Payroll Compliance Reporting Learning Portal

Preparing Series 94x Returns

Many employers must file quarterly returns to report employees' wages and tips, as well as federal withholding for the quarter. These quarterly returns also list Social Security and Medicare taxes and adjustments. Some employers, who withhold amounts less than $1,000, only file a return annually. These quarterly and annual returns are filed using the following forms:

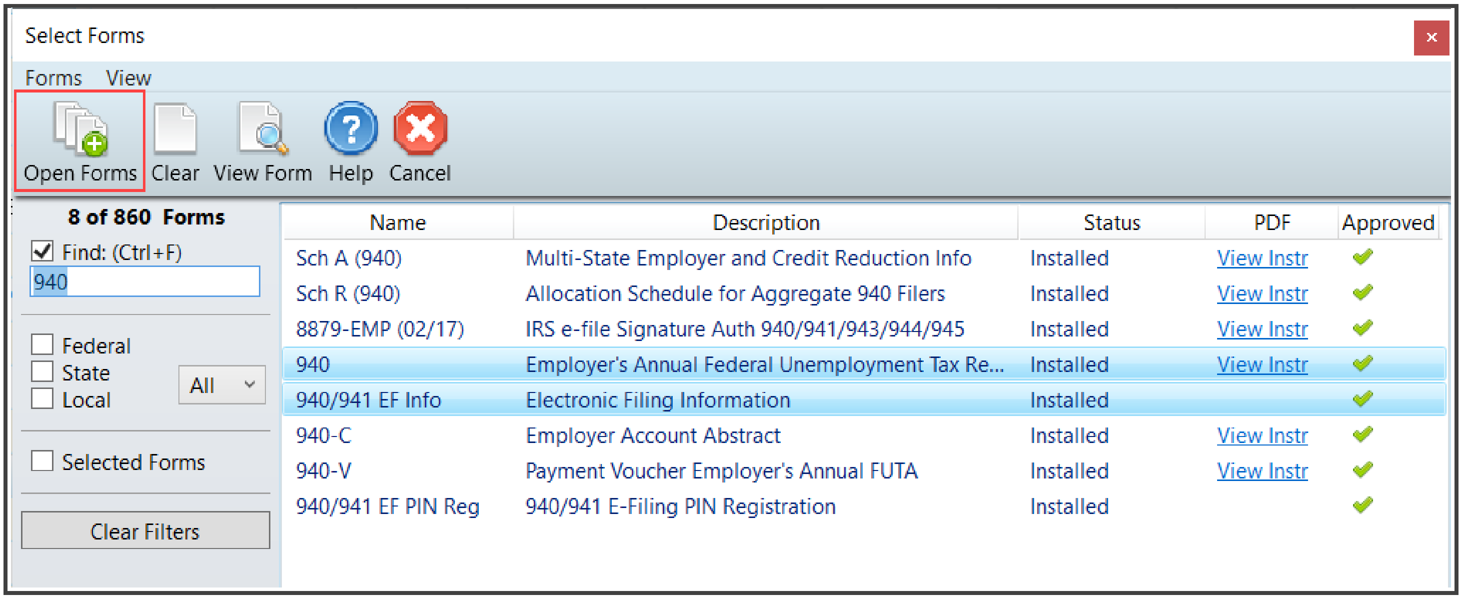
- Form 940, *Employer's Annual Federal Unemployment (FUTA) Tax Return*
- Form 940, *Employer's Quarterly Federal Tax Return*
- Form 943, *Employer's Annual Federal Tax Return for Agricultural Employees*
- Form 944, *Employer's Annual Federal Tax Return*
- Form 945, *Annual Return of Withheld Federal Income Tax*

For more information on who should file these returns, review the **instructions** for each form type.

Payroll Compliance Reporting (PCR) allows you to prepare and file series 94x forms. To start a new 94x return:

