Click OK to start eFiling or Demo if user does not have a current Business Care Plan to run in demo mode. Demo mode allows reports to be printed but will have DEMO printed on them.



To print or eFile a form – select the form

Federal eFiling and Reporting

?_□×

Form Selectio Federal State Existing R Period Year Quarter	Reports	Form ID Federal Tax Deposit 2013 940 Report 2014 941-X Report 2014 941/Schedule 2013 943/943-A/94 2013 944 Report 2013 945/945-A/94 Electronic W2 Cons I-9 Report W-2 History	t (EFTPS) B/941-V Report I3-V Reports I5-V Reports ient	Form Description EFTPS Form 8109. Us [Annual] Employer's An Adjusted Employer's Qu [Quarterly] Employer's An [Annual] Employer's An [Annual] Employer's An [Annual] Annual Return Use this to print an elec Employment Eligibility V Select this option to co	e this to make 940, 941, 943, hual Federal Unemployment (arterly Federal Tax Return or uarterly Federal Tax Return for A hual Federal Tax Return use of Federal Income Tax. Use tronic W-2 consent for each erification. Use this to report rect, add, delete, reprint, or k	A 944, FUTA Claim Use gricul this if this t of you emplc pook ur
Name	ABC Distribution and S	ervice Corp.]	Federal ID N	o.	
Address	7776 S. Pointe Parkwa	y West		State ID No.		
				Telephone	(555) 555-5555	
City	Phoenix			Fax		
State	AZ ZIP Code 8	35044	Trade Na	ame		
Selections	All Starting	Ending	_−W2 and E	Box 14 Selections		
Date Employee No.	04/01/2010 ✓ 00-	06/30/2010 ZZ-ZZZZZZZZ	Kind of E Misc Ean Misc Ean	mployer N = None nings Code 1 nings Code 2	Apply Misc Deduction Code 1 Misc Deduction Code 2	, ,
Activate			·		Accept Cance	el 🕜

Updating:

Perform either of the following:

- Expand Payroll, Period End, Federal or State eFiling and Reporting
- Expand Accounts Payable, Reports, Form 1099 eFiling and Reporting

Select any form, and click Accept.

If a form update is needed, you will receive one of the following prompts:

- Click Yes, At the prompt "There is a mandatory quarterly update available.
 It must be installed to continue processing. Do you wish to update now?"
- Click Automatic Update at the prompt "A forms update is required to make sure you have the latest forms"

Review the selections, and click **Next**.

Click Close at the "Update Complete" message

Aatrix will update the files



When the update is finished, the following screen will pop up. Click Close.



W2/W3 form printing and eFiling form - select the option for processing.

號 W-2 Setup Wizard	_ 🗆 X
W-2 Setup Wizard	0
We noticed that you have not processed any W-2s for the current filing year. Before you begin filing your W-2s, would you like to do any of the following?	
◯ I want to test drive the W-2/W-3 Wizard with only the first 25 of my employees.	
C I want to test drive the W-2/W-3 Wizard with all of my employees.	
No thanks, start processing my W-2/W-3s.	
NOTE: The W-2/W-3 Wizard test drive allows you to see how the process works but does NOT save any of your inf	omation.
< Back Next >	Cancel

Verify your customer ID number

缩 W-2 Setup Wizard	_ 🗆 🗙
W-2 Setup Wizard	0
Get Started Printing or eFiling Your W-2s	
Please verify this company's Federal Employer Identification Number (FEIN). This number is used of payroll forms and MUST be correct. If this number is NOT correct, you MUST return to your accounting/payroll software to make the correction.	on ALL
Company FEIN	
86-1234567	
< <u>B</u> ack	Cancel

Verify the company information – make any necessary changes

🎊 W-2 Setup Wiza	ard				_ 🗆 🗙
Com	pany Information				۲
Company name:	ABC Distribution and Service Corp.	Trade name:			
Address line 1:	7776 S. Pointe Parkway West				
Address line 2:					
City:	Phoenix	State:	AZ	ZIP code: 85044	
Phone:	(555) 555-5555 Ext:]		Fax:	
Contact first name:		Last name:			
Title:		Email:			
Contact phone:	Ext:				
Contact address:					
			< <u>B</u> ack	<u>N</u> ext >	Cancel

Select the Tax Preparer Type

f W-2 Setup Wizard		_ 🗆 🗙
Which type of filer are you?		
I am filing for my company/employer.		
C I am a third-party, paid Tax Preparer, filing for one or multiple companies/EIN	Vs.	
If you have 10 or more companies, you may sign up for the Batch eFiling Service Visit <u>http://aatrix.com/batchefiling</u> to learn more.	e (fees apply).	
	< <u>B</u> ack <u>N</u> ext > (Cancel

