

Quarterly Reports

The screenshot displays the ComputerSearch Payroll Today dashboard on the left and a detailed Quarterly Tax Report for WNY on the right.

ComputerSearch Payroll Today Dashboard:

- Navigation Menu:** Dashboard, Company, Employees, Check Calculator, Payroll, Check Finder, Reports.
- Payroll Today Section:** Shows payroll status for 11/13/2020 - 1, 11/20/2020 - 1, and 11/27/2020 - 1. Status indicators: Processed (green), Past Due (red), Pending (orange).
- Calendar View:** Displays payroll dates for 11/13/2020, 10/19/2020, 10/19/2020, 10/19/2020, 09/11/2020, 09/08/2020, 09/08/2020, 09/08/2020, 09/04/2020, 09/03/2020, 09/03/2020, 09/03/2020, 05/08/2020, 05/13/2020, 05/13/2020, 05/13/2020.
- Agenda:** Shows the current date (Wednesday, November 18, 2020) and a list of events.
- Analysis:** Section for tax report analysis.
- Task Queue:** Section for task management.

Quarterly Tax Report #005 Advanced Care Physical Therapy Of WNY:

Quarterly Tax Report 3/2020

Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Federal Taxes						
Federal	201805000		80,306.12	3,664.51	7	Semi-Weekly
EE CARES	0.000000	201805000	80,306.12	3,124.29	7	Semi-Weekly
EE Medicare	0.014500	201805000	80,306.12	720.08	7	Semi-Weekly
ER CARES	0.000000	201805000	80,306.12	3,124.29	7	Semi-Weekly
ER Medicare	0.014500	201805000	80,306.12	720.08	7	Semi-Weekly
Total Federal Liabilities				11,394.45		
ER FICA	0.000000	201805000	9,728.52	58.41	7	Quarterly
FFCRA ER	201805000				7	Semi-Weekly
CARES Retention Med Cost	201805000				7	Semi-Weekly
Total Federal Taxes without Credits				11,452.86		
Total COVID Credits				6.00		
Total Federal Taxes with Credits				11,452.86		
State Withholding						
NY State Withholding	201805000		80,306.12	1,870.35	7	Quarterly NY
Total State Withholding				1,870.35		
Employer SUI Withholding						
NY SUI	0.012000	4808000	9,728.52	118.18	7	Quarterly
Total Employer SUI				118.18		
Employer SUI Other						
NY Unemployment	0.000700	4808000	9,728.52	7.30	7	Quarterly
Total Employer SUI Other				7.30		
Total Employer Taxes				9,409.81		
Total Employer Taxes				4,029.86		
Total Tax Liability without Credits				13,442.67		
Total COVID Credits				6.00		
Total Tax Liability with Credits				13,442.67		

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Quarterly Reports

This document will provide information and visuals on common reports found in the quarterly reports package from Evolution Payroll. Please note: payroll reports are highly customizable between clients. The ones reviewed in this document are the most common that all clients would receive, but they could be in a different order, and many clients get unique reports created for them as well. If you have any questions about quarterly reports that cannot be answered through this document, please contact your Payroll Assistant.

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Taxable Wage Reconciliation

Tax Wage Reconciliation report only goes to tax service clients. This report summarizes the tax funds we collected and paid in on their behalf.

Taxable Wage Reconciliation							
Period Range :				07/01/2020 TO 09/30/2020			
Description	Earnings	PreTax Deductions	Exempt EDs	Excess Wages	Sub Total	Taxable Wages	Difference
9005 Advanced Care Physical Therapy Of WNY							
Federal	51,827.62	-1,454.90	-36.60	0.00	50,336.12	50,336.12	0.00
EE OASDI	51,827.62	-1,454.90	18.30	0.00	50,391.02	50,391.02	0.00
ER OASDI	51,827.62	-1,454.90	18.30	0.00	50,391.02	50,391.02	0.00
EE Medicare	51,827.62	-1,454.90	18.30	0.00	50,391.02	50,391.02	0.00
ER Medicare	51,827.62	-1,454.90	18.30	0.00	50,391.02	50,391.02	0.00
ER FUI	51,827.62	-1,454.90	18.30	-40,662.50	9,728.52	9,728.52	0.00
State NY	51,827.62	-1,454.90	-36.60	0.00	50,336.12	50,336.12	0.00
ER SUI NY-Re-employment	51,827.62	-1,454.90	1,418.30	-42,062.50	9,728.52	9,728.52	0.00
ER SUI NY-SUI	51,827.62	-1,454.90	1,418.30	-42,062.50	9,728.52	9,728.52	0.00

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The 941 is filled out to report income taxes, Social Security tax, or Medicare tax withheld from employee's paychecks and to pay the employer's portion of Social Security or Medicare tax.