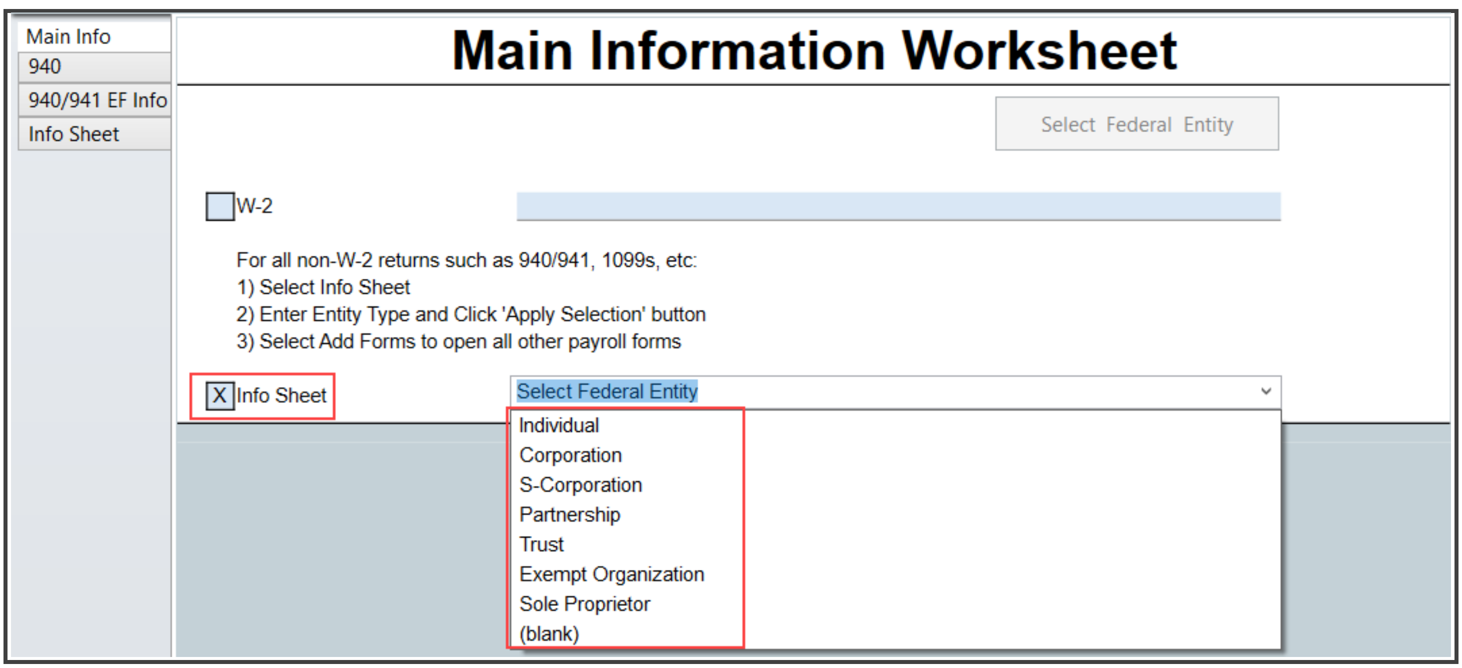
1. In the **Return Manager**, click **New** on the toolbar.

2. PCR displays the Select Forms dialog box. Select the forms to add to the new return and click **Open Forms**. For this lesson, we will choose Form 940.

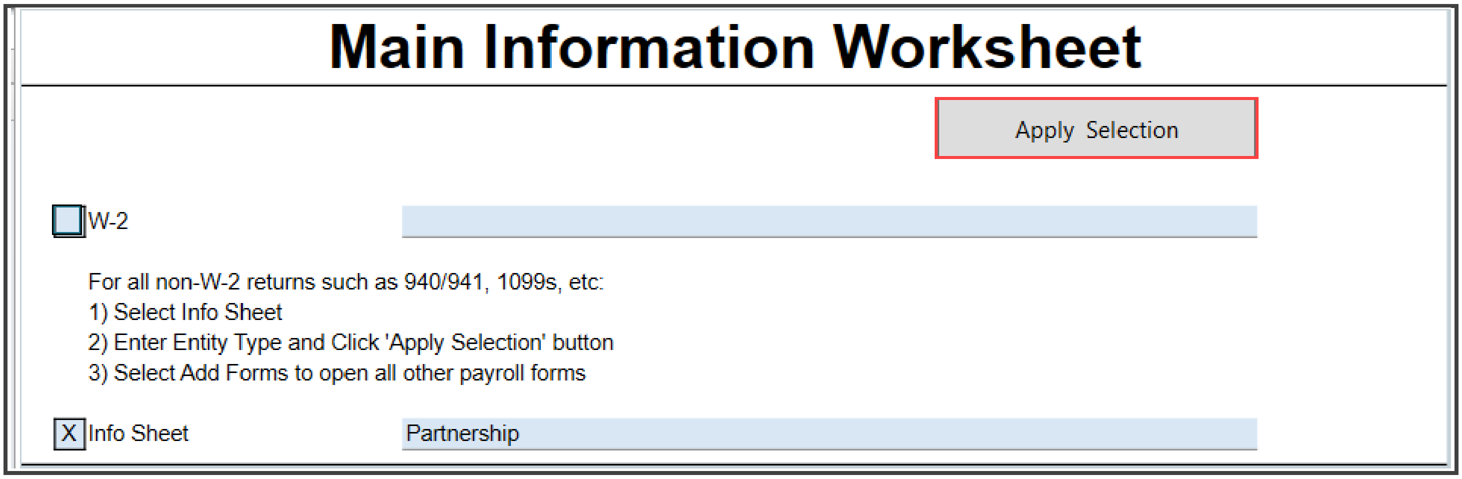


You can select as many forms as you need at this time or add more forms later.

3. PCR opens the return along with the Main Information Sheet for the selected return. Select the **Info Sheet** checkbox and select the entity type for this payer.