Verify the State and Local Tax Accounts – make any necessary changes

🚡 W-2 Set	up Wizard						
✓	State & Local Tax I	tems					0
Properly for MOST filing	matted tax account numbers are rea errors are due to incorrectly format	quired for W-2 rea ted withholding o	conciliation and y runemployment a	vear-end forms. / account number	Avoid rejecte s.	ed form	ns and eFiles!
State Tax It	ems						
State	Tax Name			Tax Account	Number		Add
CA	State Withholding			123-4567-8			
CA	State Disability Insurance			123-4567-8			Edit
CA	State Unemployment			123-4567-8			Remove
WI	State Withholding			036-32584857	789-01		Hemove
WI	State Unemployment			325848-000-5			
Local Tax It	ems						
State	Tax Name	W-2 Name	Tax Type	Tax Account	Number		Add
							Edit
							Remove
				. De ala		_	Court 1
				< васк	<u>iv</u> ext >		Cancel

Select the appropriate selections for Employee/W-3 data

🗓 W-2 Setup Wizard	
Data Verification	0
1. Have you hired any employees this year that qualify your company for tax credits under the HIRE Act?	
 Do you have any employees who are not subject to Medicare or Social Security? Yes No 	
3. Do you have any employees who earn SS Tips that must be reported? C Yes No	
4. Do you have any employees who have foreign addresses? C Yes No	
5. Do you have any employees who elected to only receive W-2 forms electronically? O Yes O No	
6. Do you want to use control numbers on your W-2s? C Yes C No	
< <u>B</u> ack <u>N</u> ex	xt > Cancel

Fill in the W-3 information required – standard Kind of Payer Box b is 941.

ز W-2 Setup Wizard	
W-3 Information	?
Control number (Box a):	
Kind of Payer (Box b - check all that apply)	
✓ 941 ✓ Military ✓ 943 (Agriculture) ✓ 944	
CT-1 (Railroad) 🔲 Household Employer 🥅 Medicare Government Employer	
Kind of Employer (Box b): None apply	
Third-party sick pay (Box b)	
Income tax withheld (Box 14):	
Establishment number (Box d):	
Other EIN used this year (Box h):	
Business terminated this year	
< <u>B</u> ack <u>N</u> ext > C	ancel

Answer Yes or No to Multiple Data files for same Federal ID.

🏦 W-2 Setup Wizard	_	
Multiple Payroll Data Files	(2
Please Read Carefully Answering incorrectly may require you to restart the filing p	process.	
Do you use multiple payroll data files for the same federal EIN ?		
You may be using multiple payroll data files in your accounting software to h	handle:	
 multiple companies multiple departments multiple divisions multiple sites 		
all under the same federal EIN.		
O Yes, I use multiple payroll data files for this EIN.		
No, I use a single payroll data file for this EIN.		
	< <u>B</u> ack Next > Canc	el

Employee Information screen – review and verify data before proceeding

ABC Distribution and Service Corp. - W2/1099 Preparer

File Edit View Help

Ve	rify Empl	ovee Info	rmation		then cli	ck Next S	Step 👝		M I			
		-,				<u></u>	()					
								Prev Step	Next Step			
[Box a	Box e	Box e	Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7	Box 9	_
[SSN	Last Name	First Name	Fed Wages	Fed Withheld	SS Wages	SS Withheld	Medicare W	Medicare W	SS Tips	EIC	
1	986-53-1239	THOMAS	JERRY	8650.87	1018.40	8650.87	423.56	8650.87	125.44		3	.05
2	865-31-2399	JENKINS	ALLEN	8005.32	1136.82	8005.32	417.58	8005.32	116.08			
3	653-12-3998	PHILLIPS	AVERY	10312.84	1393.10	10312.84	551.89	10312.84	149.54			
4	531-23-9985	THOMPSON	JOHN	7308.00	1363.75	7308.00	374.63	7308.00	105.97	****		
5	312-39-9854	SHAW	ARTHUR	6485.48	1024.32	6485.48	336.75	6485.48	94.04	****		
6	123-99-8546	THOMPSON	MICHAEL	8299.96	1149.85	8299.96	443.69	8299.96	120.35			
7	239-98-5463	ALLENDAR	HARVEY	7344.40	651.55	7344.40	385.60	7344.40	106.50			
8	399-85-4632	AVILLA	SUSAN	7742.27	811.56	7742.27	392.41	7742.27	112.26			
9	998-54-6321	JOHNSON	MARTHA	7429.16	935.27	7429.16	385.20	7429.16	107.73			
10	985-46-3219	JENKINS	JEFFERY	8848.23	1910.79	8848.23	449.88	8848.23	128.30			
11	854-63-2198	JAMESON	JAMES	7830.00	1431.78	7830.00	401.38	7830.00	113.54			
12	546-32-1984	GRASS	JOHN	7605.56	1035.71	7605.56	389.88	7605.56	110.28			
13	463-21-9843	JONES	WILLIAM	9244.64	1877.07	9244.64	473.89	9244.64	134.05			
14	632-19-8435	HADLEY	ROBERT	5721.12	660.46	5721.12	306.00	5721.12	82.96			
15	321-98-4356	RODRIGUEZ	MANUEL	8651.04	1372.27	8651.04	439.90	8651.04	125.44			Ţ
Ĩ	1	···· · 1	·		· · · · · · · · · · · · · · · · · · ·					1		F
ر النظرية الم	DR anonad		لث								NUM	
Existing	DB opened										INOM	//_