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return
 (Rev. July 2020) Department of the Treasury - Internal Revenue Service OMB No. 1545-0029

Report for this Quarter of 2020 (Check one)
☐ 1: Jan
☐ 2: Apr
☒ 3: July
☐ 4: Oct
 Go to www.irs.gov for instructions

Employer identification number (EIN) 970120
 Name (not your trade name)
 Trade name (if any)
 Address

Form 941 (Rev. 7-2020) Page 2
 Name (not your trade name) 970220
 Employer identification number (EIN) 972920

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c. 970220

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10.

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter.

13b Deferred amount of social security tax.

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1.

13d Refundable portion of employee retention credit from Worksheet 1.

13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d.

13f Total advances received from filing Form(s) 7200 for the quarter.

13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e.

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions.

15 Overpayment. If line 13g is more than line 12, enter the difference 0.00. Check ☐ Yes, if you are a monthly schedule depositor or a semiweekly schedule depositor.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.
 If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see the instructions for Part 2.

Check one:
☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter is less than \$2,500. If you are a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, complete the deposit schedule below; if you're a monthly schedule depositor for the entire quarter, enter your tax liability for the quarter, then go to Part 3.
☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for the quarter, then go to Part 3.

Tax liability: Month 1 Month 2 Month 3
☒ Total liability for quarter Total must equal line 12 on Form 941 or Form 941-SS.

You MUST complete all three pages of Form 941 and SIGN it.
 B209412 NTF 2583721 0 9412

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter, check the box that applies: ☐ Yes, I am a seasonal employer. ☐ No, I am not a seasonal employer.

19 Qualified health plan expenses allocable to qualified sick leave wages.

20 Qualified health plan expenses allocable to qualified family leave wages.

21 Qualified wages for the employee retention credit.

22 Qualified health plan expenses allocable to wages reported on line 21.

23 Credit from Form 5884-C, line 11, for this quarter.

24 Deferred amount of the employee share of social security tax included on line 12.

25 Reserved for future use.

Part 4: May we speak with your third-party designee?
 Do you want to allow an employee, a paid tax preparer, or another person to discuss your business with the IRS?
☐ Yes. Designee's name and phone number
 Select a 5-digit personal identification number (PIN) to use when talking to the IRS.
☒ No.

Part 5: Sign here. You MUST complete all three pages of Form 941 and attach it to your return.
 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here
 Date

Paid Preparer Use Only
 Preparer's name
 Preparer's signature
 Firm's name (or yours if self-employed)
 Address
 City State

B209413 NTF 2583872 0 9413

Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors
 Calendar year 2020 Department of the Treasury - Internal Revenue Service OMB No. 1545-0029 970311
 Report for this Quarter
☐ 1: January, February, March
☐ 2: April, May, June
☒ 3: July, August, September
☐ 4: October, November, December

Employer identification number 970311
 Name (not your trade name)
 Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. What you file this form with Form 941 or Form 941-SS, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must file this form and attach it to Form 941 or Form 941-SS if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Enter your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 1 in Pub. 15 for details.

