

Sage 100

eFiling and Reporting Guide for Sage 100

Product: Sage 100 (formerly Sage MAS 90 and MAS 200)

Description:

This document contains a detailed overview of Sage 100 eFiling and Reporting feature in versions 2014 (5.10) and higher. The state and federal payroll and 1099 reporting allows you to complete over 330+ state and federal unemployment, withholding, and new-hire reports from the data produced by Sage 100 Payroll and Accounts Payable modules. This eliminates the need to create these reports and forms manually. Once completed, reviewed, and edited on screen, most forms can be printed on plain paper, signature ready to be mailed—or eFile in minutes. The interface is simple to understand and easy to use, making quarterly and annual reporting a snap.



Note: Information in this document pertains to Sage 100 Standard and Sage 100 Advanced. Although these programs have a common architecture, some of the features vary depending on the product implemented. References to Sage 100 apply to Sage 100 Standard, Sage 100 Advanced and Sage 100 Premium (Premium version is for A/P 1099s only), unless otherwise noted.

Updated On: 11/29/2016

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= Action required



= Helpful Tips & Reminders

Dark Blue underlined text are links to other sections within this guide, websites or applicable knowledgebase articles.

Throughout this guide KB IDs are referenced, to access them do the following:

1. Go to the Sage Support website at <https://support.na.sage.com>
2. In the search field, type the **KB ID** (*i.e.* 24210) and click **Search** button

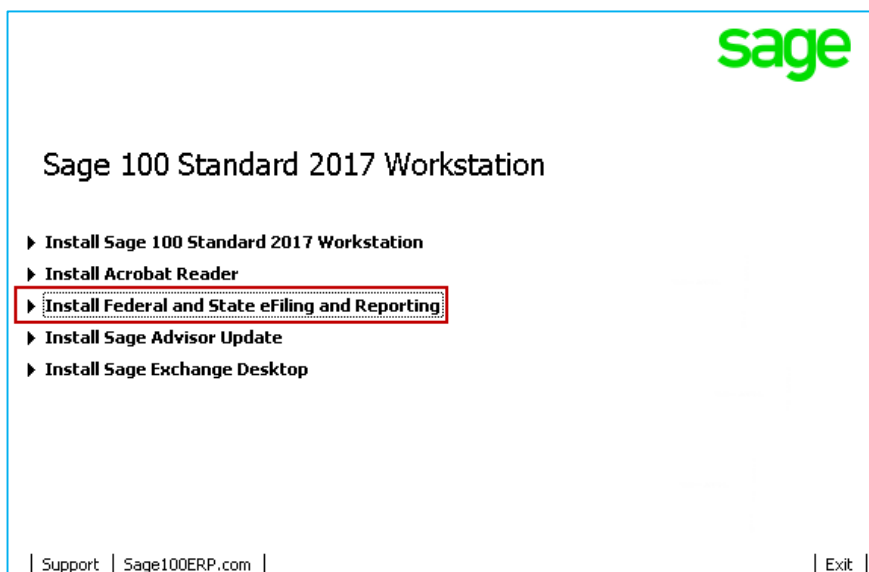
What is Federal & State eFiling and Reporting?

- **Federal and State eFiling and Reporting offers seamless integration with Sage 100**
 - Auto populated with Payroll & Accounts Payable data from an encrypted AUF (Aatrix Universal File)
 - Eliminates the need to create tax reports and forms manually
- **It is easy to use**
 - Quick installation, activation & updates
 - On-screen editing of the actual signature ready tax forms and reports
 - No hassle eFiling option powered by Aatrix. To learn more about Aatrix, go to <https://customer.aatrix.com/sage100>
- **Approved signature ready Payroll forms/reports and A/P 1099/1096 (MISC, INT & DIV)**
 - 941, W2/W3, 1095/1094, 1099/1096, DE9, NYS 45, forms for all 50 states
 - 330+ Approved State and Federal Forms and Reports
- **Don't be confused by the menu name**
 - Most forms & reports accessed through any eFiling & Reporting menu tasks can be **printed to plain paper** for **FREE**
 - eFile fees are only incurred when you choose the option to eFile forms processed using Aatrix
 - All eFile fees are paid directly to Aatrix. For more details please see [eFile pricing](#) section in this document

Installing Federal and State eFiling and Reporting (KB ID 18851)

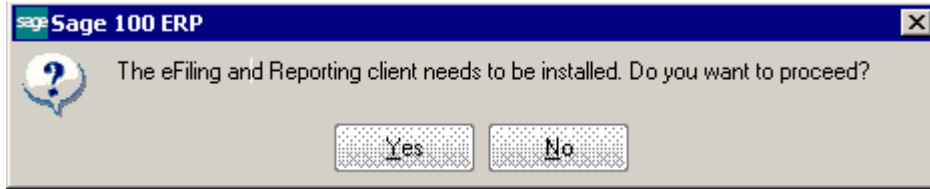
Install from the **Sage 100 Installation CD** under **Productivity Tools** or **Workstation Setup** folder:

1. Using Windows Explorer, browse to where Sage 100 is installed and go to the ...**MAS90\Wksetup** folder
2. **Right click** on the **Autorun.exe** file and select **Run as Administrator**
3. Click **Install Federal and State eFiling and Reporting**



- Review ***Installing Federal and State eFiling and Reporting*** section of the Installation and System Administrator's Guide located in the Documentation section.
- You must install Federal and State eFiling and Reporting on ***each*** individual Sage 100 workstation that needs access.
- Do **not** install on Server. Exception to this rule is a Terminal Services environment where the server is used as a workstation.
- Automatically installs to C:\Program Files\Common Files\Sage\Aatrix
- An active Payroll Subscription plan or a Sage Business Care plan **and** Internet Connection is required.
- Uninstall through Windows Add or Remove Programs (State/Federal eFiling and Reporting).

In Sage 100 version 2014 and higher, if the workstation does not have eFiling and Reporting installed and the user selects one of the eFiling and Reporting tasks from within Payroll or Accounts Payable modules you receive the following prompts:



Click **Yes** and eFiling and Reporting client starts installing

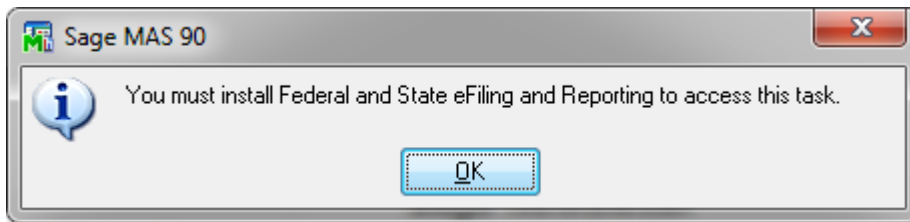


Click **Finish** when completed.

Note: If you are unable to install, please see [How to Install eFiling & Reporting](#) section in this document.

"You must install Federal and State eFiling and Reporting to access this task" (KB ID 21028)

After installation on a Windows 7 or if using Terminal Services to connect to a Windows 2008 Server, users may receive a message indicating the eFiling and Reporting has not been installed.



The additional Windows security, User Account Control (UAC) is blocking the eFiling application. User Account Control (or UAC) is included in Windows to help prevent unauthorized changes to your computer. UAC notifies you when changes are going to be made to your computer that requires administrator-level permission. These types of changes can affect the security of your computer or can affect settings for other people that use the computer.

To resolve the error:

Disable the (UAC) User Account Control. For more information see, <http://windows.microsoft.com/en-US/windows7/Turn-User-Account-Control-on-or-off>

Note: Sage cannot guarantee nor be responsible for the content of third party Internet sites. Contact that site's Webmaster with questions or problems.

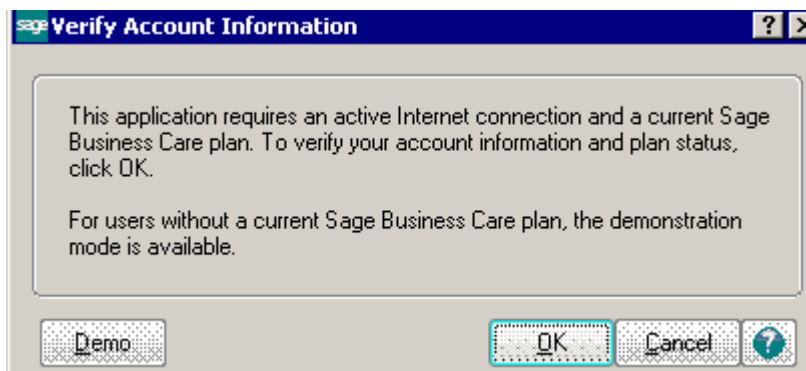
- If error persists, uninstall eFiling and Reporting and reinstall with the UAC remaining off.