If any data is found to be invalid, a message box will pop up advising that there is an Invalid entry – which will be highlighted in red. Click on Go Back and Correct to fix.

File E	C Distribution Edit View He	and Service	e Corp W2/1	.099 Prepar	er						<u>_0×</u>
Ve	erify Emplo	oyee Info	rmation		then cl	ick <u>Ne</u>	<u>xt Step</u>	Prev Ste	ep Next Step		
[Box a	Box e	Box e	Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7	Box 9
1	SSN	Last Name	First Name	Warning							
1	986-53-1239	THOMAS	JERRY								3.05
2	865-31-2399	JENKINS	ALLEN		6 employee(s) k	nave incorre	ect social secur	ity numbers. Inco	rect social secu	rity numbers on	
3	653-12-3998	PHILLIPS	AVERY		your W-2 forms	will be rejer	cted by the SSA	A. If the number b (ITIN) ITIN core	egins with 9, it is set be used for if	s likely an balu (-2	
4	531-23-9985	THOMPSON	JOHN		тпимииаттахр	ayerruenun	ication Number	(TTIN), TTIN Carir	ior be used for a	ne w-z.	
5	312-39-9854	SHAW	ARTHUR		You must corre	ct these em	ors or delete the	e employee(s) fror	n your filing and	process them	
6	123-99-8546	THOMPSON	MICHAEL		through an alte	rnative mea	ns; they canno	t be processed th	rough the W-2 f	Preparer, All cell	ls
7	239-98-5463	ALLENDAR	HARVEY		with identified e	rrors will be	highlighted in I	RED.			
8	399-85-4632	AVILLA	SUSAN		Click Help for ti	ns on how l	o resolve these	errors			
9	998-54-6321	JOHNSON	MARTHA		Please complet	e or correct	required RED	fields. Use TAB I	for the next RE) field.	
10	985-46-3219	JENKINS	JEFFERY								
11	854-63-2198	JAMESON	JAMES	Error / V	/arning Descripti	on:					
12	546-32-1984	GRASS	JOHN	Social s	ecurity number o	annot begii	n with a '9' [6 er	rrors found]			
13	463-21-9843	JONES	WILLIAM								
14	632-19-8435	HADLEY	ROBERT								
15	321-98-4356	RODRIGUEZ	MANUEL								
16	219-84-3567	MILLER	SUSAN								
17	198-43-5672	JOHNSON	JERRY								
18	984-35-6721	SAMPSON	DAVID								
19	843-56-7213	TOMELLI	SCOTT								
20	435-67-2134	GOMEZ	ELIZABETH	Gol	Back and Correc	t Cor	tinue without C	Correcting	Print List	Help	
21	356-72-1345	ELLISON	HELEN								
•			Þ	•							
											NUM

Choose the Printing and Filing Option – Complete eFiling or Other (Print/eFile)