4. Then, click **Apply Section**.



Main Information Worksheet

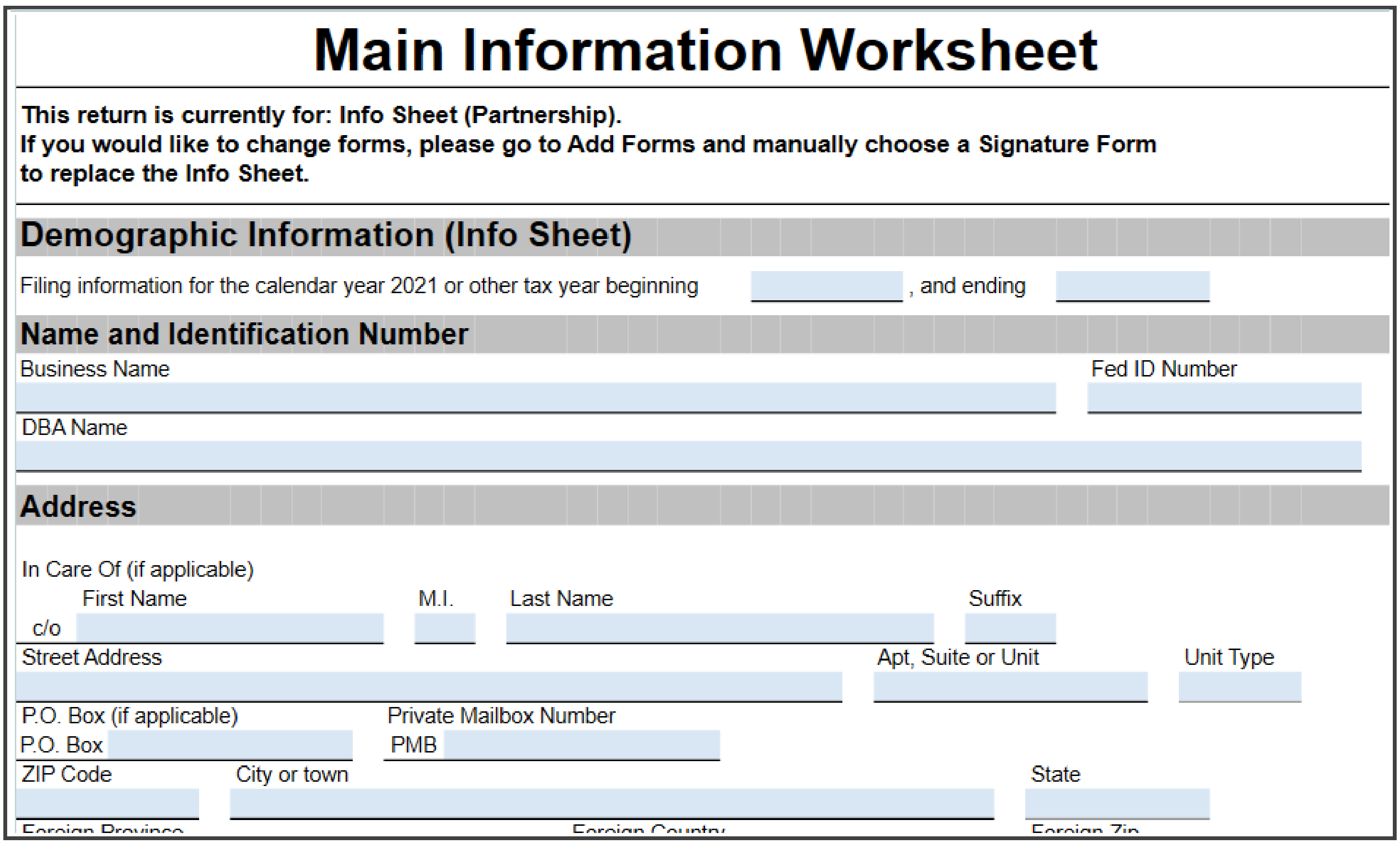
Apply Selection

☐ W-2

For all non-W-2 returns such as 940/941, 1099s, etc:
1) Select Info Sheet
2) Enter Entity Type and Click 'Apply Selection' button
3) Select Add Forms to open all other payroll forms

X Info Sheet — Partnership

5. The program expands the form, so you can begin entering the payer information.



Main Information Worksheet

This return is currently for: Info Sheet (Partnership).
If you would like to change forms, please go to Add Forms and manually choose a Signature Form to replace the Info Sheet.

Demographic Information (Info Sheet)

Filing information for the calendar year 2021 or other tax year beginning , and ending

Name and Identification Number

Business Name — Fed ID Number

DBA Name

Address

In Care Of (if applicable)
c/o — First Name — M.I. — Last Name — Suffix

Street Address — Apt, Suite or Unit — Unit Type

P.O. Box (if applicable) — P.O. Box — Private Mailbox Number — PMB

ZIP Code — City or town — State

JumpTo

On all forms, schedules and worksheets, PCR calculates values in white boxes from data typed elsewhere. **JumpTo** enables fast navigation to the forms, schedules or worksheets from which this data originates.