How to Activate eFiling and Reporting (KB ID 18851)

Activation allows you to access eFiling and Reporting in normal mode. Activation requires an active Payroll Subscription plan or Sage Business Care plan and an internet connection. You will be prompted approximately every six months to activate. You will be prompted for activation accessing when accessing any of the following menu items:

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

Entitlement to Aatrix uses the Sage Advisor Update system to validate the customer account.



Click **Ok** to activate eFiling and Reporting.

“Accessing Entitlement data” screen briefly appears then eFiling Forms window opens if entitlement was successful

“Demo” prints on tax forms (KB ID 20022)

For more details, click link to open knowledgebase article [Unable to activate eFiling after installing updates or “Demo” prints on eFiling forms](#) if eFiling and Reporting is **not** activated, 'Demo' or 'Expire Do Not File' will be printed on all documents.

Form 941 for 2010: Employer's QUARTERLY Federal Tax Return 951110
 (Rev. April 2010) Department of the Treasury Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 3 5 2 4 5 6 7
 Name (use your trade name) ABC DISTRIBUTION AND SERVICE CORP.
 Trade name (if any)
 Address 6561 IRVINE CENTER DRIVE
 IRVINE CA 92618
 Read the separate instructions before you complete Form 941. Type or print within the boxes.

Report for this Quarter of 2010 (Check one.)
 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Part 1: Answer these questions for this quarter.
 1 Number of employees who received wages, tips, or other compensation for the pay period

If **after** installing required updates your application comes up in 'Demo Mode' **AND** you have an active Payroll subscription plan or Sage Business Care plan, it is most likely caused by a Registration mismatch.

We may have generated a new Sage 100 Customer Account Number, product Serial Number and Registration Key when we released Sage 100 2016, which will require you to update your Registration Information so that Federal and State eFiling and Reporting will activate and function properly. Your correct Customer Number, Serial Number and Registration Key can be found on the Sage Portal www.customers.sagenorthamerica.com or www.partners.sagenorthamerica.com



Important Warning: If you have 3rd party modifications installed, please contact the 3rd party developer before changing registration keys, installing any product update or installing the year end IRD update, to verify compatibility and that the modified program is not dependent on Sage product keys. To determine if you have any 3rd party mods installed, preview the Installed Modules Listing (located under the Library Master, Reports menu), look in the Developer column for anything other than Sage or Sage Software, Inc.

To access your registration information on the Sage portal, please do the following:

1. Login into [Customer Portal](#)
2. Click on **Activation Codes** menu and select **Details**
3. Select your **applicable product** from the drop down.
4. Locate the line that shows the **Application** description for **SYSTEM SETUP**
 - Unlocking Key = User Key
 - Activation = Product Key

Once you obtain your registration information, please do the following to update your Sage 100 registration keys:

1. Open **Library Master, Setup, System Configuration**
2. On the **Registration** tab, verify your registration information (Customer Number, User Key and Product Key) matches **exactly** what shows on the portal. If it **does not**, click the **Edit** button.
3. After entering the correct information click the **Activate** button
4. Click **Ok** to prompt "**Activation was successful**"
5. Click **Accept**
6. Try activating eFiling & Reporting again, from either **Payroll, Period End, Federal eFiling & Reporting** or **Accounts Payable, Reports, 1099 eFiling & Reporting**

Activation does not respond in Sage 100 Advanced (Sage MAS 200) (KB ID 21027)

Some users may experience eFiling and Reporting Activation not responding after clicking **OK** at the **Verify Account Information** window.

If you encounter this issue, the Sage 100 Advanced Application Server is running as a service with a user account that cannot see the activation file. This is typically caused when the Local System (System) account is used for the host service.

To resolve, change the logon for the Sage 100 Advanced Application Server service to a domain account. As a workaround, activate in Sage 100 Standard (MAS 90) mode. For more information, see the following Knowledgebase Articles:

- **How to Run Sage 100 Advanced in Sage 100 Standard "MAS 90" mode** (KB ID 21025)
- **How to run Application Server or Host as a service for Sage 100 Advanced and Premium** (KB ID 21026)



Retaining eFile Check History (KB ID 53269)

Enter the number of years, from 2 through 99, to retain eFiling check history (file=PR_40). A minimum of 2 years must be entered to retain current and prior year history. eFiling check history that is past the number of years to retain is purged during year-end processing.

1. Open **Payroll, Setup, Payroll Options**
2. On the **Main** tab, verify the **Years to retain eFiling History**
3. Select **Retain Perpetual History** (*This option is required to track hours for ACA ALE Reporting*)
4. Click **Accept**



Install year end updates

Before processing/printing W2, 1095 (ACA) and 1099 forms **you must first** download & install the applicable product update, Year End IRD update **and** install the [eFiling year end update](#).

After printing W2s and applicable annual payroll tax reports **but before** processing the new tax year's payroll, you must install the new tax years Quarter 1 Tax Table Update (TTU).

Both of these updates are available for download on Sage Support website, log in to <http://Support.NA.Sage.com> and then click applicable links below.

- [Sage 100: Download Portal](#) (KB ID 23500)
- [IRD Downloads](#) (KB ID 45892)
- [TTU Downloads](#) (KB ID 45726)

How to Update eFiling and Reporting forms (KB ID 18851)

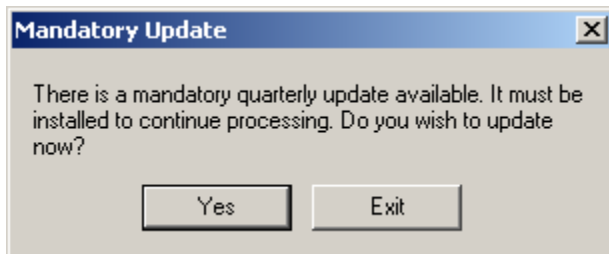


IMPORTANT: You **must** install the applicable Product Update (or Sage 100 2017) and the **Year End Interim Release Download (IRD)** **before** processing & printing year end tax forms.

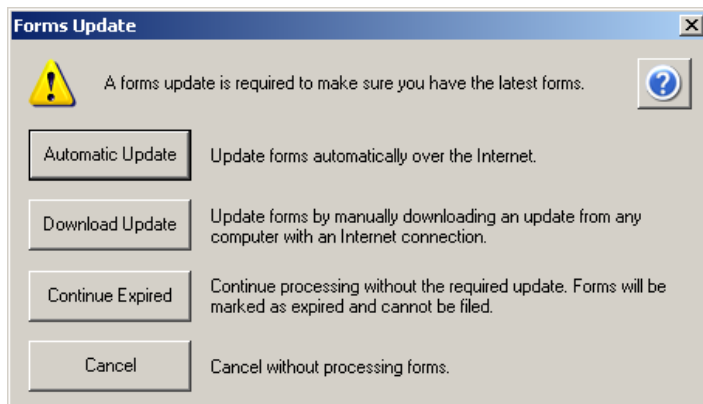
- You will be prompted at least once every quarter to update the forms - (20% of Tax forms change quarterly)
- Mandatory Quarterly Updates are available March 20th, June 20th, September 20th and December 20th* (*Year End updates are included in the December update)
- All reports are automatically updated with on screen selections
- Program fixes are delivered through automatic updates

*Dates subject to change

If the eFiling & Reporting has just been installed and has not updated for the previous quarter(s), click **Yes** when the prompt below displays:



If you have already updated the prior quarter(s), the following prompt will display for any future updates. Click **Automatic Update** to install the update.