Month 1

1	9	1541.01	17	25	Tax liability for Month 1
2	10		18	26	3253.17
3	11		19	27	
4	12		20	28	
5	13		21	29	
6	14		22	30	
7	15		23	31	
8	16		24		

Month 2

1	9		17	25	Tax liability for Month 2
2	10		18	26	4289.36
3	11		19	27	
4	12		20	28	
5	13		21	29	
6	14		22	30	
7	15		23	31	
8	16		24		

Month 3

1	9	1656.64	17	25	Tax liability for Month 3
2	10	247.87	18	26	3851.92
3	11	1947.41	19	27	
4	12		20	28	
5	13		21	29	
6	14		22	30	
7	15		23	31	
8	16		24		

Total liability for the quarter (Month 1 + Month 2 + Month 3)
 Total must equal line 12 on Form 941 or Form 941-SS. 11394.45

For Paperwork Reduction Act Notice, see separate instructions. CAA 820941B NTF 2583721 0 941B1
 Schedule B (Form 941) (Rev. 1-2017)

NYS-45

All employers required to withhold tax from wages must file Form NYS-45, *Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return*, each calendar quarter. If you withhold **less than \$700** during a calendar quarter, remit taxes withheld with your quarterly return, Form NYS-45. See NYS-1 below if you withhold \$700 or more during the calendar quarter for additional filing requirements. Generally, employers must file quarterly, even if they did not pay wages during the quarter and have zero withholding.

NYS-45 (1/19) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return

**RECORD COPY ONLY
DO NOT SEND TO THE AGENCY**

Reference these numbers in all correspondence: Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the year.

Withholding registration number: 1 2 3 4 Y Y
Are dependent health insurance benefits available to any employee? Yes No X

Employer legal name: If seasonal employee, mark an X in the box

Number of employees: Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

Part A – Unemployment insurance (UI) information

1. Total remuneration paid this quarter: 51791.00
2. Remuneration paid this quarter in excess of the UI wage base since January 1 (see instr.): 42062.00
3. Wages subject to contribution (subtract line 2 from line 1): 9729.00
4. UI contributions due: 119.18
5. Re-employment service fund (multiply line 3 x .00075): 7.30
6. UI previously underpaid with interest: 126.48
7. Total of lines 4, 5, and 6: 126.48
8. Enter UI previously overpaid: 126.48
9. Total UI amounts due (if line 7 is greater than line 8, enter difference): 126.48
10. Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below):
11. Check one: Refund Credit
21. Total payment due (add lines 9 and 10; make one remittance payable to NYS Employment Contributions and Taxes): 409.28
* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on page 2 of form, if required.

Part B – Withholding tax (WT) information

12. New York State tax withheld: 1870.33
13. New York City tax withheld: 1870.33
14. Yonkers tax withheld: 1870.33
15. Total tax withheld (add lines 12, 13, and 14): 1870.33
16. WT credit from previous quarter's return (see instr.): 1587.53
17. Form NYS-1 payments made for quarter: 1587.53
18. Total payments (add lines 16 and 17): 1587.53
19. Total WT amount due (if line 15 is greater than line 18, enter difference): 282.80
20. Total WT overpaid (if line 18 is greater than line 19, enter difference and mark box 20a or 20b):
20a. Apply for outstanding liabilities and/or refund: OR
20b. Credit to next quarter withholding tax:
21. Total payment due (add lines 9 and 10; make one remittance payable to NYS Employment Contributions and Taxes): 409.28
* An overpayment of either UI contributions or withholding tax cannot be used to offset an amount due for the other. Complete Parts D and E on page 2 of form, if required.

Part C – Employee wage and withholding information

Quarterly employee/payee wage reporting and withholding information. (Do not use negative numbers; see instructions.)

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instructions)	e Total NYS, NYC, and Yonkers tax withheld
*****	MARINO, SARAH	4831.25	4831.25	160.51
*****	EHRENBURG, SHERI	1425.00	1425.00	1.27
*****	SCHIEMANT, TAMMY L	9600.00	9600.00	420.36
*****	DALEY, STEPHANIE	3050.00	2995.10	79.18
*****	DOBE, JENNIFER L	3472.27	3472.27	68.63
*****	MORGAN, BRETT A	17150.00	16000.00	600.00
*****	LONG, ASHLEY	12262.50	12012.50	540.38

Totals (column c must equal remuneration on line 1; see instructions for exceptions):
Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.
Signature (see instructions): Date: 10052020 Telephone number: E-mail: ISL NTF 2583000 9 NYS451

NYS-45-ATT (1/19) Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return-Attachment

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Withholding identification number: Mark an X in the applicable boxes:
A. Original X or Amended return
1 2 3 4 Y Y

