EXAMPLE : Third Party Sick Payment Notification

IMPORTANT TAX INFORMATION
YEAR-TO-DATE THIRD PARTY SICK PAY DISABILITY REPORT PREPARED QUARTERLY
PREPARED BY AMERICAN FIDELITY ASSURANCE COMPANY
AMERICAN FIDELITY EDUCATION SERVICES

(A) EMPLOYEE SSN NAME & ADDRESS	PLAN	(D) GROSS DISABILITY BENEFIT PAID	(E) FIT WITHHELD	(G) BENEFIT PAID DURING 1ST MOS OF DISABILITY OR FICA/MEDICARE WAGES (BASED UPON EMPLOYER %)	(H) FICA WITHHELD	(I) MEDICARE WITHHELD
REFER TO THE BACK OF THIS FORM FOR A DETAILED EXPLANATION OF EACH COLUMN.						
	809	3,000.00	0.00	3,000.00	0.00	0.00
	809	1,400.00	84.00	1,400.00	0.00	20.30
TOTAL		4,400.00	84.00	4,400.00	0.00	20.30
		IF TAXABLE, INCREASE GROSS & TAXABLE GROSS ON FED, OH & OSDI RECORDS BY THIS AMOUNT	AMOUNT SHOULD BE ENTERED IN W2PROC AS TAX WITHHELD BY 3RD PARTY	IF TAXABLE, INCREASE GROSS & TAXABLE GROSS ON MEDICARE & FICA RECORDS BY THIS AMOUNT	IF THERE IS AN AMOUNT HERE AND IT SHOULD BE THERE, INCREASE THE FICA WITHHELD FOR EMPLOYEE BY THIS AMOUNT. THIS IS UNUSUAL.	INCREASE MEDICARE WITHHELD FOR EMPLOYEE BY THIS AMOUNT. YOU WILL ALSO NEED TO ADJUST YOUR QUARTERLY 941 REPORT.

PLEASE REVIEW THIS REPORT IMMEDIATELY!!

A REFUND MAY BE DUE TO YOUR EMPLOYEES WHO PAID THEIR DISABILITY PREMIUMS WITH AFTER TAX DOLLARS. ALL REQUESTS FOR REFUND OF FICA, MEDICARE AND/OR FIT TAXES WITHHELD

IN ERROR MUST BE RECEIVED BEFORE THE W-2 DEADLINE. QUESTIONS? CALL VICKI WITT @ 1-800-662-1113 EXT. 5420

** NOTE: THESE NOTIFICATIONS MAY VARY BY COMPANY BUT THE CONTENT WILL BE THE SAME REGARDLESS OF APPEARANCE **