To use JumpTo:

1. From a calculated box, click the **JumpTo** icon.

2. **JumpTo** navigates to the source box.

3. Enter the information in the field. PCR carries this information to the calculated field.

Navigating Forms

Many forms consist of multiple pages and worksheets to allow detailed data entry. Below are multiple ways to navigate and enter data, depending on the situation.

Navigating Through a Single Page

To navigate through a single page:

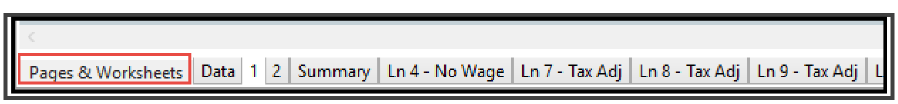
- Press **Enter** or **Tab** to move from the current box to the next box.
- To reverse direction, press **Shift+Tab**.

Navigation Bar

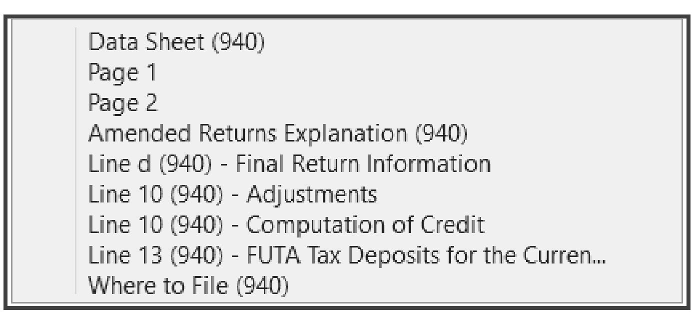
PCR displays a navigation bar below the active form, consisting of the Pages & Worksheets button and a series of tabs. PCR associates each tab with a numbered form page, schedule, worksheet, or other page of the active form.

To navigate through the active form:

1. Click **Pages & Worksheets** to display a list of all worksheets for the active form.



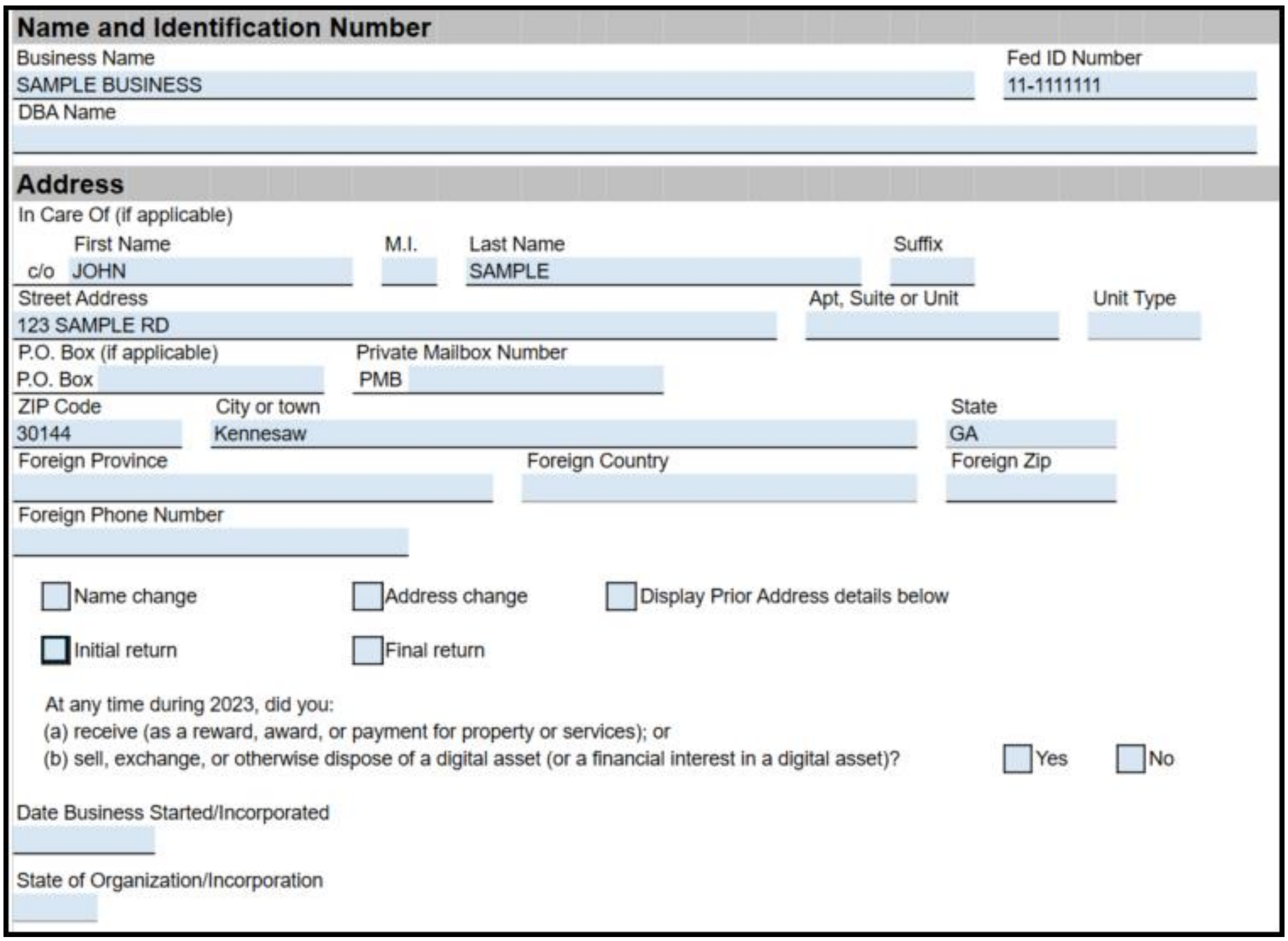
2. Click the worksheet to open.