Employer legal name: If seasonal employee, mark an X in the box

Quarterly employee/payee wage reporting and withholding information
(Do not enter negative numbers in columns c, d, and e; see instructions)

a Social Security number	b Last name, first name, middle initial	c Total UI remuneration paid this quarter	d Gross federal wages or distribution (see instr.)	e Total NYS, NYC, and Yonkers tax withheld
*****	MARINO, SARAH	4831.25	4831.25	160.51
*****	EHRENBURG, SHERI	1425.00	1425.00	1.27
*****	SCHIEMANT, TAMMY L	9600.00	9600.00	420.36
*****	DALEY, STEPHANIE	3050.00	2995.10	79.18
*****	DOBE, JENNIFER L	3472.27	3472.27	68.63
*****	MORGAN, BRETT A	17150.00	16000.00	600.00
*****	LONG, ASHLEY	12262.50	12012.50	540.38

Page No. 1 of 1 Total this page only: 51791.02 50336.12 1870.33
If first page, enter grand totals of all pages: 51791.02 50336.12 1870.33

Contact information: Name: Daytime telephone number: ISL
NTF 2583002 9 NYSATT1

NYS-45 (1/19) Page 2 Withholding identification number

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Part D – Form NYS-1 corrections/additions

Use Part D only for corrections/additions for the quarter being reported in Part B of this return. To correct original withholding information reported on Form(s) NYS-1, complete columns a, b, c, and d. To report additional withholding information not previously submitted on Form(s) NYS-1, complete only columns c and d. Lines 12 through 15 on page 1 of this return must reflect these corrections/additions.

a Original last payroll date reported on Form NYS-1, line A (mmdd)	b Original total withheld reported on Form NYS-1, line 4	c Correct last payroll date (mmdd)	d Correct total withheld

Part E – Change of business information

22. This line is not in use for this quarter.
23. If you permanently ceased paying wages, enter the date (mmddyy) of the final payroll (see Note below):
24. If you sold or transferred all or part of your business:
• Mark an X to indicate whether in whole or in part
• Enter the date of transfer (mmddyy):
• Complete the information below about the acquiring entity

Legal name	EIN
Address	

Notes: For questions about other changes to your withholding tax account, call the Tax Department at 518-485-6654; for your unemployment insurance account, call the UI Employer Hotline at 1-888-899-8810. If you are using a paid preparer or a payroll service, the section below must be completed.

Paid preparer's use	Preparer's signature	Date: 10052020	Preparer's NYTPRN	Preparer's SSN or PTIN	NYTPRN ext code
	Preparer's name	Mark an X if self-employed	Firm's EIN	Telephone number	
	Preparer's firm name	Preparer's address			
	Payroll service's name	Payroll service's EIN			

NYS-45 (1/19) NTF 2583001 9 NYS452 ISL

SUI Taxable Wages

This report breaks down the following:

- Each employee by quarter that was eligible to be charged for the State Unemployment Rate.
- The current limit for 2020 is 11600.00 and once an employee hits that limit, those wages are no longer applied towards the SUI tax that the employer pays.

FUI and SUI Tax Notices Report

#005

Due Date	11/02/2020
Tax Type	940
Quarter	3/2020

Federal Unemployment Insurance 58.41

You will receive no further notifications of this report

Submit payments to **MOOG Federal Credit Union**

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FUI and SUI Tax Notices Report

#005

Due Date	11/02/2020
State	New York
Quarter	3/2020

NY-Re-employment	7.30
NY-SUI	119.18
NY-Withholding	282.80
Total Liabilities	409.28

