

Please complete this form for W-2s to be processed by Hacker, Nelson & Co., CPAs.

Complete name, address, and social security number for each recipient, even if the employee has worked for you in prior years. To avoid late payment penalties the following tax payment schedules **MUST BE FULLY COMPLETED** with accurate deposit amounts and correct deposit dates. For us to provide properly prepared forms, you **MUST** have your information to our offices by **January 8, 2024**. Your W-2s will be filed electronically.

PLEASE PROVIDE COPIES OF ALL PAYROLL FORMS COMPLETED FOR 2023

IRS Transmittal info:

For questions, contact:

Contact: _____
 Company Name: _____
 Company Street Address: _____
 City, State, Zip: _____
 Company Phone: _____
 Company Email Address: _____

Name: _____
 Title: _____
 Phone: _____
 Email: _____

EFTPS: EIN: _____
 PIN: _____
 Password: _____

State: _____
 Log In ACCT #: _____
 User ID: _____
 Password: _____
 Secure Code: _____

Required for Iowa e-filing of W-2s.

Contact us for assistance.

GovConnect Log In: _____
 GovConnect Password: _____
 GovConnect IDR ID: _____
(Found on your IA Dept of Revenue permit letter, if received.)
 Permit Number: _____
 Iowa E-file & Pay BEN: _____
 Filing Frequency: _____

If providing info by Quickbooks file:

Version: _____
 Year: _____
 Password: _____

Please note the amount of group health insurance and/or Medicare premiums paid by the company for any S-Corp (1120S) officers and/or spouse.

<u>Employee Name</u>	<u>Under 65 group health premiums</u>	<u>Over 65 Medicare premiums</u>	<u>Over 65 group health premiums</u>	<u>Long term care premiums</u>

Total:

Additional forms you are requesting HN to prepare:

W-3/W-2S		Form 941	
Form 940		Form 943	
4Q SUTA		Form 944	
State Withholding			

W-2s will be mailed directly to recipients
 unless other arrangements are made.