Main Information Sheet

Enter the payer information for 940 series forms on the Main Information Sheet.

1. Complete the business name and Employer Identification number in the appropriate fields.
2. Next, complete the information in the Address section.


Name and Identification Number

Business Name: SAMPLE BUSINESS
Fed ID Number: 11-1111111
DBA Name

Address

In Care Of (if applicable)
First Name: c/o JOHN
M.I.
Last Name: SAMPLE
Suffix
Street Address: 123 SAMPLE RD
Apt, Suite or Unit
Unit Type
P.O. Box (if applicable): P.O. Box
Private Mailbox Number: PMB
ZIP Code: 30144
City or town: Kennesaw
State: GA
Foreign Province
Foreign Country
Foreign Zip
Foreign Phone Number

☐ Name change ☐ Address change ☐ Display Prior Address details below

☐ Initial return ☐ Final return

At any time during 2023, did you:
(a) receive (as a reward, award, or payment for property or services); or
(b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? ☐ Yes ☐ No

Date Business Started/Incorporated

State of Organization/Incorporation

3. Scroll down to input the Business Activity Code and Partnership Representative or Designated Individual details.

Principal Business Activity and Professional Activity Codes for (Info Sheet)

Business activity
ACCOUNTING
Product or service
ACCOUNTING

Principal Business Activity Code

Select a principal activity category: Professional, Scientific, and Technical Services
AND
Select a subcategory: Accounting, Tax Preparation, Bookkeeping, and Payroll Services
AND
Select a principal activity: Tax Preparation Services
OR
Please enter appropriate business activity code here. 541213

Partnership Representative (PR) Information

Choose a Signer (check one box):

[X] Check if PR or DI is Authorized Signer. [ ] Check to assign a different Authorized Signer.

Choose a State Contact (check one box):

[X] Check if PR or DI is State Contact. [ ] Check to assign a different State Contact.

First Name or Business Name	M.I.	Last Name	Suffix
JOHN		SAMPLE	

Partner Representative SSN
222-22-2222
Partner Representative FEIN

Street Address	Apt, Suite or Unit	Unit Type
1 MAIN ST		

P.O. Box, if applicable: P.O. Box
Private Mailbox Number: PMB

ZIP Code	City	State
30144	Kennesaw	GA

Title	Email
CEO	

Phone number	Secondary Number	Foreign Phone Number	Fax Number

4. Click the **940** tab to display the Data Sheet for Form 940. Select any appropriate checkboxes.

Main Info
940
940/941 EF Info
Info Sheet

[ ] Print this worksheet

Data Sheet (940)

For the year ending: 12/31/2023 Due date: 1/31/2024

Name Control (required)

[ ] Check box if you are making your payments through the EFT Payment System.
[ ] Check box if all the FUTA wages you paid were exempt from state unemployment tax.
[ ] Check box if some of the wages paid were excluded from state unemployment tax.
[ ] Check box if any state unemployment tax will be paid after the due date of this 940.

3. In the Pages & Worksheets area, click the **1** tab to access Page 1 of Form 940.

Pages & Worksheets | Data | 1 | 2 | Summary | Ln 4

4. Payroll Compliance Reporting displays the 940 Form, *Employer's Annual Federal Unemployment (FUTA) Tax Return*. Some fields are direct entry and others are calculated fields. Complete the required direct entry fields on page 1 before moving on to Page 2.

Calculated fields have a white background, while direct entry fields have a blue background.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a **If you had to pay state unemployment tax in one state only, enter the state abbreviation** . . . **1a** [ ]

1b **If you had to pay state unemployment tax in more than one state, you are a multi-state employer** . . . **1b** [ ] Check here. Complete Schedule A (Form 940).