You will receive no further notifications of this report

Submit payments to **NY-Department of Taxation & Finance**

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e-mail: support@ebcinc.net

SUI Taxable Wages by Quarter								
Employee	SUI Name	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total of Quarters	Limit	Difference
11 - DALEY, STEPHANIE								
	NY-Re-employment	11600.00	0.00	0.00	0.00	11600.00	11600.00	
	NY-SUI	11600.00	0.00	0.00	0.00	11600.00	11600.00	
14 - DOBE, JENNIFER L								
	NY-Re-employment	3106.77	102.13	3472.27	564.38	7245.55	11600.00	
	NY-SUI	3106.77	102.13	3472.27	564.38	7245.55	11600.00	
15 - EHRENBURG, SHERI								
	NY-Re-employment	840.00	1065.00	1425.00	345.00	3675.00	11600.00	
	NY-SUI	840.00	1065.00	1425.00	345.00	3675.00	11600.00	
21 - LONG, ASHLEY								
	NY-Re-employment	11600.00	0.00	0.00	0.00	11600.00	11600.00	
	NY-SUI	11600.00	0.00	0.00	0.00	11600.00	11600.00	
23 - MARINO, SARAH								
	NY-Re-employment	0.00	0.00	4831.25	1150.00	5981.25	11600.00	
	NY-SUI	0.00	0.00	4831.25	1150.00	5981.25	11600.00	
1 - MORGAN, BRETT A								
	NY-Re-employment	11600.00	0.00	0.00	0.00	11600.00	11600.00	
	NY-SUI	11600.00	0.00	0.00	0.00	11600.00	11600.00	
2 - MORGAN, DENISE J								
	NY-Re-employment	4000.00	0.00	0.00	800.00	4800.00	11600.00	
	NY-SUI	4000.00	0.00	0.00	800.00	4800.00	11600.00	
18 - PRIOR, DENISE								
	NY-Re-employment	204.26	0.00	0.00	0.00	204.26	11600.00	
	NY-SUI	204.26	0.00	0.00	0.00	204.26	11600.00	
13 - SCHEMANT, TAMMY L								
	NY-Re-employment	9560.00	2040.00	0.00	0.00	11600.00	11600.00	
	NY-SUI	9560.00	2040.00	0.00	0.00	11600.00	11600.00	
*** BALANCED ***								
	NY-Re-employment	52511.03	3207.13	9728.52	2859.38	68306.06		
	NY-SUI	52511.03	3207.13	9728.52	2859.38	68306.06		

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Employee Quarterly Tax Report

Each employee is listed on this report with the following information:

1. The total gross earnings for the quarter for the employee.
2. Any pre-tax deductions that are removed from the calculation.
3. All Earnings – Salary Reduction = Adjusted Gross
4. The Federal column has up to 3 numbers for each employee:
 - Federal is the amount of wages that was eligible to.
 - Fed Tax is how much was taken out of their check for Federal Tax.
 - EIC Tax is the Earned Income Credit Tax that might have been taken out.

Employee Quarterly Taxable Wage Report														
Period: 07/01/2020 to 09/30/20														
Emp ID	Employee Name	1099 or W-2	All Earnings	Salary Reduction	Adjusted Gross	Federal Fed Tax EIC Tax	OASDI EE Tax ER Tax	Medicare EE Tax ER Tax	FUI FUI Tax	State EE Tax	SDI EE Tax ER Tax	SUI EE Tax ER Tax	Local Loc Tax	Net Pay
11		W-2	3050.00	54.90	2995.10	2995.10 116.43 0.00	3050.00 189.10 189.10	3050.00 44.24 44.24	0.00 0.00 0.00	2995.10 79.18 0.00	0.00 0.00 0.00	0.00 0.00 0.00		517.34
14		W-2	3472.27		3472.27	3472.27 85.67 0.00	3472.27 215.29 215.29	3472.27 50.34 50.34	3472.27 20.84 0.00	3472.27 68.63 0.00	0.00 0.00 0.00	3472.27 45.16 0.00		1415.69
15		W-2	1425.00		1425.00	1425.00 0.00 0.00	1425.00 88.37 88.37	1425.00 20.65 20.65	1425.00 8.57 0.00	1425.00 1.27 0.00	0.00 0.00 0.00	1425.00 18.52 0.00		742.35
21		W-2	12262.50	250.00	12012.50	12012.50 1427.09 0.00	12012.50 744.78 744.78	12012.50 174.20 174.20	0.00 0.00 0.00	12012.50 540.38 0.00	0.00 0.00 0.00	0.00 0.00 0.00		4435.92
23		W-2	4831.25		4831.25	4831.25 454.10 0.00	4831.25 299.55 299.55	4831.25 70.05 70.05	4831.25 29.00 0.00	4831.25 160.51 0.00	0.00 0.00 0.00	4831.25 62.80 0.00		1334.62
1		W-2	17150.00	1150.00	16000.00	16000.00 600.00 0.00	16000.00 992.00 992.00	16000.00 232.00 232.00	0.00 0.00 0.00	16000.00 600.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00		6788.00
13		W-2	9600.00		9600.00	9600.00 1001.22 0.00	9600.00 595.20 595.20	9600.00 139.20 139.20	0.00 0.00 0.00	9600.00 420.36 0.00	0.00 0.00 0.00	0.00 0.00 0.00		3705.45
Total		7	51791.02	1454.90	50336.12	50336.12 3684.51 0.00	50391.02 3124.29 3124.29	50391.02 730.68 730.68	9728.52 58.41 0.00	50336.12 1870.33 0.00	0.00 0.00 0.00	9728.52 126.48 0.00		18939.37

