

**Please complete this form for 1099s to be processed by Hacker, Nelson & Co., CPAs.**

Each 1099 form **MUST** have a correct social security (for individuals) or federal identification number (for businesses) and address. Complete all information, even if the recipient is the same as prior years. For us to provide a properly prepared form you **MUST** have your information to us by **January 8, 2024**.

Client Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Client Phone: \_\_\_\_\_  
 Client Email: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_  
 Client SSN: (Only if no Federal ID) \_\_\_\_\_  
 Contact Name: (If other than Client.) \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

YOUR 1099s WILL BE FILED ELECTRONICALLY

Recipient's Informaton	1099-INT	1099-NEC	1099-MISC	Veterinary, Medical, Attorney or Other (Please indicate)
	Interest Paid	Machine Hire/ Contract Labor	Rent Paid	Vet Med Atty Other
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Total:

Recipient's Informaton		1099-INT Interest Paid	1099-NEC Machine Hire/ Contract Labor	1099-MISC Rent Paid	Veterinary, Medical, Attorney or Other (Please indicate)			
Name:	_____				Vet Med Atty Other			
Business Name (if different):	_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address:	_____							
City, State, Zip Code:	_____							
SSN (individual) FEIN (business):	_____							
Name:	_____				Vet Med Atty Other			
Business Name (if different):	_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address:	_____							
City, State, Zip Code:	_____							
SSN (individual) FEIN (business):	_____							
Name:	_____				Vet Med Atty Other			
Business Name (if different):	_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address:	_____							
City, State, Zip Code:	_____							
SSN (individual) FEIN (business):	_____							
Name:	_____				Vet Med Atty Other			
Business Name (if different):	_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address:	_____							
City, State, Zip Code:	_____							
SSN (individual) FEIN (business):	_____							
Name:	_____				Vet Med Atty Other			
Business Name (if different):	_____				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address:	_____							
City, State, Zip Code:	_____							
SSN (individual) FEIN (business):	_____							

Total:

PLEASE PROVIDE COPIES OF FILED REPORTS TO RECONCILE W-2s

Employee Information	Gross Wages	Social Security Withheld (6.2%)	Medicare Withheld (1.45%)	Federal Tax Withheld	State Tax Withheld	401(k) / Simple Amount Withheld	Net Pay
SSN: _____ Name: _____ Address: _____ City, State Zip: _____ DOB if: <input type="radio"/> Child/Parent of Employer <input type="radio"/> Retirement Catch Up <input type="radio"/> N/A DOB: _____							
SSN: _____ Name: _____ Address: _____ City, State Zip: _____ DOB if: <input type="radio"/> Child/Parent of Employer <input type="radio"/> Retirement Catch Up <input type="radio"/> N/A DOB: _____							
SSN: _____ Name: _____ Address: _____ City, State Zip: _____ DOB if: <input type="radio"/> Child/Parent of Employer <input type="radio"/> Retirement Catch Up <input type="radio"/> N/A DOB: _____							
SSN: _____ Name: _____ Address: _____ City, State Zip: _____ DOB if: <input type="radio"/> Child/Parent of Employer <input type="radio"/> Retirement Catch Up <input type="radio"/> N/A DOB: _____							
SSN: _____ Name: _____ Address: _____ City, State Zip: _____ DOB if: <input type="radio"/> Child/Parent of Employer <input type="radio"/> Retirement Catch Up <input type="radio"/> N/A DOB: _____							
<b>Totals:</b>							



**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.