"Unable to download new updater." or "Updater 2: Unable to download new updater" occurs when installing an eFiling update (KB ID 20525)

Occasionally during an Automatic update, one of the above errors will be received. In order to resolve the error and install the update, perform the one or more of the following resolutions:

- **Internet Options**
 - Add the web address for <https://www.sagemas.aatrix.com> to your trusted websites in **Internet Options** on the **Security** tab.
 - On the **Privacy** tab, click on **Sites** button and **allow** the following websites:
 - aatrix.com
 - aatrixforms.exe
 - updater.exe
 - updater2.exe

- **Verify firewall settings**
 - The Aatrix Forms Updater uses standard HTTP port 80 to access the site <http://updates.aatrix.com>
 - Aatrix Forms uses the following programs to access the Internet
 - For Updating using http on port 80 to <http://updates.aatrix.com>
 - aatrixforms.exe
 - updater.exe
 - updater2.exe

- **Manually download & install the update**
 - Go to <https://www.aatrix.com/partners/sage100/>
 - Under the **Quarterly Updates** section, click the **Sage 100** link
 - Click to **Save As** the **MAS90.exe** file to your *workstation* desktop
 - Right click the **MAS90.exe** file and select **Run as Administrator**
 - Click **Yes** at prompt "The setup will perform an upgrade of 'State/Federal eFiling and Reporting' Do you want to continue?"
 - Relaunch Federal or State eFiling and Reporting; click **Automatic Update** if prompted for an update

- **For specific technical requirements & further information for Aatrix updates**
 - Go to <http://aatrix.com/updateshome/techinfo/>
 - Go to <http://aatrix.com/updateshome>

How to Reconcile Payroll Tax Forms & W2s (KB ID 56085)

Before closing the quarter or year we recommend printing (*at the minimum*) the following reports to assist in reconciling your Payroll Tax Forms & W2s:

- [Quarterly Tax Report](#) (Payroll>Reports menu) (KB ID 26733)
- [Quarterly Governmental Report](#) (Payroll > Period End menu) (KB ID 49696)
- [Deduction Reports](#) (Payroll>Reports menu) (KB ID 49698)
- [Employee Verification Report](#) (Payroll > Period End menu) (KB ID 26175)

For more details see KB ID 19504 or click link [How to Process Quarter/Year end in Payroll](#)
Or visit [Sage 100 Year End Center on Sage City](#) and [Payroll Year End Checklist](#)



TIP! See KB ID 49809 - [How to Setup Paperless Office to save your Period/Year-End Reports in Sage 100](#)

Reconciling Forms 941 and Form W-3

Per the IRS Form 941 Instructions <http://www.irs.gov/pub/irs-pdf/i941.pdf>

The IRS matches amounts reported on your four quarterly Forms 941 with Form W-2 amounts totaled on your yearly Form W-3, Transmittal of Wage and Tax Statements. If the amounts do not agree, you may be contacted by the IRS or the Social Security Administration (SSA). The following amounts are reconciled:

- Federal income tax withholding (941-line 3, W3-box 2)
- Social security wages (941-line 5a column 1, W3-box 3)
- Social security tips (941-line 5b column 1, W3-box 7)
- Medicare wages and tips (941-line 5c column 1, W3-box 5)

For more information, see section 12 of Pub. 15 (Circular E) and the Instructions for Schedule D (Form 941) on the IRS website at www.IRS.gov



TIP! For more details and to help you reconcile, download the 941_W3 Worksheet found attached to [KB ID 56085 - How to Reconcile Payroll Tax forms & Reports](#)

How to Print Payroll Tax Forms & Reports (KB ID 52376)

Note: The steps below use the CA DE9 form as the example but the same basic steps apply to all Federal & State payroll tax forms, with the exception of processing W2s, 1095s and 1099s.



TIP! See related knowledgebase article, [How to Print 941 & Schedule B form](#) (KB ID 27107)

1. Open **Payroll, Period End**, select **Federal** or **State eFiling and Reporting**
2. Select applicable **State** from drop down list
3. Highlight the **applicable form/report**
4. Verify the correct **Year** and **Quarter** are selected
5. Verify **Company Information**
 - Your company information including Federal ID #, automatically populates from Company Maintenance (Library Master > Main menu) but can be changed in this window if needed.
6. Click **Accept** button

If this is the first time you have accessed eFiling & Reporting or a change was made to your company information or tax ID number, the **Company Setup wizard** will display, please see [Company Information](#) section.

If there are mandatory fields that are not stored within the Sage 100 database, you will receive the prompt below indicating that fields displayed in **RED** must be completed before continuing:



TIP! After entering required information in a red field press **TAB** to jump to the next red field.

Your current step is noted at the top of the Form Viewer. Fields that are highlighted in blue can be edited within the form.



Information edited in the form viewer will **not** be saved back to Sage 100 data files.

CA DE 9 Report - State of California Reporting

Review Edit My Copy State Copy

Red Fields must be filled before continuing.

1 page

Print Save Prev Step Next Step

EDD Employment Development State of California
 Department EDD 11063
 PLEASE TYPE THIS FORM. DO NOT ALTER PREPRINTED INFORMATION 00090111

ADEN Rev. 06/07/2011

CHARTER	YEAR	QUARTER	DATE	REQUIREMENT #	DATE	YR	QTR
0000	12	31	11	01	01	12	1 1 4

EMPLOYER ACCOUNT NO.
123 4555 5

SPILING TEST COMPANY
 6561 IRVINE CENTER DRIVER
 IRVINE CA 92614

FEIN 95-1234567

ADDITIONAL FEIN: [REDACTED]

CHECK: A. NO WAGES PAID THIS QUARTER
 B. OUT OF BUSINESS EMPLOYERS

DATE: 218 894 48

C. TOTAL SUBJECT WAGES PAID THIS QUARTER

D. UNEMPLOYMENT INSURANCE (UI) (Total Employee Wages up to \$ 7,000.00 per employee per calendar year)

(D1) UI Rate %	(D2) UI TAXABLE WAGES FOR THE QUARTER	(D3) UI CONTRIBUTIONS
0.00	1 395 00	0 00

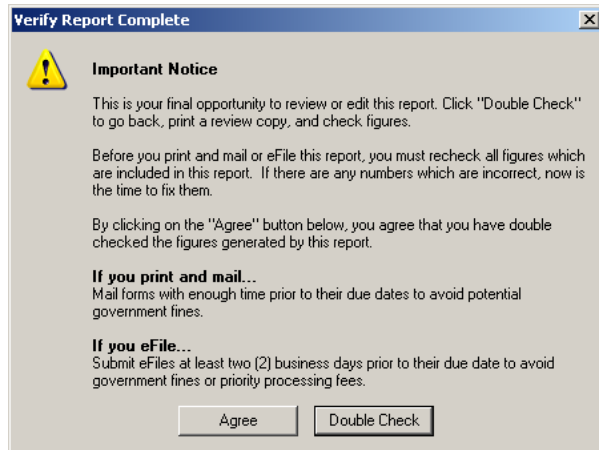
E. EMPLOYMENT TRAINING TAX (ETT)

(E1) ETT Rate %	(E2) ETT CONTRIBUTIONS
0.00	0 00

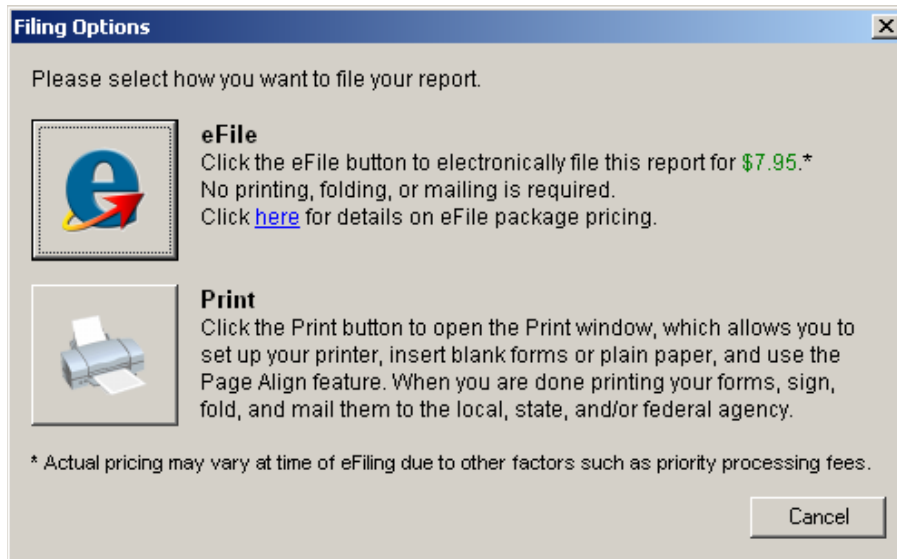
F. STATE DISABILITY INSURANCE (SDI) (Total Employee wages up to \$ 62,316.00 per employee per calendar year)

(F1) SDI Rate %	(F2) SDI TAXABLE WAGES FOR THE QUARTER	(F3) SDI EMPLOYER CONTRIBUTION (FORM 940)
1.20	218 894 48	2 626 73

Once all steps are completed, a prompt displays to 'Double Check' or 'Agree'. 'Double Check' will return you to the form viewer. Upon choosing 'Agree', a copy of the report is saved into History. You are then prompted to print a copy for your records.



