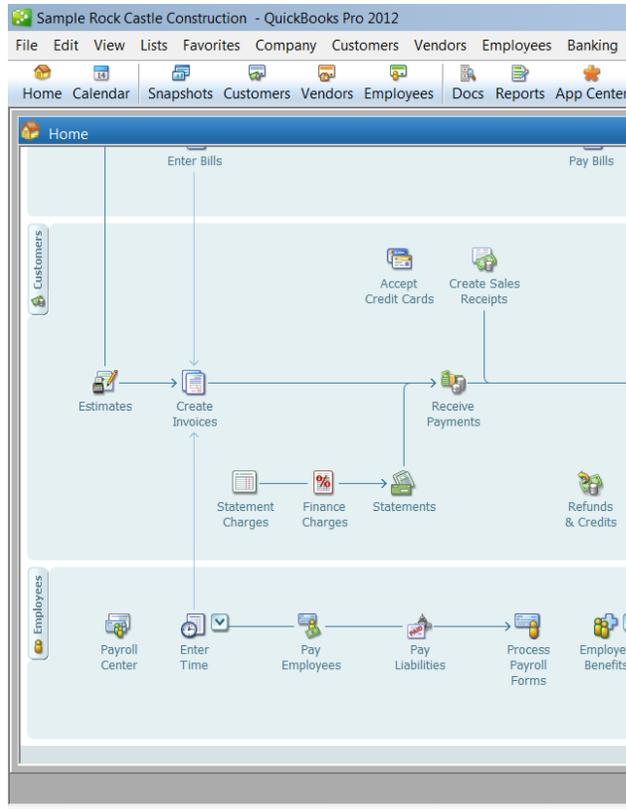
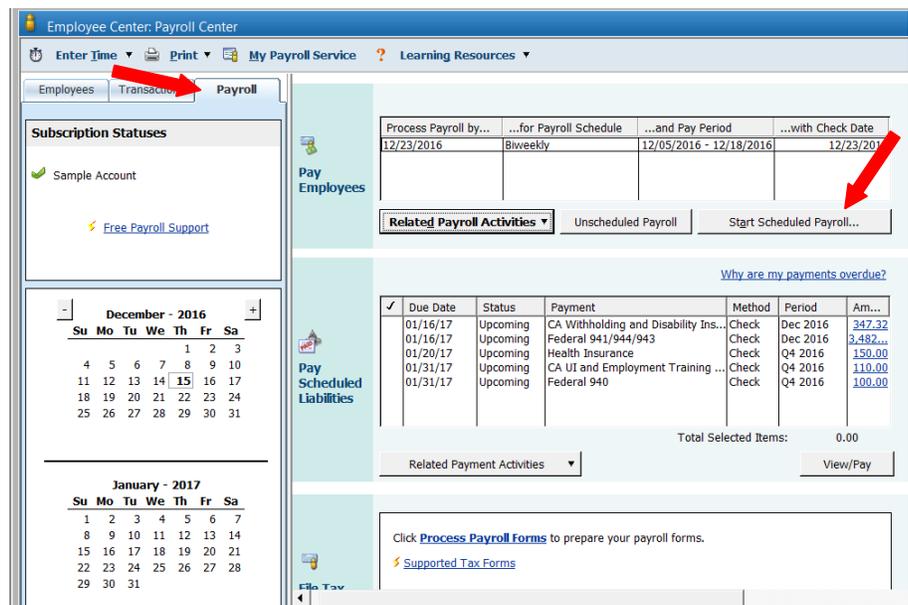


Payroll Entry

To begin, click on the “Payroll Center” icon in the lower left corner of your window.



On the left side of the screen click on “Payroll”
 In the middle of the screen click on “Start Scheduled Payroll”. If you notice right above that, it will have your scheduled pay period. You can, if you would like, double click on that also.



Payroll Entry

Your pay period end date, pay check date, & bank account will automatically be filled in for you. If you use different checking accounts, you will need to select the account you will use. On the bottom of the screen, uncheck the employee, if they do not have any time or pay for the period. Click “Open Payroll Details”.

Enter Payroll Information

Payroll Information

Payroll Schedule: Biweekly | Pay Period Ends: 12/18/2016 | Bank Account: 10100 - Checking

Employees Selected to Pay: 3 | Check Date: 12/23/2016 | Bank Account Balance: 46,96

Uncheck All | Open Paycheck Detail... | Sort By: Employee Name | Show/Hide

Employee	Regular ...	Overtim...	Sick Hou...	Vacation...	Salary	Total H...
<input checked="" type="checkbox"/> Dan T. Miller						80:00
<input checked="" type="checkbox"/> Elizabeth N. Mason	80:00					80:00
<input checked="" type="checkbox"/> Gregg O. Schneider	80:00					80:00

Finish Later

If the employee is salary, enter “1” in the “hours”, otherwise enter the employee’s hours. If you are using job cost, enter the job the hours were against. When done, click on “Save & Next” to go to the next employee or “Save & Close” if it is the last employee. When last employee’s hours are entered, you will go back to previous screen. Click on the “Continue” button in bottom right side of screen.