Employee Quarterly Tax Report

5. OSADI has 3 entries as well:

- OSADI represents the total wages that were taxable for Social Security.
- EE Tax and ER tax should be the same amount and shows what was taken out for Social Security.

6. Medicare has 3 entries:

- Medicare represents the total wages that is taxable for Medicare.
- EE Tax and ER Tax are most likely the same and represents how much tax was taken out for Medicare. EE may be higher if the employee reached the threshold for the High Medicare Tax allotment.

Employee Quarterly Taxable Wage Report														
Period: 07/01/2020 to 09/30/2020														
Emp ID	Employee Name	1099 or W-2	All Earnings	Salary Reduction	Adjusted Gross	Federal Fed Tax EIC Tax	OASDI EE Tax ER Tax	Medicare EE Tax ER Tax	FUI FUI Tax	State EE Tax	SDI EE Tax ER Tax	SUI EE Tax ER Tax	Local Loc Tax	Net Pay
11		W-2	3050.00	54.90	2995.10	2995.10	3050.00	3050.00	0.00	2995.10	0.00	0.00		517.34
						116.43	189.10	44.24		79.18	0.00	0.00		
						0.00	189.10	44.24	0.00		0.00	0.00		
14		W-2	3472.27		3472.27	3472.27	3472.27	3472.27	3472.27	3472.27	0.00	3472.27		1415.69
						85.67	215.29	50.34		68.63	0.00			
						0.00	215.29	50.34	20.84		0.00	45.16		
15		W-2	1425.00		1425.00	1425.00	1425.00	1425.00	1425.00	1425.00	0.00	1425.00		742.35
						0.00	88.37	20.65		1.27	0.00			
						0.00	88.37	20.65	8.57		0.00	18.52		
21		W-2	12262.50	250.00	12012.50	12012.50	12012.50	12012.50	0.00	12012.50	0.00	0.00		4435.92
						1427.09	744.78	174.20		540.38	0.00			
						0.00	744.78	174.20	0.00		0.00	0.00		
23		W-2	4831.25		4831.25	4831.25	4831.25	4831.25	4831.25	4831.25	0.00	4831.25		1334.62
						454.10	299.55	70.05		160.51	0.00			
						0.00	299.55	70.05	29.00		0.00	62.80		
1		W-2	17150.00	1150.00	16000.00	16000.00	16000.00	16000.00	0.00	16000.00	0.00	0.00		6788.00
						600.00	992.00	232.00		600.00	0.00			
						0.00	992.00	232.00	0.00		0.00	0.00		
13		W-2	9600.00		9600.00	9600.00	9600.00	9600.00	0.00	9600.00	0.00	0.00		3705.45
						1001.22	595.20	139.20		420.36	0.00			
						0.00	595.20	139.20	0.00		0.00	0.00		
Total		7	51791.02	1454.90	50336.12	50336.12	50391.02	50391.02	9728.52	50336.12	0.00	9728.52		18939.37
						3684.51	3124.29	730.68		1870.33	0.00			
						0.00	3124.29	730.68	58.41		0.00	126.48		

