagers state IDNA 16 State stages tops 0 15 State State State State Form W-2 Wage and Tax Statement 2014 Is Engagers and Tax Statement 2014 Is State S | 5.00 \$12,809.89 OMB No. 1545-0008 b Employer ID. number 34-1234567 | \$221,155.00 \$4, Department of the Treas 1 Wages, tips, other Comp. \$221,155.0 3 Social security wages \$1,3700.0 | 423.10 Cleveland ury - Internal Revenue Service 2 resaria one tau vitrosi 6 3 resaria one tau vitrosi 6 4 social service tau vitrosi 6 6 Medica te vitrosi 6 6 Medica te vitrosi 6 | |
| | 15 State Emogene 1989-1010. 16 50289-1019 2221, 150 Form W-2 Vage and Tax Statement 2014 5221, 150 Form W-2 Vage and Tax Statement 2014 5 State and the solar including hot 133393-300 502-30390 6 State and the solar including hot 1300-201300 500-20100 6 State and the solar including hot 1 8 500-60 6 I Rock Canter Cleveland, OE 44115 5 5 5 5 | 5.00 \$12,809.69 OMB No. 1545-0008 Description 10.1110/01 b Employer ID. number 34-1234667 d Control number 7 Social security tips | \$221,155.00 \$4, Department of the Treas 1 Wages, top, other Comp. \$221,155.0 3 3 Social security wages \$113,770.0 \$13,770.0 \$ Allocated type \$221,25.0 8< Allocated type | 423.10 Cleveland urry - Internal Revenue Service 2 2 Feature Income tur withheit 0 \$79,865.26 4 Scall second tur withheit 0 \$77,849.40 0 \$7,049.40 0 \$4,069.40 0 \$4,069.40 0 \$3,409.40 | |
| | 15 State Engagers state IDNA. 16 State stages top. OH 52-999990 \$221,100 Form W-2 Wage and Tax Statement 2014 a Empore is social scores 2014 33-3-3-36 30-30-36 100 a Empore is social scores Clave state Rocks, and 2P code Clave state Rocks, and 2P code 1. Rock Centeer Claves land, CH 4115 • Empores first, instal, and tak names and suffix | 5.00 \$12,809.89 OMB No. 1545-0008 b Employer LD. number 34-1234567 d Control number | \$221, 155.00 \$4, Department of the Treas 1 Wages, tps. cher Comp. \$221, 155.0 3 50clait securty wages \$11,700.0 \$ 5 Medicare wages and tps. \$221, 680.0 \$221, 680.0 | 423.10 Cleveland sury Internal Revenue Service 2 2 Featu Income ta withheid 0 \$77,9,865.26 4 50014 south ta withheid 0 \$7,049.40 5 Motions ta withheid 0 \$3,409.40 | |
| | 15 State Ensource train 10 Na 14 State ways tot, S2-99999 15 State ways tot, Form W-2 Wage and Tax Statement 2014 To Ensource stocal scores and tax Ensource ways ways and tax Statement 2014 To Ensource way ways and tax Statement 2014 Careford and Pocks, Inc. 1 Rock Center Cleveland, OE 44115 * Employers for , Mail and bat same and safe Archine Franklin | 5.00 \$12,809.89 OMB No. 1545-0008 b Empoyer 1D. number 34-1234567 d Control number 7 Social ecurity tips 10 Dependent size benefits | \$221, 155.00 \$4,* Department of the Treas 1 Wage No. After Comp. 3 Social sector Wage 5 Medicare wage and Spi. 5 Medicare wage and Spi. 8 Alcoder Spi. 91 Non-walk and Spi. 11 Non-walk and Spi. 11 Non-walk and Spi. 11 Non-walk and Spi. | 423.10 Cleveland yury - Internal Revenue Service 2 2 Fean Incess within 6 0 \$79,865.26 4 Sozia service twithin 6 0 \$7,08.95.26 5 Modera twithin 6 0 \$5,409.40 1 \$54,709.40 13 \$84, Retiment 3:5-309, 10 × 307 | |
| | 15 State Emagers use IDNA. 15 State uses tox. CH 52-999990 \$221,100 Form W-2 Visge and Tax Statement 2014 A Employers social school No. 33-3-3-3333 Employers social school No. C.Levelland Rocks, Inc. 1. Rock Center C.Levelland Rocks, Inc. 1. Rock Center C.Levelland, CH 4115 Employers fint, Infall und latitisees and suffit Aretha Franklin 14 Queen of Sole Aree | 5.00 \$12,809.69 OMB No. 1545-0008 Description 10.1110/001 b Employer ID. number 34-1234667 d Control number 7 Social security tips | \$221, 155.00 \$4, Department of the Treas 1 Waget tips a direct Cong. 2 \$221, 155.0 3 \$6000 exec.25, 1, 155.0 4 \$113, 700.0 5 Mediate wages and tips 5, 221, 680.0 \$221, 680.0 8 Alcodet Sips 11 Noncastilee plane 11 Noncastilee plane | 423.10 Cleveland ury - Internal Revenue Service 2 2 Fear an econe tax withheit 0 579.662.26 0 973.043.40 6 Moore tax withheit 0 53.409.40 3 32.1 Patiment 3 32.1 Patiment | |
| | 15 State Engineer suita IDNL 16 State ways that \$221, 150 Form W-2 Valge and Tax Statement 2014 . Is Employers social sectory bit 333-33-3333 . . . c Employers social sectory bit 333-33-3333 .< | 5.00 \$12,809.89 OMB No. 1545-0008 b 6,000 er 10, numer b 6,000 er 20, numer d Control numer 7 Social security train 10 Dependent care benefits 122, Coles service care benefits | \$221, 155.00 \$4, Department of the Treas 1 Waget tips a direct Cong. 2 \$221, 155.0 3 \$6000 exec.25, 1, 155.0 4 \$113, 700.0 5 Mediate wages and tips 5, 221, 680.0 \$221, 680.0 8 Alcodet Sips 11 Noncastilee plane 11 Noncastilee plane | 423.10 Cleveland yury - Internal Revenue Service 2 2 Fean Incess within 6 0 \$79,865.26 4 Sozia service twithin 6 0 \$7,08.95.26 5 Modera twithin 6 0 \$5,409.40 1 \$54,709.40 13 \$84, Retiment 3:5-309, 10 × 307 | |
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Printing W-2 Forms