After printing a copy of the form for your records, the form or report can then be printed on plain paper or eFiled for a fee. For more information on eFiling, see the [How to eFile Accounts Payable and Payroll forms](#) section of this document.





What forms do I use to print W2s, 1095s and 1099s? ([KB ID 52202](#))

Sage 100 includes "print and sign" tax forms functionality for payroll tax forms using eFiling & Reporting. This feature eliminates the need for some preprinted forms — allowing you to print on plain paper instead. However, **IRS regulations require that employee copies of Form W-2 (Copies B, C, and 2) and Form 1099 (except Copy A) be printed on perforated paper** and individual filing instructions be given to each employee ([IRS Publication 1141 Sec. 2.05 and 2.19](#) and [IRS Publication 1179 Sec. 4.5.3](#)). Sage Checks and Forms offer these plain paper forms in the required perforated format.

NOTE: *At this time Aatrix only supports printing W2s and/or 1099s 4 per page.*

W2/W3 forms

- **Employee W2 (Copy B, C and 2-Copy 2s)** = Blank 4 part perforated with Employee notice on back (Sage Forms part # [LW2BLANK4](#) or [LW2BK4DWS](#))
- **Federal W2 (Copy A)** (prints 2 employees per sheet) = **Print to Plain Paper** (*The Federal W2-SSA copy cannot be printed on perforated paper*)
- **Federal W3 = Print to Plain Paper** (*The Federal W3-SSA copy cannot be printed on perforated paper*)
 - *The Federal Copy A & W3 forms do not need to be printed on pre-printed forms with red ink, please see Additional Information at the end of this section.*
- **State - Copy 1** (prints 4 employees per sheet) = system will prompt you to print to Blank 4 part perforated but please contact individual State agency for specific W2 printing/perforation requirements
- **Employer W2 (Copy D)** (prints 4 employees per sheet) = Print to Plain Paper or Blank 4 part perforated

ACA - 1095 forms

- **Employee 1095-B** - Blank Full page w/instructions on back (Sage Forms #[L1095BBLK](#))
- **Employee 1095-C** - Blank Full page w/instructions on back (Sage Forms #[L1095CBLK](#))

**** Forms 1094 and 1095 Federal & Employer copies can be to plain paper**

****Note:** *When using eFiling and Reporting to print ACA 1095 forms, Aatrix has designed their form templates on both of the 1095 forms to print the employee's address in alignment with the existing W2 envelope, to help reduce costs.*

1099/1096 forms

- **Recipient 1099 (Federal, 2-Copy 2's and Copy B)** = Blank 4 part perforated form (Sage Forms part # [L99BLANK4](#) or [L99BK4DWS](#))
 - **Note:** *The recipient notice is not printed on the backs of these blank forms; you will need to print the recipient instructions to plain paper from within 1099 eFiling viewer screen.*
- **Federal 1099 (Copy A)**** = Copy A **must be** printed on official preprinted federal forms **RED** ink. *Please contact Sage Forms for specific part # applicable to the type of 1099 forms you will be printing (MISC,INT or DIV)*
- **Federal 1096 Form**** = 1096 Form **must be** printed on official preprinted federal forms **RED** ink. *Please contact Sage Forms for specific part # applicable to the type of 1099 forms you will be printing (MISC,INT or DIV)*
- **Payer 1099 (Copy C)** (prints 4 recipients per sheet) = Print to Plain Paper or Blank 4 part perforated
- **State 1099** (prints 4 recipients per sheet) = system will prompt you to print to Blank 4 part perforated but please contact individual State agency for specific 1099 printing/perforation requirements. Some states do not require 1099s to be filed.
- **State 1096** = Print to plain paper but please contact individual State agency for specific 1096 printing/perforation requirements. Some states do not require 1096 form.

Sage Forms Division provides approved 2016 IRS forms and they **are the only forms we guarantee to be 100% compatible** with Sage 100 integration with eFiling and Reporting.

All of these forms can be ordered from Sage Checks & Forms, please visit <http://www.sagechecks.com> and select Tax Forms or call them at 800-617-3224

Additional Information for Federal Copy A and W3 forms:

The Federal W2 Copy A and W3 forms that print from within the Federal eFiling & Reporting (Aatrix) program have been certified for submission on plain paper by the IRS. The boxes **are not required** to be printed in red ink on computer-generated forms. You can identify the approved form by looking for the numbers **0000/1048** under the year on the **W2 form** and in the **Employers email address box** on the **W3 form**.

W2 Form:

22222		✓ Valid <input type="checkbox"/>	Employer's social security number 545-17-4529	For Official Use Only OMB No. 1545-0048
b Employer identification number (EIN) 95-1234567		1 Wages, tips, other compensation 150000.00	2 Federal income tax withheld 58221.43	
c Employer's name, address, and ZIP code ABC DISTRIBUTING 555 MAIN STREET IRVINE CA 92618		3 Social security wages 117000.00	4 Social security tax withheld 7254.00	
d Control number		5 Medicare wages and tips 150000.00	6 Medicare tax withheld 2175.00	
e Employer's first name and initial JERRY A		7 Social security tips	8 Allocated tips	
Last name THOMAS		9	10 Dependent care benefits	
4121 W. 35TH STREET APARTMENT 201 MILWAUKEE WI 53151		11 Nonqualified plans	12a See instructions for box 12	
f Employer's address and ZIP code		13	12b	
15 State WI	16 State wages, tips, etc. 150000.00	17 State income tax 11403.83	18 Local wages, tips, etc.	19 Local income tax
Form W-2 Wage and Tax Statement		20 Local taxes		

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

2014
0000/1048

Do Not Cut, Fold, or Staple Forms on This Page

W3 Form:

33333		# Control number	For Official Use Only OMB No. 1545-0048	Alpha Rev. 9/25/14
b Kind of Payer Self-employed <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		c Total number of Forms W-2 1		d Establishment number 1
Kind of Employer Non-profit 501(c)(3) <input type="checkbox"/> Non-profit 501(c)(29) <input type="checkbox"/> Federal govt. <input type="checkbox"/> State/local govt. <input type="checkbox"/> Other <input type="checkbox"/>		1 Wages, tips, other compensation 150000.00	2 Federal income tax withheld 58221.43	
e Employer identification number (EIN) 95-1234567		3 Social security wages 117000.00	4 Social security tax withheld 7254.00	
f Employer's name ABC DISTRIBUTING 555 MAIN STREET IRVINE CA 92618		5 Medicare wages and tips 150000.00	6 Medicare tax withheld 2175.00	
g Employer's address and ZIP code		7 Social security tips	8 Allocated tips	
h Other EIN used this year		9	10 Dependent care benefit	
i State WI		11 Nonqualified plans	12a Defered compensation	
Employer's state ID number 036-3258485794-09		12b	12c	
10 State wages, tips, etc. 150000.00	17 State income tax 11403.83	18 Local wages, tips, etc.	19 Local income tax	
Employee's contact person		14 Income tax withheld by payer of third-party sick pay		
Employee's telephone number 800 854-3415		15 For third-party sick pay use only		
Employee's tax number		16 Employee's email address 0000/1048		

Under penalty of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Date: 12/19/14

Form **W-3 Transmittal of Wage and Tax Statements** 2014

Department of the Treasury - Internal Revenue Service

Additional Setup for Local Tax Codes (KB ID 20895)

Additional setup is required in order for Local tax wages & taxes to show in W2 Boxes 18, 19 and 20. Select the applicable Local Tax Code Description in Tax Table Maintenance. **Note: Require Local Tax Reporting must first be selected in Payroll Options.**

1. Open **Payroll, Setup, Tax Table Maintenance**
2. Select **State** from look up, press **TAB**
3. Select applicable local code from look up or type a unique **user defined 3 character local tax code**, press **TAB**
4. In the **Local Tax Code Description** field, select the applicable **Tax Description** from drop down list
 - o If the local tax description is not listed, select **LOCAL WITHHOLDING TAX (xxxx)** from drop down list. **TIP:** There will be a 4 digit number in parenthesis after each description, this number is an internal number used by Aatrix only.
 - o **Important note:** You **must** select a local tax description from drop down list, in order for Local Tax amounts to populate into tax forms, **see KB ID 20895 for more details.**
5. Click **Accept**

Note: Only local withholding wages and tax will be automatically populated on the W-2.