W-2 Printing and	Filing Options		
oose Complete W-2, eFile Fed or eFile State and pick y	our filing dates. Corrections befo	re dates are FR	EE! More in
Complete W-2 eFiling Service Next Business The eFile Center will: Mailing!	Day # Employees	Price/Emp	<u>Subtotal</u>
- Print and Mail Employee Copies	2	\$1.95	\$ 0.00
 eW-2 Only Employee Copies <u>What's This?</u> 	0	\$0.99	\$ 0.00
 File your Fed W-2s and W-3 to the SSA 		included	FREE
 File your State W-2s and Reconciliation Forms 		included	FREE
 eW-2s Available for All Employees 		included	FREE
	Total Cost	Minimum	\$ 0.00
C Other Ontingen End or State a Filem receive Error			
Print my Employee W-2s	e, Easy Corrections!		
Print my Employee W-2s ■ eFile Federal W-2s and W-3	e, Easy Corrections! 2	\$0.49	\$ 0.00
Print my Employee W-2s eFile Federal W-2s and W-3 eFile State W-2s and Reconciliation Forms	e <u>, Easy Corrections!</u> 2 2	\$0.49 \$0.69	\$ 0.00 \$ 0.00
 Verify Control of State enters receive new field of State en	e <u>, Easy Corrections!</u> 2 2	\$0.49 \$0.69	\$ 0.00 \$ 0.00
Print my Employee W-2s eFile Federal W-2s and W-3 eFile State W-2s and Reconciliation Forms Print Federal W-2s and W-3 (Official Copy) Print State W-2s and Reconciliation Forms (Official Copy)	e, <u>Easy Corrections!</u> 2 ficial Copy)	\$0.49 \$0.69	\$ 0.00 \$ 0.00
Image: Construction of the constru	2 2 ficial Copy) Total Cost	\$0.49 \$0.69	\$ 0.00 \$ 0.00 \$ 0.00
 Conter Options Print my Employee W-2s eFile Federal W-2s and W-3 eFile State W-2s and Reconciliation Forms Print Federal W-2s and W-3 (Official Copy) Print State W-2s and Reconciliation Forms (Official Copy) Print State W-2s and Reconciliation Forms (Official Copy) Print Employer Copy 	2 2 ficial Copy) Total Cost	\$0.49 \$0.69	\$ 0.00 \$ 0.00 \$ 0.00

Click Next to skip the eFiling Service or select the check box to use eFiling



Select Yes or No to print divider sheets to separate the forms

W2/1099 Preparer	2	×
Divider Sheets	?	
Divider sheets provide important information about how to file your forms. Would you like to include a divider sheet to separate reports or forms?		
O Yes, include divider sheets when printing.		
No. do not include divider sheets.		
		-
< <u>B</u> ack <u>N</u> ext > C	ancel	

This screen shows what forms will be printed. You can elect to print a hard copy of the selections for your records. Click Next to continue.

N2/1099 Preparer			×
Review Data			
Based upon your selections, we need you to review data on the following forms: Federal			
Print Federal W-2 Print Federal W-3 Wisconsin Print Wisconsin W-2 Employee Print Employee W-2 Print W-2 Notice			
Employer Print Employer W-2			
If you would like a copy for your records of the actions that will be taken, click	Print.'		
	< <u>B</u> ack	Next >	Cancel

Your W2's will be printed – click on Print Final, then Next Step to advance to the next set of forms.

View Tools Help					
Re	port 1 of 6: Wiscon	sin W-2			
🕨 🚺 Clic	k Print Final, ther	ı click Next Step.		Print Draft Print Final	Prev Step Ne:
a Employee's SSN 886-53-1239	1 Wages. tips, other compensat 8,650,8	on 2 Federal Income tax withheld	a Employee's SSN	1 Wages. tips, other compensat	ion 2 Federal Income tax withh
OMB No. 1545-0008	3 Social security wages 8,650.8	4 Social security tax withheld 7 423.56	OMB No. 1545-0008	3 Social security wages	4 Social security tax withhe
Employer Centification numb 86-1234567	er 5 Medicare wages and tips 8,650.8	6 Medicare tax withheld 7 125.44	b Employer Identification numb 86-1234567	er 5 Medicare wages and tips	6 Medicare tax withheid
Employer's name, address, a ABC Distribut 7776 S. Point	ndZPoode ion and Service e Parkway West	Corp.	cEmployer's name, address, a ABC Distribut 7776 S. Point	and ZP code tion and Service te Parkway West	e Corp.
Phoenix	AZ	85044	Phoenix	AZ	85044
• Employee's first name and ini JERRY	lai Last name A THOMAS	Suff.	Employee's first name and init	tlai Last name	Suf
4121 W. 35th Apartment 201 MILWAUKEE fEmployee's address and Zipe d Control number	Street WI pode 7 Social security tips	53151 8 Allocated tips	f Employee's address and Zip o	code 17 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans	9	10 Dependent care benefits	11 Nonqualified plans
12a D 12b 12b 12c 12b 12d 12b 13 Statement	27.70 H Other	Third-Aath	12a 12b 12c 12d 12d 13 stateor	14 Other	Third-Aarty
e mployéé 15. State Employed: state ID nye VII 036 - 3258485	16 State wages t 8,65	el6k pay ''	15 State Employer's state ID num	nber 16 State wages, ti	slök påy v ps, etc. 17 State Income tax
8 Local wages, tips, etc. 19	.ocal Income tax 20 Locality	name	18 Local wages, tips, etc. 19 I	Local Income tax 20 Locality	name
Form W-2 Wage and Tax S	atement 2013 Copy 1 - Po	Departments/Treasury-Internal Revenue Santos r State, City, or Local fax Department Aptiniv Row	Form W-2 Wage and TaxS	tatement 2013 Copy 1 - Pr	Departmentoffreasury-Mernal Revenue Se or State, City, or Local Tex Depart
a Employee's SSN	1 Warres tins other compensat	on 2 Federal Income tay withheld	a Employee's SSN	1 Warres tins other compensat	ion 2 Federal Income tax within