Preview Paycheck

John T Jones | Pay Period: 07/15/2012 - 07/29/2012

Use Direct Deposit | Not yet active

Item Name	Rate	Hours	Customer:Job	Sick Available	Vacation Avail.
Salary	1,458.33			0:00	0:00
Hourly	10.50				
Hourly overtime (x1.5)	15.75				
Hourly overtime (x2)	21.00				
Totals:	1,458.33	0:00 hrs			

Item Name	Rate	Quantity

Item Name	Amount	YTD
Social Security Company	90.42	90.42
Medicare Company	21.15	21.15
Federal Unemployment	8.75	8.75
KS - Unemployment	78.75	78.75

Item Name	Amount	YTD
Salary	1,458.33	1,458.33
Hourly	0.00	0.00
Hourly overtime (x1.5)	0.00	0.00
Hourly overtime (x2)	0.00	0.00
Federal Withholding	-132.00	-132.00
Social Security Employee	-61.25	-61.25
Medicare Employee	-21.15	-21.15
KS - Income Tax	-66.00	-66.00
Check Amount:	1,177.93	

Save & Previous | Save & Next | Save & Close | Cancel | Help | Enter net/Calculate gross

Payroll Entry

Payroll Taxes:

In the second box, is a list of the payroll withholding taxes. The list shows you the type (name), method of payment, period, due date, and amount due. The ones in red have gone past the due date.

To pay a tax, click on the one you want to pay, then click on “view/pay”. Then follow screen directions as to write check or do e-file.

Due Date	Status	Payment	Method	Period	Am...
01/16/17	Upcoming	CA Withholding and Disability Ins...	Check	Dec 2016	347.32
01/16/17	Upcoming	Federal 941/944/943	Check	Dec 2016	3,482...
01/20/17	Upcoming	Health Insurance	Check	Q4 2016	150.00
01/31/17	Upcoming	CA UI and Employment Training ...	Check	Q4 2016	110.00
01/31/17	Upcoming	Federal 940	Check	Q4 2016	100.00

To process monthly, quarterly, or annually payroll forms: Click on “Process Payroll Forms” in the bottom square. This will bring up a window for you to select either Federal or State forms. Make your selection.

Payroll Entry

Then you will have a window with a list of forms. Select the one you want, then at the bottom select the filing period, then click OK. Following screen directions. You will be able to print to mail or e-file if you are setup. Do this for all reports.

Select Payroll Form

Choose a form

Choose the form you want to use: Auto-Fill Contact Info...

Form **Quarterly Form 941/Sch. B (For Reporting Agents) - Employer's Quarterly Federal ...**

- Quarterly Form 941/Sch. B - Employer's Quarterly Federal Tax Return
- Quarterly Form 941-X - Adjusted Employer's Quarterly Federal Tax Return
- Annual Form 940/Sch. A (For Reporting Agents) - Employer's Annual Federal Unemp...
- Annual Form 940/Sch. A - Employer's Annual Federal Unemployment (FUTA) Tax ...
- Annual Form W-2/W-3 - Wage and Tax Statement/Transmittal

Select Filing Period

Quarter Last Calendar Quarter Quarter Ending 06/30/2012

OK Cancel Help

On the following pages are blank examples of federal, Missouri, and Kansas payroll tax forms.

Payroll Entry

Form **941 for 2012: Employer's QUARTERLY Federal Tax Return** 450112
OMB No. 1545-0047

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

City State ZIP code

Report for this quarter of 2012 (Required)

1 January, February, March
 2 April, May, June
 3 July, August, September
 4 October, November, December
(Prior year forms are available at www.irs.gov/form941.)

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1. Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)

2 Wages, tips, and other compensation

3 Income tax withheld from wages, tips, and other compensation

4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check and go to line 6.