Once your W-2 forms are generated, you will notice that there are several tabs at the top of the screen with various options:

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| | Form W-2 Wage and Tax Statement 2014 OMB No. 1545-0008 Department of the Treasury Internal Revenue Service a Employe's social security No. Copy C For EMPLOYEE'S Records. (See attached Notice to Employee) 1 Wages, tips, other Comp. 2 Federal income tax withheld | |
| | 333-3333 This information is being furnished to the internal Reenue Service. \$221,155,00 \$79,865,26 | |

- Employee copies with notice-this option shows all employee forms (one page with 4 W-2 forms per employee), each one followed by the notice page, so that you may print them back-to-back (form on one side, notice on back).
- **Employee copies**-this option shows only the employee copies and does not include the notices.
- **Employee notice only-**this option shows only the notice pages.
- **Employer copy D**-this option shows the employer copy of the forms (Copy D) which shows one form per employee (4 different employees to a page).
- Form W-3-this option shows the company W-3 summary.

Each tab selected has the same printing and export options at the top of the screen. You can choose to **Print** paper copies of the forms, or you can **Export** them into PDF format for e-mailing.

The forms CAN be printed on plain white paper.



E-filing W-2's

In order to be able to submit the W-2 information to the government you will need a BSO account. If you have not done so already, you may register for an account at http://ssa.gov/bso/bsowelcome.htm.

Our software does not support paper filing of W-2 forms using official IRS scannable forms.

Once you have a BSO User ID you will enter it in the W-2 Filing Wizard (see top of p. 11). If you completed your W-2 forms already, you will be able to access the wizard again by clicking the **View/Modify Data** button at the top of the screen with your generated W-2 forms, and clicking through all the steps until you get to the wizard.

Once your forms are finalized and you are ready to submit them, you will need to generate the electronic file by clicking the **E-File Export** button at the top of the W-2 form screen.



A dialog box will open and allow you to save the exported file.

You will then need to log in to BSO and follow the directions there for submitting your file to the government. You do NOT have to file paper W-2 forms or send anything to the IRS.