2 **If you paid wages in a state that is subject to CREDIT REDUCTION** . . . **2** [ ] Check here.Complete Schedule A. (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 **Total payments to all employees** . . . **3** [ ]

4 **Payments exempt from FUTA tax** . . . **4** [ ]

Check all that apply: **4a** [ ] Fringe benefits **4c** [ ] Retirement/Pension **4e** [ ] Other

4b [ ] Group-term life insurance **4d** [ ] Dependent care

5 **Total of payments made to each employee in excess of $7,000** . . . **5** [ ]

6 **Subtotal** (line 4 + line 5 = line 6) . . . **6** [ ]

7 **Total taxable FUTA wages** (line 3 – line 6 = line 7). See instructions . . . **7** [ ]

8 **FUTA tax before adjustments** (line 7 x 0.006 = line 8) . . . **8** [ ]

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 **If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054** (line 7 × 0.054 = line 9). Go to line 12 . . . **9** [ ]

10 **If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late** (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . **10** [ ]

11 **If credit reduction applies,** enter the total from Schedule A (Form 940) . . . **11** [ ]

If there is a refund on line 15, select the appropriate check box as to how you want the overpayment handled.

15 **Overpayment.** If line 13 is more than line 12, enter the difference [82.94] Check one: [X] Apply to next return. [ ] Send a refund.

5. On Page 2 of the 940 return complete the information for each quarter if applicable.

Part 5: **Report your FUTA tax liability by quarter only if line 12 is more than $500. If not, go to Part 6.**

16 **Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.**

16a	**1st quarter** (January 1 – March 31)	**16a**	
16b	**2nd quarter** (April 1 – June 30)	**16b**	
16c	**3rd quarter** (July 1 – September 30)	**16c**	
16d	**4th quarter** (October 1 – December 31)	**16d**	

17 **Total tax liability for the year** (lines 16a + 16b + 16c + 16d = line 17) . . . . **17** ______ **Total must equal line 12.**

6. Then complete the third-party designee information if applicable. In Part 7 the taxpayer will sign the return.

Part 6: **May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ **Yes.** Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

☐ **No.**

Part 7: **Sign here. You MUST complete both pages of this form and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here

Print your title here

Date

Best daytime phone

ℹ If you are the paid preparer, complete the bottom section of the form.

Paid Preparer Use Only		Check if you are self-employed	☐
Preparer's name		PTIN	
Preparer's signature		Date	
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

940/941 EF Info

After completing the tax-related information for the return, complete the electronic filing information.

To do this:

1. Select the **940/941 EF Info** tab. Include this form in any series 94x return you want to e-file.
2. In the Signature Method section, choose the PIN method and enter the required information.

Electronic Filing Information (940/941/943/944/945)

Signature Method

PIN Information (Choose a PIN method and enter information below)

Practitioner PIN Method	☒ Complete **A** and **B**		
Reporting Agent PIN Method	☐ Complete **B** only	Reporting Agent Name Control	JENN
IRS Assigned PIN	☐ Complete **C** only		
Scanned 8453-EMP	☐ Attach scanned 8453-EMP		

		Practitioner PIN:				
		PIN (5 Digits)	Date signed	TP entered	ERO entered	
A	Taxpayer PIN:	12345	6/1/2024	☒	☐	If ERO entered taxpayer PIN, you must fill out the 8879-EMP (IRS e-file Signature Authorization Form).
B	ERO PIN:	12345				
		PIN (10 Digits)				
C	IRS Assigned PIN		**To apply for a PIN check ("X") here to open the 940/941/943/944/945 EF PIN Registration Form**	☐		

3. Select the appropriate check box to identify if the taxpayer or ERO entered the Taxpayer PIN.

4. The EFIN automatically displays from the Preparer Manager, and PCR automatically generates the Submission ID.

EFIN

Enter your 6-digit EFIN number. Note: You must enter the EFIN through the Preparer Manager.

EFIN: ______________

Submission ID

The Submission ID for this return will be computed automatically when you create the e-file and will be displayed here.

Submission ID 941: ______________________

5. The Business Information section automatically completes from other sections of the return, and the Preparer and ERO information pulls from Preparer Manager.

6. In the navigation bar, click the **Payment and Refund** tab. PCR automatically marks the check box for payment or refund. Select the desired method for making a payment or receiving the refund.

Payment and Refund Options (Form 941)

Zero Balance/Refund Due Option

[ ] There is neither a refund nor a balance due.

Payment Options

[X] You owe $107,609.95 in tax liability. Choose one of the following payment options.

[X] Paper check by mail. See 'Mailing Inst' tab below for addresses.

[ ] Direct Debit.

[ ] Electronic Federal Tax Payment System (EFTPS) visit: http://www.eftps.gov/

Refund Options

[ ] You are due a refund of $0.00

[ ] Paper check by mail.