Employee Quarterly Tax Report

7. FUI has 2 entries:
 - FUI shows what is taxable for the Federal Unemployment Insurance
 - FUI Tax is what was paid by the Employer to FUI based on the employee's wages
8. State has 2 entries:
 - State represents the state taxable wages for the employee
 - EE Tax is how much was taken out of the check for state income tax
9. SDI and SUI:
 - These show the taxable wages for State Disability and the State Unemployment Insurance
 - These columns also include how much tax was taken out or the employer paid based on these wages

Employee Quarterly Taxable Wage Report

7

8

9

Period: 07/01/2020 to 09/30/2020

Emp ID	Employee Name	1099 or W-2	All Earnings	Salary Reduction	Adjusted Gross	Federal Fed Tax EIC Tax	OASDI EE Tax ER Tax	Medicare EE Tax ER Tax	FUI FUI Tax	State EE Tax	SDI EE Tax ER Tax	SUI EE Tax ER Tax	Local Loc Tax	Deductions	Net Pay
11		W-2	3050.00	54.90	2995.10	2995.10 116.43 0.00	3050.00 189.10 0.00	3050.00 44.24 0.00	0.00	2995.10 79.18	0.00 0.00 0.00	0.00 0.00 0.00		2048.81	517.34
14		W-2	3472.27		3472.27	3472.27 85.67 0.00	3472.27 215.29 0.00	3472.27 50.34 0.00	3472.27	3472.27 68.63	0.00 0.00 0.00	3472.27 45.16		1636.65	1415.69
15		W-2	1425.00		1425.00	1425.00 0.00 0.00	1425.00 88.37 0.00	1425.00 20.65 0.00	1425.00 8.57	1425.00 1.27	0.00 0.00 0.00	1425.00 18.52		572.36	742.35
21		W-2	12262.50	250.00	12012.50	12012.50 1427.09 0.00	12012.50 744.78 0.00	12012.50 174.20 0.00	0.00	12012.50 540.38	0.00 0.00 0.00	0.00 0.00 0.00		4690.13	4435.92
23		W-2	4831.25		4831.25	4831.25 454.10 0.00	4831.25 299.55 0.00	4831.25 70.05 0.00	4831.25 29.00	4831.25 160.51	0.00 0.00 0.00	4831.25 62.80		2512.42	1334.62
1		W-2	17150.00	1150.00	16000.00	16000.00 600.00 0.00	16000.00 992.00 0.00	16000.00 232.00 0.00	0.00	16000.00 600.00	0.00 0.00 0.00	0.00 0.00 0.00		6788.00	6788.00
13		W-2	9600.00		9600.00	9600.00 1001.22 0.00	9600.00 595.20 0.00	9600.00 139.20 0.00	0.00	9600.00 420.36	0.00 0.00 0.00	0.00 0.00 0.00		3738.57	3705.45
Total		7	51791.02	1454.90	50336.12	50336.12 3684.51 0.00	50391.02 3124.29 0.00	50391.02 730.68 0.00	9728.52 58.41	50336.12 1870.33	0.00 0.00 0.00	9728.52 126.48		21986.94	18939.37

Employee Quarterly Tax Report

10. Deductions:

- This includes other deductions such as Direct Deposits and the like

11. Net Pay:

- What was actually given to the employee in a live check o Note that direct deposits are not included in the Net Pay column