Other Local Taxes (KB ID 20899)

Other Local Tax amounts now populate in **Box 14** of the W2 form, when a Local Tax Code is setup with **both** a Local Withholding Tax **and** Other Local Tax.

If you only have the Other Local Tax setup and you need the wage and tax amounts to print on W2 in Boxes 18 & 19, you must add the column and manually enter data into the W2 Preparer grid. Perform the following:

To manually add the amounts and edit descriptions in W2 Box 18 and Box 19:

1. In **W2/1099 Preparer**, select **Edit** and click **Add State**. Select the **Locality** column.
2. In the **State & Local tax** items window, click **Add Locality**.
3. Select **State** from the list. Enter the **text to print on the W-2 in the Custom Locality Name**.
4. Select **Tax Type** from the list.
5. Click **OK**.
6. Click **Proceed**.
7. Manually enter the **Locality Wages** and **Tax Amounts** in **Box 18** and **Box 19**.
8. Complete W2/1099 Preparer.

If the Other Local Tax amounts can or need to be included in Box 14, please see [Box 14 section](#) in this document.

Printing Amounts in Box 12 (KB ID 21032)

1. Open **Payroll, Setup, Deduction Code Maintenance**,
2. Select from look up or create a two character user defined **Deduction Code & Description**
3. Type the applicable Box 12 code in the **Box 12 Label** field
 - For list of Box 12 codes, please visit www.irs.gov
4. Click **Accept**

Note: Once setup, the Box 12 codes will automatically populate into W2 preparer grid. If two or more deduction codes use **the same Box 12 code**, the amounts will be added together & the total sum will print on W2 form. **Up to** 16 different Box 12 codes will automatically populate into W2 grid.

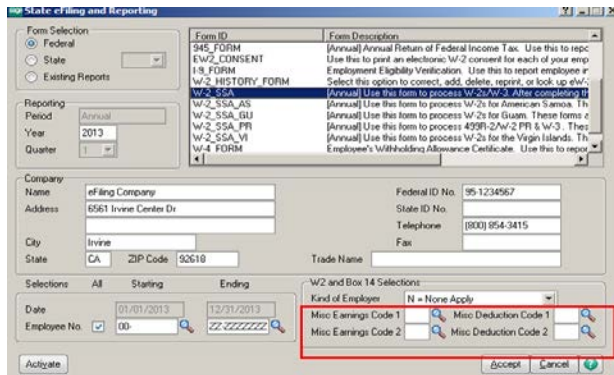


VERY IMPORTANT! All applicable Box 12 code ***must be*** saved in Deduction Code Maintenance ***before*** closing year end, in order for the PR_41 file to be updated correctly.

Printing Amounts in Box 14 (KB ID 18867)

Other Local Tax amounts will populate in **Box 14** of the W2 form, when a Local Tax Code is setup with **both** a Local Withholding Tax **and** Other Local Tax.

Enter or select from lookup up to two earnings codes and two deduction codes for which to print year-to-date earnings and deductions information. The related earnings/deduction information will print in Box 14 on the W-2 forms for all selected employees. **Note:** If you have more than 2 Misc Earnings &/or deductions please see section, [How to import into W2 Preparer Grid](#), in this document



Note: If you reprint W-2 forms at a later time, you must enter the same earnings/deduction codes to print the same information on the forms.

To change Box 14 description labels on the W-2:

The columns will display in the grid as DedCode1, DedCode2, EarnCode1 and EarnCode2

1. **In the W2 grid, right click on the applicable Box 14 Column description** noted above and select **Rename**

The screenshot shows the W2 grid with a context menu open over the 'Box 14' column header. The menu options include Cut, Copy, Paste, Find..., Replace..., Insert Column, UnHide Column, **Rename Column**, Import CSV file to this column..., and Sort rows by 'DedCode1'.

\$9603.92	\$1886550.03	\$42206.36	\$73.60	\$18834.25	\$150.00	\$5.83	\$1866368.21	\$176233.1
Box 4	Box 5	Box 6	Box 7	Box 8	Box 12D	Box 14	Box 16	Box 17
SS Withheld	Medicare Wages	Medicare Withheld	SS Tips	W2 Box 8 - Allocated Tips	W2 Box 12 D 401(k) deferrals	DedCo		CA Tax
30.26	488.00	7.08						
31.48	507.69	7.36						
20.19	325.60	4.72						
32.91	530.77	7.70						4.1
35.96	580.00	8.41						5.2
44.34	715.20	10.37						
41.49	669.20	9.70						
45.26	730.00	10.59						8.1
41.49	669.20	9.70						
36.13	582.80	8.45						
77.40	490.40	8.92						

2. Type the **Description** you would like to print on the W-2
Note: only the first 10 characters will print

Box 16	Box 17	Box 16	Box 17	Box 14
Wages	CA Tax	WI Wages	WI Tax	Auto Allow
		10208.94	645.37	50.00
		10208.94	645.37	50.00

3. Click **Ok**

a Employee's SSN 239-98-5463		f Wages, tips, other compensation 7,344.40		g Federal income tax withheld 651.55	
OMB No. 1545-0045		h Social security wages 7,344.40		i Social security tax withheld 385.60	
b Employee identification number 95-1234567		j Medicare wages and tips 7,344.40		k Medicare tax withheld 106.50	
c Employer's name, address, and ZIP code eFiling Company Data 56 Technology Drive Irvine CA 92618					
e Employee's first name and initial HARVY		Last name ALLBNDAR		City MILWAUKEE WI 53151	
f Employee's address and ZIP code 4121 W. 35th Street MILWAUKEE WI 53151					
d Control number		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other Auto Allow 420.00			
12b		Barncodes 6,636.80			
12c					
12d					
13a <input type="checkbox"/> Standard employee		13b <input type="checkbox"/> Retirement plan		13c <input type="checkbox"/> Third-party sick pay	
15 State Employer's state ID number WI 1325-848500000-00		16 State wages, tips, etc. 7,344.40		17 State income tax 398.45	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

How to Print W-2/W-3s (KB ID 26818)

1. Open **Payroll, Period End, Federal eFiling and Reporting.**
2. Select **xxxx W-2/W-3 form** (xxxx=Tax Year)
3. Verify the correct **Year** is entered
4. Verify **Company Information**
 - Your company information including Federal ID #, auto populates from Company Maintenance (Library Master > Main menu) but can be changed in this window if needed
5. Select the **Kind of Employer:**
 - **Federal Government** if your company is a federal government business type.
 - **State and Local Government** if your company is state or local government business type
 - **Tax Exempt** if your company is a tax exempt business type
 - **State and Local Tax Exempt** if your company is a state or local tax exempt business type

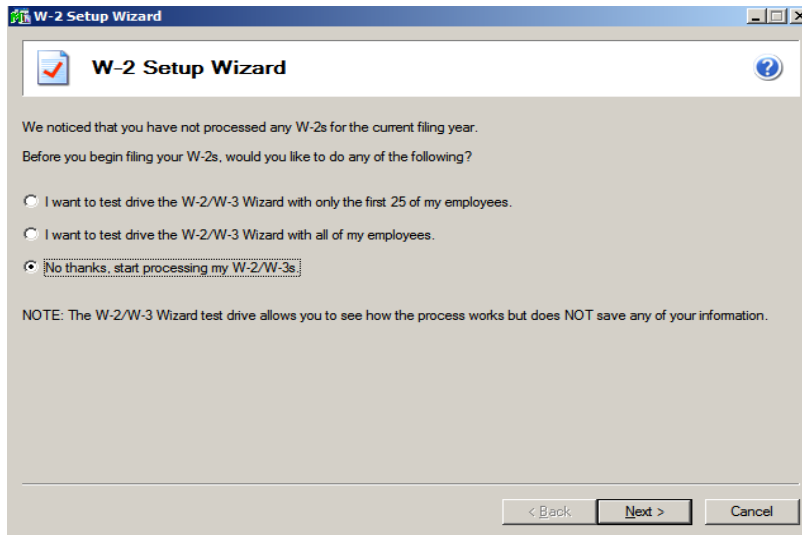
- **None Apply** if this option does not apply to your company.
6. In order for **Misc Earnings & Deduction Codes** to automatically print in **Box 14**, they need to be selected in this screen. For more information see the [Printing Amounts in Box 14](#) section in this document.
 7. Click **Accept** button

Note: If the 4 digit year in the front of some tax forms descriptions is not correct or is missing, select the form and click Accept and then click Automatic Update. **Note:** 2016 W2/W3 forms will be released in Aatrix's year end automatic update, on December 12th.