Bank Information

Tax Payer's Bank Information:

Routing number:

Account number:

Type of account: [ ] Checking [ ] Savings

Date

Amount to Pay 0.00

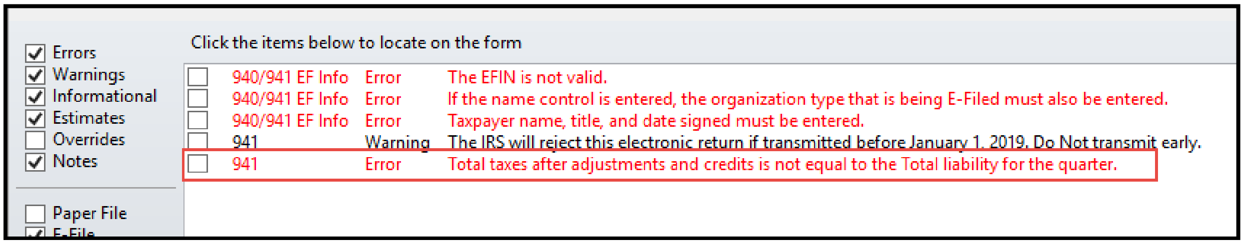
Completing Returns

Once you complete the return, check it for missing information before creating the e-file.

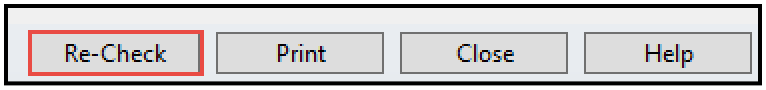
To do this:

1. Click **Check Return** [Check Return] on the toolbar.

2. PCR displays the results at the bottom of the screen with errors in red text. Click the error to navigate to the form and box in question.



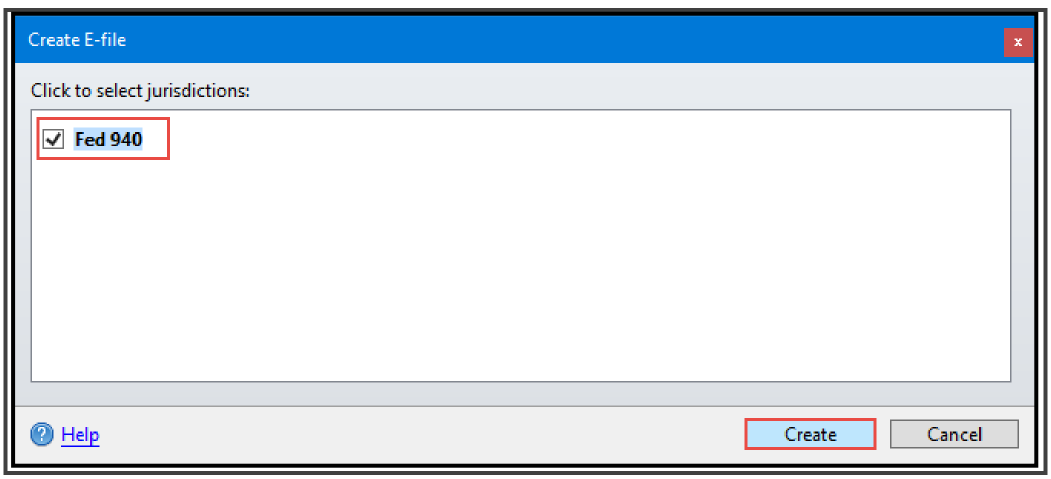
3. Correct the information to remove the error. After you correct errors, click **Re-Check** to clear corrected errors and check for additional errors.



4. Once you correct any errors, you can create the federal and state e-files.

5. Click **E-file** 

on the toolbar. On the **Create E-file** dialog box, select the check box for the e-files you want to create, and click **Create**.



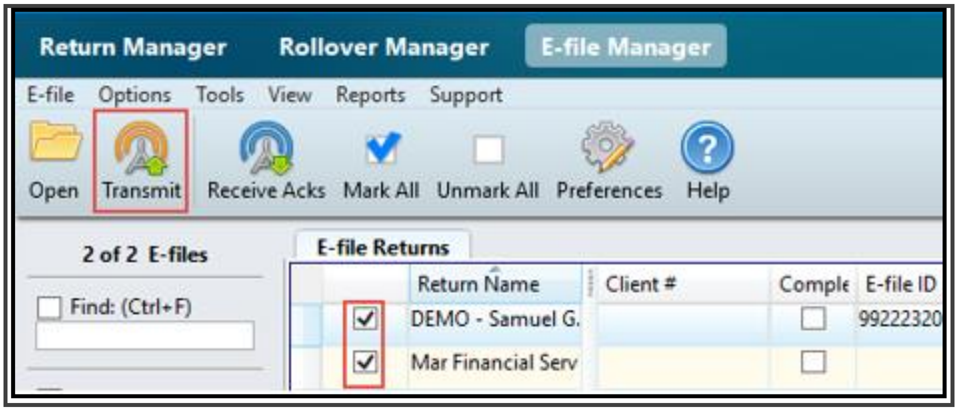
Creating the federal and state e-files at the same time saves time. Though you can create the returns at the same time, you do not have to submit them at the same time. PCR displays the files separately in E-file Manager so you can choose when to send each return.