Print all Reports (Federal and State W2's and W3) and then select Next Step.

] ⊳ 🝙 d	lick Prin	t Final, then	click Nex	t Step.			ିଲ୍ଲ 💺
, 🛡 '		, included and the second s	onon nex	li otop.	Pri	int Draft Print Final	Prev Step Next Sta
33333	a Control	number	For Official OMB No. 15	Use Only 🕨 545-0008		Aatrix Rev. 11/	27/13
^b Kind of Payer (Check one)	941 Mi X [CT-1 =	ilitary 943 shld. Medicare mp. govt.emp.	944	Kind of Employer (Check one)	None apply 501c X State/local non-501c State/	non-govt. local 501c Federal govt.	Third-party sick pay (Check if applicable)
c Total number of I	Forms W-2	d Establishmen	t number	1 Wages, tips, other	compensation 16656.19	2 Federal income tax	withheld 2155.22
e Employer identif	ication number 86-12	(EIN) 34567		3 Social security wa	16656.19	4 Social security tax	withheld 841.14
f Employer's name ABC DIST	≞ RIBUTIO	ON AND SE	RVICE	5 Medicare wages an	d tips 16656.19	6 Medicare tax withhel	d 241.52
7776 s. 1 PHOENIX	POINTE AZ	PARKWAY 85044	WEST	9 11 Nonqualified plans		10 Dependent care bene 12a Deferred compensa	efits
9 Employer's address and ZIP code h Other EIN used this year				13 For third-party sick	pay use only	126	55.40
15 State Emplo	oyer's state ID 036 – 32	number 258485789	9-01	14 Income tax withhek	d by payer of third-party	l v sick pay	
16 State wages, tip 16	os, etc. 656 . 19	17 State income t	ax 981.83	18 Local wages, tips,	etc.	19 Local income tax	
Contact person		I		Telephone number 555 5	55-5555	For Official Use Only	
Email address				Fax number			0000/1048
Under penalties of p and complete.	erjury, I decla	are that I have exam	ined this return	and accompanying docu	ments and, to the best o	of my knowledge and belief,	they are true, correct,
Signature 🕨				Title 🕨		Date 🕨	12/04/14

Notice to Employee box - review and click on Next Step.



Verification of data – review and click on Next Step.

ABC Distribution and Service Corp W2/1099 Preparer													
Verify All Other Data then click <u>Next Step</u>							?	Prev Step	Next Step				
[Box a	Box e	Box e	Box 5	Box 6	Box 7	Box 9		Box 16	Box 17	Box 16	Box 17	Во
·	SSN	Last Name	First Name	Medicare W	Medicare W	SS Tips	EIC		CA Wages	CA Tax	WI Wages	WI Tax	W2
1	886-53-1239	THOMAS	JERRY	8650.87	125.44			3.05			8650.87	491.43	
2	865-31-2399	JENKINS	ALLEN	8005.32	116.08						8005.32	490.40	
Totals		2	Employee(s	16656.19	241.52			3.05			16656.19	981.83	
•			►	•									Þ
Ready												NUM	1

You can do a test print and your information will be saved – answer Yes if you want to use your work-in-process.



You can reprint W-2's, eFile or print any W-2's not yet processed, correct completed W-2's or start the process over.

👫 W2/1099 Preparer	X
W-2 History File Options You have already completed part of your U.S. W-2 film action you would like to take next. Each time you complete an action you will be returned Last Completed Actions	ngs. Please review what you have completed and select which to this screen.
Form Last Completed Action Employee W-2	 Reprint Completed W-2s Reprint a copy of any W-2 filing that you have already completed. eFile or Print Incomplete W-2s eFile or print any required W-2 copies you did not process yet. Correct Completed W-2s Make corrections to W-2 copies that you have processed. Also, add/delete employees in this process. Start Over Clear your past actions and start the W-2 process over again with new payroll data. eW-2 Password Lookup Look up your employee's password information.
	< Back Next > Close Help