W-2 Test Drive

The W-2 Test Drive feature allows you to take a “test drive” of the W-2 process without actually saving any data. This will allow you to become more familiar with the process before actually filing. You will only be displayed this dialog if you have not processed any W-2 filings for the current filing year.

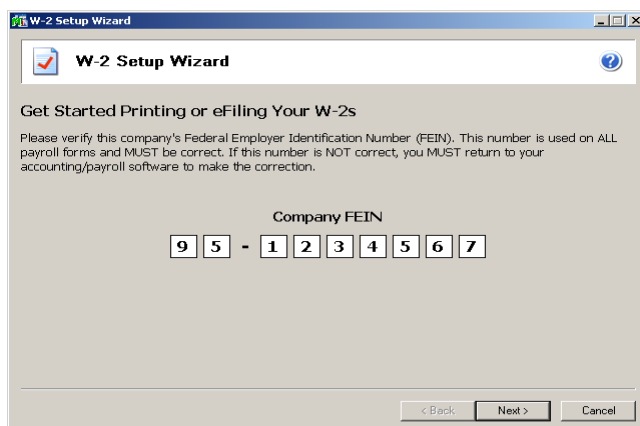
If you select to run the W-2/W-3 Wizard in test drive, you will not be able to save any of the information as a draft or a history to be used again.



 **TIP!** If you need more details on ANY screen from within the setup wizard or ANY window/grid within eFiling & Reporting, click the  at the top right corner.

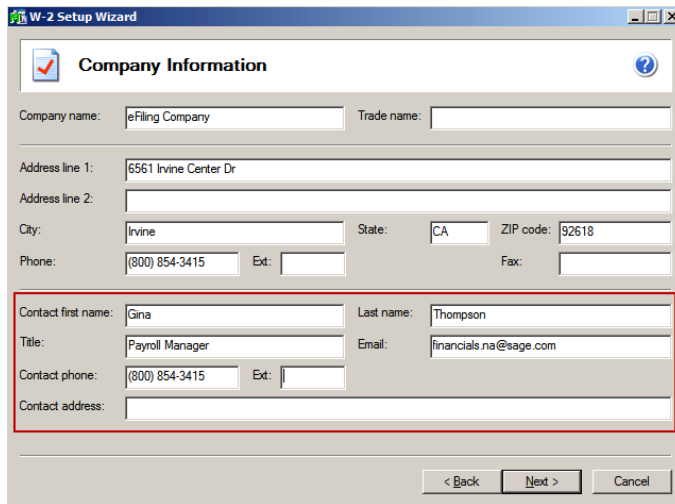
Verify Federal Employer ID Number

The number displayed here will be used on all forms. If the number is incorrect, click the Cancel button to close the W-2 Setup Wizard. Then you must verify the **correct and same exact** FEIN is entered into Company Maintenance, Tax Table Maintenance (FED record) and in eFiling & Reporting main window.



Company Information

The company information screen displays all of the information that relates to your company and is used to display in the forms. The Contact name, phone and address can be entered on this screen to populate those fields on your forms.



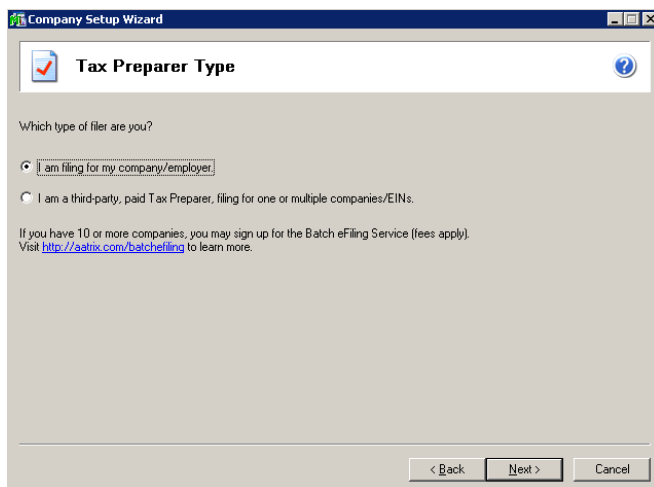
The screenshot shows the 'W-2 Setup Wizard' window with the 'Company Information' tab selected. The form contains the following fields:

- Company name: eFiling Company
- Trade name: (empty)
- Address line 1: 6561 Irvine Center Dr
- Address line 2: (empty)
- City: Irvine
- State: CA
- ZIP code: 92618
- Phone: (800) 854-3415
- Ext: (empty)
- Fax: (empty)
- Contact first name: Gina
- Last name: Thompson
- Title: Payroll Manager
- Email: financials.na@sage.com
- Contact phone: (800) 854-3415
- Ext: (empty)
- Contact address: (empty)

Navigation buttons at the bottom: < Back, Next >, Cancel.

Tax Preparer Type

The tax preparer dialog displays for you to indicate whether you are filing for your own company or if you are a filing as a paid Tax Preparer for another company. If you have 10 or more companies, Batch Filing will allow you upload several filings and then access the eFiling website when you are ready to transmit them to the appropriate agencies. For more information, click the link within the wizard window or visit <http://aatrix.com/batchefiling>



The screenshot shows the 'Company Setup Wizard' window with the 'Tax Preparer Type' tab selected. The form contains the following elements:

- Which type of filer are you?
- I am filing for my company/employer.
- I am a third-party, paid Tax Preparer, filing for one or multiple companies/EINs.
- If you have 10 or more companies, you may sign up for the Batch eFiling Service (fees apply). Visit <http://aatrix.com/batchefiling> to learn more.

Navigation buttons at the bottom: < Back, Next >, Cancel.

State and Local Tax items (KB ID 40509)

The state and local tax items dialog is used to display all the state and local tax that you have defined in your payroll as well as the corresponding account numbers for state and local tax.

W-2 Setup Wizard

State & Local Tax Items

Properly formatted tax account numbers are required for W-2 reconciliation and year-end forms. Avoid rejected forms and eFiles! MOST filing errors are due to incorrectly formatted withholding or unemployment account numbers.

State Tax Items

State	Tax Name	Tax Account Number
CA	State Withholding	123-4560-0
CA	State Disability Insurance	123-456
CA	State Unemployment	123-4560-0
WI	State Withholding	325-8485000000-00
WI	State Unemployment	325848-570-0

Local Tax Items


State	Tax Name	W-2 Name	Tax Type	Tax Account Number
CA	Generic Local Withholding	Generi		
CA	Employment Training Tax	Employ	Other	123-456
FE	Local Withholding Tax	LocalW		
WA	Employment Admin Fund	Employ	Other	32584-857
WI	Earned Income Credit	WEIC	Other	32584-857

< Back Next > Cancel

Note: If the local code(s) are not listed. Please confirm you have selected an applicable local code description from the dropdown list in Tax Table Maintenance. For more information please see the [Additional Setup for Local Taxes](#) section of this document.

If your State Unemployment or Disability Tax Account Number differs from your State Withholding Company Tax Id Number in Tax Table Maintenance, you will be prompted to change it here. The Tax Account Numbers entered here will be retained for future filings in the Company Information. Please note the Company Tax Id Number in Tax Table Maintenance will not be changed.

Incorrect Tax Account Number

 Your tax account number for **AZ State Unemployment** is incorrect or improperly formatted. Please correct it before continuing.

Properly formatted tax account numbers are required for W-2 reconciliation and year-end forms. Avoid rejected forms and eFiles! MOST filing errors are due to incorrectly formatted withholding or unemployment account numbers.

OK

State Tax Item

Click ? or press F1 for help on tax account number formats.

State: AZ (Arizona)

Tax name: State Unemployment

Tax account number: ???????

To the right of the number input box, click the to choose the proper format. The number may be 1234567 or 1234567-1.

1234567
1234567-1

OK Cancel

Tip! If your Tax account number format is not listed, click the button to select additional account formats.

Data Verification

There are five questions you must answer Yes or No, which allows for the data verification process in the W-2 employee grid to become dynamic based on your answers.



Important: If you select Yes to the question #4, “Do you have any employees who elected to only receive W2 forms electronically?”, please see [W2 Electronic Consent](#) section in this guide for specific requirements.