6. Once you create the e-file, you must submit it to the IRS or state for processing.

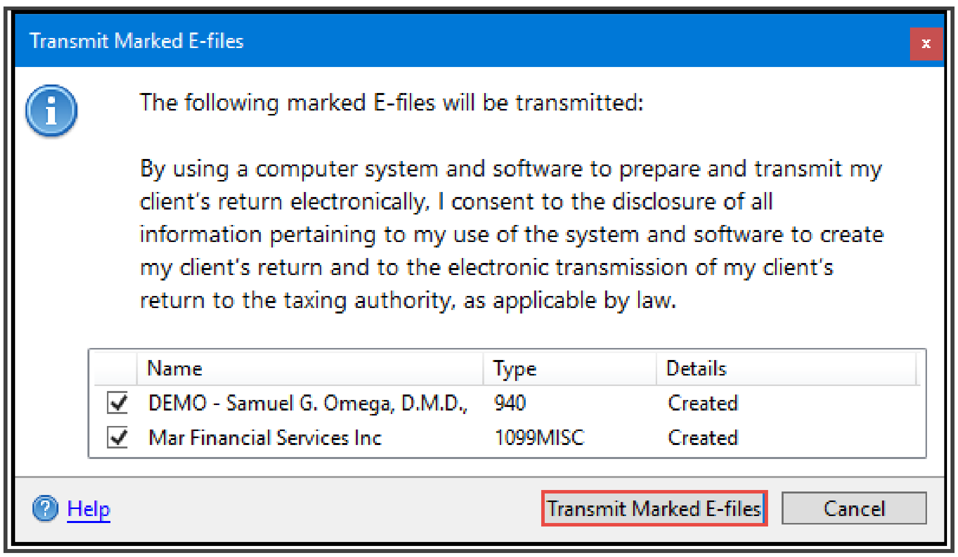
To send the e-files after creating them:

1. Click **E-file Manager**.

2. PCR displays the e-files you created. Select the check box(es) for the files you want to send and click **Transmit**.

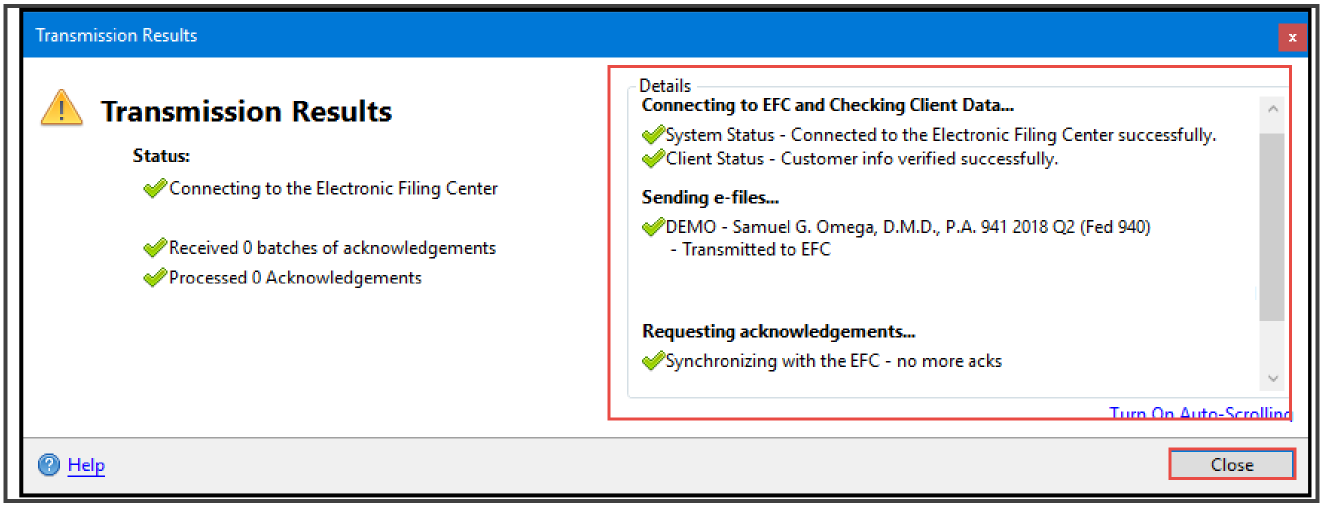


3. PCR displays the **Transmit Marked E-Files** dialog box. Verify the selected returns and click **Transmit Marked E-files**.



4. PCR displays the **Transmission Results** dialog box with a status checklist on the left as it processes and sends the returns, and a more detailed account of progress in **Details** on the right.

5. When the transmission is complete, click **Close**.



6. The IRS processes and sends an acknowledgement to show whether the return is accepted or rejected. To pick up acknowledgements while in E-file Manager, click **Receive Acks**. PCR connects to the Electronic Filing Center and downloads the available acknowledgements. Click **Close**.