5a Taxable social security wages Column 1 Column 2

5b Taxable social security tips

5c Taxable Medicare wages & tips

5d Add Column 2 line 5a, Column 2 line 5b, and Column 2 line 5c

5e Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions)

6 Total taxes before adjustments (add lines 3, 5d, and 5e)

7 Current quarter's adjustment for fractions of cents

8 Current quarter's adjustment for sick pay

9 Current quarter's adjustments for tips and group-term life insurance

10 Total taxes after adjustments. Combine lines 6 through 9

11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 941-E

12a COBRA premium assistance payments (see instructions)

12b Number of individuals provided COBRA premium assistance

13 Add lines 11 and 12a

14 Balance due. If line 13 is more than line 10, enter the difference and see instructions

15 Overpayment. If line 13 is more than line 10, enter the difference Check one: Apply to next return. Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. Cat. No. 170012 Form **941** (Rev. 1-2012)

Name (not your trade name) Employer identification number (EIN)

Part 2. Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 Check one: Line 10 on this return is less than \$500 or line 10 on the return for the prior quarter was less than \$500, and you did not owe a \$100.00 mid-day deposit obligation during the current quarter. If line 10 on the prior quarter was less than \$2,000 but the 10 on the return is \$2,000 or more, you must provide a refund of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below. If you are a semiweekly schedule depositor, attach Schedule B (Form 941). See Pub. 15.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total 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 10.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

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

18 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

Part 4. May we speak with your third-party designee?

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.

Sign your name here Print your name here
 Print your title here
 Date Best daytime phone

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

Page 2 Form **941** (Rev. 1-2012)

Form **940 for 2011: Employer's Annual Federal Unemployment (FUTA) Tax Return** 450113
OMB No. 1545-0030

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

City State ZIP code

Type of Return (check all that apply)

A. Amended
 B. Successor employer
 C. No payments to employees in 2011
 D. First business closure or stopped paying wages
(Prior year forms are available at www.irs.gov/form940.)

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.

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 Check here. Complete Schedule A (Form 940).

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

Part 2. Determine your FUTA tax before adjustments for 2011. If any line does NOT apply, leave it blank.

3 Total payments to all employees

4 Payments exempt from FUTA tax

4a Fringe benefits 4b Retirement/Pension 4c Other

4d Group-term life insurance 4e Dependent care

5 Total of payments made to each employee in excess of \$7,000

6 Subtotal (line 4 - line 5 - line 6)

7a Total taxable FUTA wages (line 3 - line 6 - line 7a) (see instructions)

7b Line 7a FUTA wages paid before 7/1/2011 x .008 =

7c Line 7a FUTA wages paid after 6/30/2011 x .006 =

8 FUTA tax before adjustments (line 7c + line 7b = line 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 7a by .004 (line 7a x .004 = line 9). Go to line 12.

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 1 of the worksheet

11 If credit reduction applies, enter the amount total from Schedule A (Form 940)

Part 4. Determine your FUTA tax and balance due or overpayment for 2011. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (line 8 + 9 + 10 + 11 - line 12)

13 FUTA tax deposited for the year, including any overpayment applied from a prior year

14 Balance due (if line 12 is more than line 13, enter the excess on line 14)
 • If line 14 is more than \$500, you must deposit your tax.
 • If line 14 is \$500 or less, you may pay with this return. (See instructions.)

15 Overpayment (if line 13 is more than line 12, enter the excess on line 15 and check 2 box below)

You MUST complete both pages of this form and SIGN it. Check one: Apply to next return. Send a refund.

For Privacy Act and Paperwork Reduction Act Notice, see the back of Form 940-V, Payment Voucher. Cat. No. 112940 Form **940** (2011)

Name (not your trade name) Employer identification number (EIN)

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)

16b 2nd quarter (April 1 - June 30)

16c 3rd quarter (July 1 - September 30)

16d 4th quarter (October 1 - December 31)

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

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 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 qualified as a credit use, 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.

Sign your name here Print your name here
 Print your title here
 Date Best daytime phone

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

Page 2 Form **940** (2011)