W-2 Setup Wizard

Data Verification

1. Do you have any employees who are exempt from any part of Medicare or Social Security taxes?
 Yes No

2. Do you have any employees who earn SS Tips that must be reported? *
 Yes No

3. Do you want to use control numbers on your W-2s?
 Yes No

4. Do you have any employees who elected to only receive W-2 forms electronically?
 Yes No

* The payroll software indicated this question applies to one or more employees.

NOTE: The data verification dialogue will only appear if you are working on a new filing and not opening the Grid to make changes to a work in progress.

W-3 Information


The W-3 information screen only displays when you are processing W-2 forms and allows you to indicate information related to your company that displays on the Federal W-3 form. The Kind of Payer & Kind of Employer must be selected on this screen. The Control Number, Third-party sick pay, Establishment Number, Other EIN and Business terminated this year checkbox are all optional selections. If any of this information needs to be on your company's W-3, make your selection here.

Multiple Payroll Data Files (KB ID 26156)

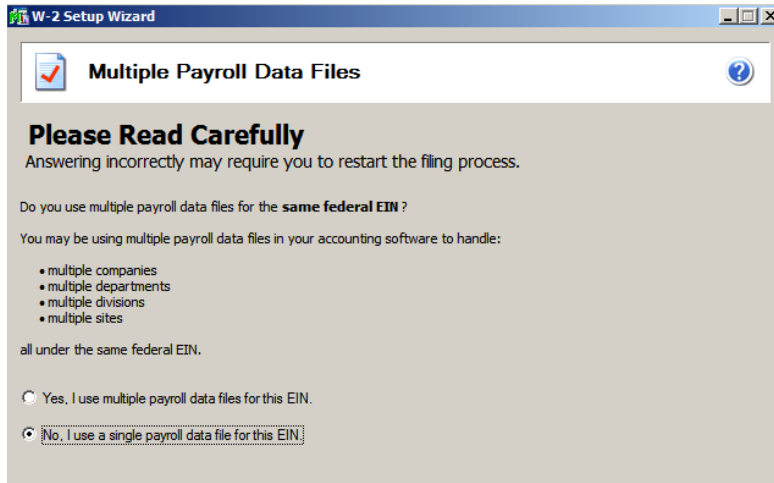
The multiple payroll data file merge feature is used for companies or tax preparers that keep separate databases for employees working under the **same** Federal EIN (Employer Identification Number). Some examples of these are separate departments, divisions, company names under the same EIN, branches, etc.

This feature allows you to bring in two or more data files and merge them together so all the information is combined when you are printing or eFiling your W-2 forms. Note:

 **TIP!** This feature is now available for **all** payroll tax forms that are using the same Federal EIN.

 If you select the radio button option for “Yes, I use multiple payroll data files for this EIN”, you will be taken to the multiple payroll data files merge tool after the company setup wizard is complete. For more

information click the help icon in the wizard window or see **KB ID 26156 - How to merge Multiple Data files in eFiling & Reporting**



W-2 Grid Details

The W-2 employee grid displays all of your W-2 relevant employee data in an Excel like grid with columns and rows of information. The columns in the W-2 employee grid correspond to the boxes on the W-2 forms. The W-2 employee grid performs several data verification steps in the grid to ensure you have the correct W-2 information and to avoid rejections by Federal and state agencies. The verification step is noted at the top of the grid. The first step is to Verify Employee Information. The remaining steps will vary depending on your selection at the Data Verification screen. Click **Next Step** button at the top to proceed through each step.

Tip! The totals now appear at the top of each column, which will populate the W3 form. You should use these totals to match to your Payroll report produced out of Sage 100 (i.e. Quarterly Tax Report – YTD amounts), see [How to Reconcile Payroll reports & W2s](#) section in this guide.

Box e	Box e	Box e	Box f	Box f	Box f	Box f	Box f	Box f	Box f	Box 13	Box 1	Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7	Box 8	Box 12D	Box 14
First Name	Middle Name	Name Suffix	Address Line 1	Address Line 2	City	State/Province	Zip/Postal Code	Country Code	Statutory Employee	Retirement	\$1080550.03	\$550026.90	\$154901.88	\$9603.92	\$1080550.03	\$42206.36	\$73.60	\$10034.25	\$5.83		
1	HARVEY		87 HOLLAR		MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	400.00		400.00	30.20	400.00		7.08				
2	SUSAN		7 COLARRAD		MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	507.69		507.69	31.45	507.69		7.36				
3	BUDDY		8050 SLRPH		ORANGE CA	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	325.60		325.60	20.19	325.60		4.72				
4	WAYNE		789 HUNTERS		ORANGE CA	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	530.77	28.05	530.77	32.91	530.77		7.70				
5	RICHARD		43-1 SHARD		ORANGE CA	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	580.00	26.00	580.00	35.96	580.00		8.41				
6	HELEN		756 BRLL		MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	715.20	80.24	715.20	44.34	715.20		10.37				
7	JERRY		7950 QUINN	APT 98	MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	609.20	40.29	609.20	41.49	609.20		9.70				
8	WALTER		576 ALRAMAB		ORANGE CA	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	730.00	33.30	730.00	45.26	730.00		10.59				
9	ELIZABETH		98 T TRPP		MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	609.20	40.29	609.20	41.49	609.20		9.70				
10	JOHN		98 SCARLET	APT 302	MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	582.80	26.36	582.80	36.13	582.80		8.45				
11	ROBERT		384 HARLEY	UNIT 878	MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	438.40	11.92	438.40	27.18	438.40		6.38				
12	MICHAEL		47 STONE		ORANGE CA	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	560.00	31.77	560.00	34.72	560.00		8.12				
13	JAMES		849 HINDER		MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	600.00	62.96	600.00	37.20	600.00		8.70				
14	ANTHONY		5738 MAXTON		ORANGE CA	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	750.00	97.00	750.00	46.50	750.00		10.86				
15	JOSEPH		66 ORLANDO		ORANGE WI	WI	90608	US	<input type="checkbox"/>	<input type="checkbox"/>	390.31	43.34	390.31	24.32	390.31		5.68				
16	ALLEN		23155 W 15TH		MILWAUKEE WI	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	2188.30	121.91	2188.30	135.68	2188.30		31.72		73.60		27.70

Tip! Any information edited in this grid **will not** be saved back to your Sage 100 data files.

W2 and 1099 SORT FIELD: (KB ID 56668)

The “Sort Field” located in Employee Maintenance is now pulled into W2 grid in the “Sort Text” field.

The screenshot shows the 'Sage P/R Employee Maintenance' window. At the top, there are search fields for Employee No. (11-0000100), Last Name (THOMAS), and First Name (JERRY A.). Below this are tabs for '1. Main', '2. Wages', and '3. Checks'. The 'Main' tab is active. On the left side, there is a 'Sort Field' dropdown menu containing the text 'THOMAS', which is highlighted with a red rectangular box. Other fields include Address (4121 W. 35th Street, Apartment 201), Zip Code (53151), City (MILWAUKEE), State (WI), Phone No. ((414) 884-5621), Birth Date (12/25/1986), Hire Date (01/15/2019), and Review Date (01/15/2019). On the right side, there are fields for Soc. Sec. No. (986-53-1239), Marital Status (Single), Sex (Male), and various checkboxes for Statutory Employee, Race Code (C), Pension/Profit Sharing (checked), and Direct Deposit. A vertical stack of buttons on the right includes Earnings..., Deductions..., Tax Summary..., Change Status..., Renumber..., and Direct Deposit... At the bottom, there is an 'Emergency Information' section with Phone No. ((414) 531-2399) and Contact (Judy Thomas).

The “Sort” field located in Vendor Maintenance > Additional tab is now pulled into 1099 grid the the “Sort Text” field

The screenshot shows the 'Sage Vendor Maintenance (PC2) 12/14/2015' window. At the top, there are search fields for Vendor No. (01-AIRWAY) and Name (Airway Property). Below this are tabs for '1. Main', '2. Additional', '3. Statistics', '4. Summary', '5. History', '6. Invoices', '7. Transactions', '8. Checks', and '9. P/Os'. The 'Additional' tab is active. On the left side, there is a 'Sort' dropdown menu containing the text 'AIRWAY', which is highlighted with a red rectangular box. Other fields include Comment, Vendor Status (Active), Inactive Reason, G/L Account (555-00-03), Separate Check (unchecked), and Printing options. On the right side, there is a '1099 Form' section with fields for Vendor Type (Business), Default Form (Miscellaneous), Taxpayer ID No. (19-4567891), Default Box No. (1), Misc Box 9 (unchecked), Electronic Consent Signed (unchecked), and FATCA (unchecked). A '1099 History...' button is also present.