Employee Quarterly Taxable Wage Report

10

11

Period: 07/01/2020 to 09/30/2020

Emp ID	Employee Name	1099 or W-2	All Earnings	Salary Reduction	Adjusted Gross	Federal Fed Tax EIC Tax	OASDI EE Tax ER Tax	Medicare EE Tax ER Tax	FUI FUI Tax	State EE Tax	SDI EE Tax ER Tax	SUI EE Tax ER Tax	Local Loc Tax	Deductions	Net Pay
11		W-2	3050.00	54.90	2995.10	2995.10 116.43 0.00	3050.00 189.10 189.10	3050.00 44.24 44.24	0.00	2995.10 79.18 0.00	0.00 0.00 0.00	0.00 0.00 0.00		2048.81	517.34
14		W-2	3472.27		3472.27	3472.27 85.67 0.00	3472.27 215.29 215.29	3472.27 50.34 50.34	3472.27	3472.27 68.63 0.00	0.00 0.00 0.00	3472.27 0.00 45.16		1636.65	1415.69
15		W-2	1425.00		1425.00	1425.00 0.00 0.00	1425.00 88.37 88.37	1425.00 20.65 20.65	1425.00	1425.00 1.27 0.00	0.00 0.00 0.00	1425.00 0.00 18.52		572.36	742.35
21		W-2	12262.50	250.00	12012.50	12012.50 1427.09 0.00	12012.50 744.78 744.78	12012.50 174.20 174.20	0.00	12012.50 540.38 0.00	0.00 0.00 0.00	0.00 0.00 0.00		4690.13	4435.92
23		W-2	4831.25		4831.25	4831.25 454.10 0.00	4831.25 299.55 299.55	4831.25 70.05 70.05	4831.25	4831.25 160.51 0.00	0.00 0.00 0.00	4831.25 0.00 62.80		2512.42	1334.62
1		W-2	17150.00	1150.00	16000.00	16000.00 600.00 0.00	16000.00 992.00 992.00	16000.00 232.00 232.00	0.00	16000.00 600.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00		6788.00	6788.00
13		W-2	9600.00		9600.00	9600.00 1001.22 0.00	9600.00 595.20 595.20	9600.00 139.20 139.20	0.00	9600.00 420.36 0.00	0.00 0.00 0.00	0.00 0.00 0.00		3738.57	3705.45
Total	7		51791.02	1454.90	50336.12	50336.12 3684.51 0.00	50391.02 3124.29 3124.29	50391.02 730.68 730.68	9728.52 58.41	50336.12 1870.33	0.00 0.00 0.00	9728.52 126.48		21986.94	18939.37

Quarterly Tax Report

This gives an overview for the client of exactly what was found on the previous couple of pages. It summarizes everything and this is very similar to the Tax Report for Payroll (S247) which is received by the client with every payroll.

The last page of the quarterly report gives the employer a breakdown, by month, of the number of males and females that worked during the quarter. This is useful when filling out a client's disability audit or figuring out their disability premium based on previous years information.

Quarterly Tax Report 3/2020						
Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Federal Taxes						
Federal	-----	261856300	50,336.12	3,684.51	7	Semi-Weekly
EE CASDI	0.062000	261856300	50,391.02	3,124.29	7	Semi-Weekly
EE Medicare	0.014500	261856300	50,391.02	730.68	7	Semi-Weekly
ER CASDI	0.062000	261856300	50,391.02	3,124.29	7	Semi-Weekly
ER Medicare	0.014500	261856300	50,391.02	730.68	7	Semi-Weekly
Total Federal Liabilities				11,394.45		
ER FUI	0.006000	261856300	9,728.52	58.41	7	Quarterly
FFORA	-----	261856300			7	Semi-Weekly
FFORA ER	-----	261856300			7	Semi-Weekly
CARES Retention Wage	-----	261856300			7	Semi-Weekly
CARES Retention Med Cost	-----	261856300			7	Semi-Weekly
Total Federal Taxes without Credits				11,452.86		
Total COVID Credits				0.00		
Total Federal Taxes with Credits				11,452.86		
State Withholding						
NY State Withholding		261856300	50,336.12	1,870.33	7	Quarterly NY
Total State Withholding				1,870.33		
Employer SUI Withholding						
NY-SUI	0.012250	4858929	9,728.52	119.18	7	Quarterly
Total Employer SUI				119.18		
Employer SUI Other						
NY-Re-employment	0.000750	4858929	9,728.52	7.30	7	Quarterly
Total Employer SUI Other				7.30		
Total Employee Taxes				9,409.81		
Total Employer Taxes				4,039.86		
Total Tax Liability without Credits				13,448.67		
Total COVID Credits				0.00		
Total Tax Liability with Credits				13,448.67		
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Quarterly Tax Report 3/2020						
Tax Type	Rate	Tax ID	Wages	Amount	# EE's	Frequency
Gender Counts						
NY	Male	Female	Unknown			
Jul	1	5	0			
Aug	1	6	0			
Sep	1	6	0			
Total	Male	Female	Unknown			
Jul	1	5	0			
Aug	1	6	0			
Sep	1	6	0			
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