Payroll Entry

MISSOURI
DIVISION OF EMPLOYMENT SECURITY
QUARTERLY CONTRIBUTION AND WAGE REPORT

YOU MAY FILE THIS REPORT BEGINNING ON THE SECOND BUSINESS DAY AFTER THE QUARTER ENDS AT: www.dor.mo.gov

1. EMPLOYER NAME AND ADDRESS

2. FEDERAL ID NUMBER

3. SOCIAL SECURITY NUMBER

4. BUSINESS CODE

5. BUSINESS TYPE

6. BUSINESS ADDRESS

7. BUSINESS PHONE

8. BUSINESS FAX

9. BUSINESS E-MAIL

10. BUSINESS WEBSITE

11. BUSINESS TYPE

12. BUSINESS ADDRESS

13. BUSINESS PHONE

14. BUSINESS FAX

15. BUSINESS E-MAIL

16. BUSINESS WEBSITE

17. BUSINESS TYPE

18. BUSINESS ADDRESS

19. BUSINESS PHONE

20. BUSINESS FAX

21. BUSINESS E-MAIL

22. BUSINESS WEBSITE

23. BUSINESS TYPE

24. BUSINESS ADDRESS

25. BUSINESS PHONE

26. BUSINESS FAX

27. BUSINESS E-MAIL

28. BUSINESS WEBSITE

29. BUSINESS TYPE

30. BUSINESS ADDRESS

31. BUSINESS PHONE

32. BUSINESS FAX

33. BUSINESS E-MAIL

34. BUSINESS WEBSITE

35. BUSINESS TYPE

36. BUSINESS ADDRESS

37. BUSINESS PHONE

38. BUSINESS FAX

39. BUSINESS E-MAIL

40. BUSINESS WEBSITE

41. BUSINESS TYPE

42. BUSINESS ADDRESS

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45. BUSINESS E-MAIL

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89. BUSINESS TYPE

90. BUSINESS ADDRESS

91. BUSINESS PHONE

92. BUSINESS FAX

93. BUSINESS E-MAIL

94. BUSINESS WEBSITE

95. BUSINESS TYPE

96. BUSINESS ADDRESS

97. BUSINESS PHONE

98. BUSINESS FAX

99. BUSINESS E-MAIL

100. BUSINESS WEBSITE

EMPLOYER'S QUARTERLY RETURN OF EARNINGS WITHHELD

City of Kansas City, Missouri
Revenue Division
Phone: (816) 513-1120
Fax: (816) 513-1120
E-filing: <http://www.kcmo.org/withhold>

Period From: _____ Period To: _____

Legal Name: _____ FEIN Number: _____
Mailing Address: _____ Account ID: _____
D/B/A Name: _____ Due Date: _____
Business Address: _____

For changes to name, address or FEIN/SSN, please contact us at revenue@kcmo.org or (816) 513-1135.

1. Kansas City Taxable Earnings

2. The Withheld (1% of line 1)

3. Penalties & Interest

4. Amount Due

5. Prior Payments

6. Amount of Refund(s)

7. X Box if Amended Refund Credit

8. Enter Date Business Closed

Make one check payable to: **CITY OF KANSAS CITY** DO NOT SEND CASH Mail Return to P.O. Box 66291, Kansas City, MO 64166-2619
Or deposit into bank (RD-110) in place of monthly or quarter-estimated payment coupons (RD-130M or RD-130QM)
Under penalty of perjury, I declare this to be true, correct, and complete return for the tax period stated.
I authorize the Commissioner of Revenue or delegate to discuss my return and attachments with my preparer. Yes No

Taxpayer Signature: _____ Print Name: _____ Title: _____ Date: _____ Place: _____
Preparer's Signature: _____ Print Name: _____ Title: _____ Date: _____ Place: _____

Instructions for preparing and filing Employer's Quarterly Return of Earnings Tax Withheld
Name, Monthly and Quarterly Return on the enclosed forms (RD-110, RD-130M or RD-130QM) to complete the return. Furnish withhold, submit payment with Form (RD-110).
Contact the TAXPAYER SERVICE UNIT at 816-513-1120 for refund inquiries.

Line 1. Enter total portion of compensation which is taxable under the earnings tax provisions (Kansas City, Missouri earnings only).
Line 2. Enter the tax withheld (1% of line 1).
Line 3. Enter penalties and interest due. (Penalty - 5% of line 2, per month, not to exceed 20%. Interest - 1% of line 2, per month, until paid in full.)
Line 4. Enter amount due (line 2 plus line 3).
Line 5. Enter total tax previously paid for the quarter.
Line 6. Enter the amount of refund/credit to be returned.
Line 7. If tax is over-withheld.
Line 8. If no longer in business, enter date business closed.

10314

Missouri Withholding Tax MO-941 Online Reporting

Home

For assistance, please call (573) 751-3930

Please use the buttons provided on the screen to navigate the application (Do not use the browser buttons). **Filing is complete when a 15 digit confirmation number is provided.** Do not mail the form MO-941 to the Department of Revenue.

PLEASE NOTE: (This system is for reporting purposes only, and will not generate a payment to the Department of Revenue. For payment options, see: <http://dor.mo.gov/tax/business/payonline.php>)

PLEASE DO NOT USE THIS SITE IF YOU HAVE ALREADY FILED AND PAID THE SAME TAX RETURN THROUGH THE COLLECTOR SOLUTIONS WEB SITE. DOING SO WILL CREATE A DUPLICATE FILING.

Account Signon

Missouri State Tax ID:

Pin:

The PIN is located on the pre-printed MO-941 forms and booklet. For PIN information call (573) 751-3930.

Log In

Tammy Mastalsz is an Accountant with RPPC, Inc; which provides a full range of Accounting and QuickBooks® Services. For more information: Website is www.rppc.net, follow on Twitter @RPPCInc, YouTube Channel is RPPCInc, or call 816.304.4398.