- In the W2 grid or 1099 grid, Right click on the Sort Text column heading and click Sort rows by “Sort Text”

File Edit View Help

Verify Employee Information **Next Step** Prev Step Next Step

	Box f	Box f	Box f	Box f	Box f	Box 13	Box 13	Box 13	Sort Text
	Address Line 2	City	State/Province	Zip/Postal Code	Country Code	Statutory Employee	Retirement Plan	Third-Party Sick Pa	Sort Text
1		MILWAUKEE	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		MILWAUKEE	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		ORANGE	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		ORANGE	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		ORANGE	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		MILWAUKEE	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	APT 98	MILWAUKEE	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		ORANGE	CA	92626	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		MILWAUKEE	WI	53151	US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOMEZ

- Cut
- Copy
- Paste
- Find...
- Replace...
- Import CSV file to this column...
- Sort rows by 'Sort Text'

File Edit View Help

Verify Recipient Taxpayer Identification Numbers (TIN) **Next Step** Prev Step Next Step

	Recipient State/Province	Recipient Zip/Postal Code	Recipient Country Code	Recipient Account Number	Electronic Delivery	Electronic Only	FATCA	2nd TIN Not	Sort Text
	State/Province	Zip/Postal Code	Country Code	Account Number	E-mail Address	Electronic 1099	FATCA	Second TIN Not	Sort Text
1	CA	92669-0001	US		lhenry@bestsoftwareinc.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Cut
- Copy
- Paste
- Find...
- Replace...
- Import CSV file to this column...
- Sort rows by 'Sort Text'

W-2 Printing and Filing Options

Once you have completed the steps in the W-2 Preparer, you are able to select your processing options. You can select to eFile or print your own W-2s or a combination of both. If selecting **Other Options** and **Print my Employee W-2s**, you will need to use **blank perforated 4 per page W-2 forms**. *These forms should have a blank front and the Notice to Employees preprinted on the back of the form.* These forms can be purchased from Sage Forms Division at 800-538-5514.



Review **before** purchasing tax forms, [What forms do I use \(or order\) to print W2, 1095s and 1099s? \(KB ID 52202\)](#)

W2/1099 Preparer

W-2 Printing and Filing Options

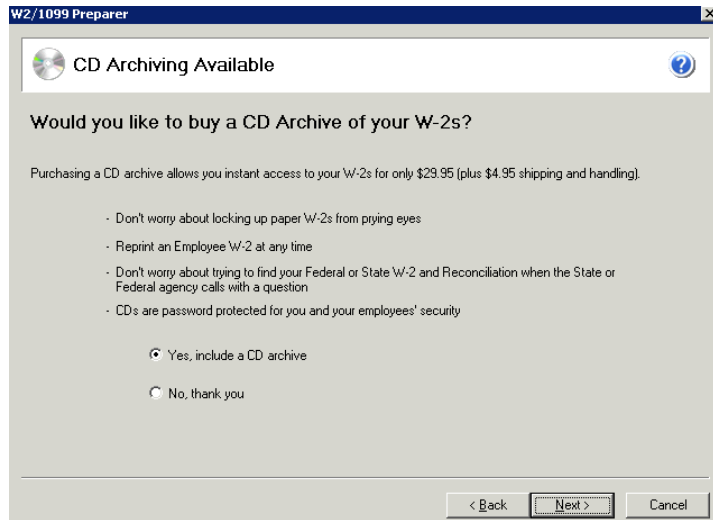
Choose **Complete W-2, eFile Fed or eFile State** and pick your filing dates. Corrections before dates are FREE! [More info?](#)

	# Employees	Price/Emp	Subtotal
Complete W-2 eFiling Service BEST VALUE! <small>The eFile Center will:</small>			
- Print and Mail Employee Copies	6	\$1.89	\$11.34
- eW-2 Only Employee Copies What's This?	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	\$24.95
Other Options Fed or State eFilers receive Free, Easy Corrections!			
<input type="checkbox"/> Print my Employee W-2s			
<input type="checkbox"/> eFile Federal W-2s and W-3	6	\$0.49	\$ 0.00
<input type="checkbox"/> eFile State W-2s and Reconciliation Forms	6	\$0.69	\$ 0.00
<input type="checkbox"/> Print Federal W-2s and W-3			
<input type="checkbox"/> Print State W-2s and Reconciliation Forms			
Total Cost		Minimum	\$ 0.00
<input checked="" type="checkbox"/> Print Employer Copy			

< Back Next > Cancel

CD Archive Delivery

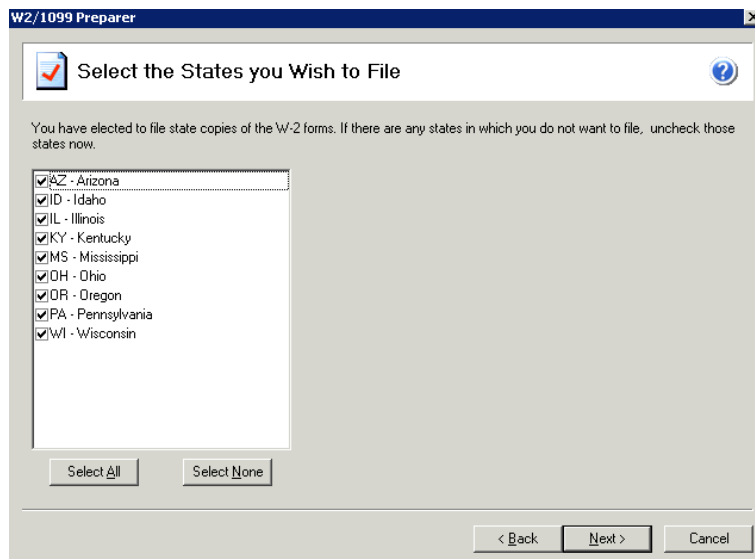
If you have selected to eFile the **complete service** you also have the option of purchasing a CD that will be mailed to either the taxpayer or tax preparer. The CD will contain a Password Protected PDF of each copy of the forms that will be eFiled on behalf of the company.



State Selection Screen

If you selected to process your state copies in the printing and processing screen and you have more than one state in the employee grid, you will be displayed the state selection screen.

All of the states that you have in your employee grid will be selected by default in the dialog but you have the option to not processing certain states by un-checking the box beside the state abbreviation. **NOTE:** Not all states require W-2s to be processed and sent to them, you will only see the states that are required in the state selection screen.

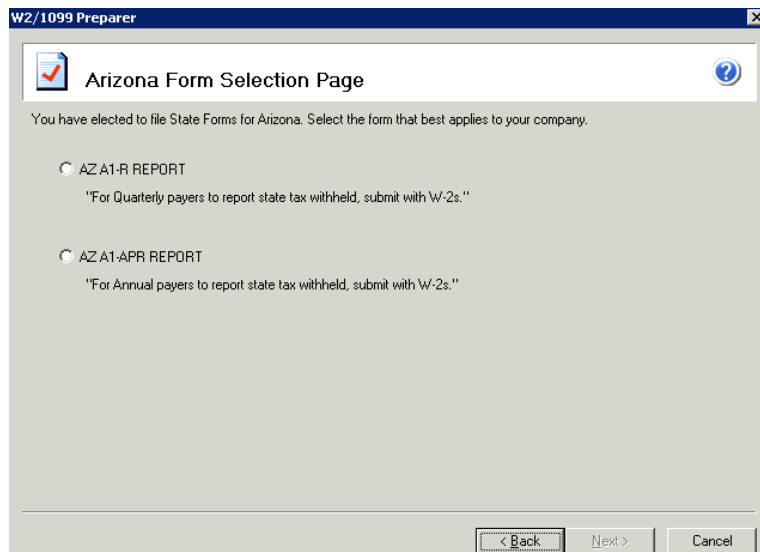


State Form Selection Screen

Some states have more than one reconciliation form and you need to select which one applies to your company. If one or more states that you are processing have more than one reconciliation form you will be displayed a state form selection screen for you to select which form applies to your company.

For example, Arizona has two reconciliation forms. If you are a quarterly payer you must submit the A1-R report with your W-2s but if you are an annual payer you must submit the A1-APR with your W-2s or 1099s.

If you are not sure what forms applies to your company please check with your state agency.



The screenshot shows a window titled "W2/1099 Preparer" with a sub-header "Arizona Form Selection Page". The main text reads: "You have elected to file State Forms for Arizona. Select the form that best applies to your company." Below this, there are two radio button options:

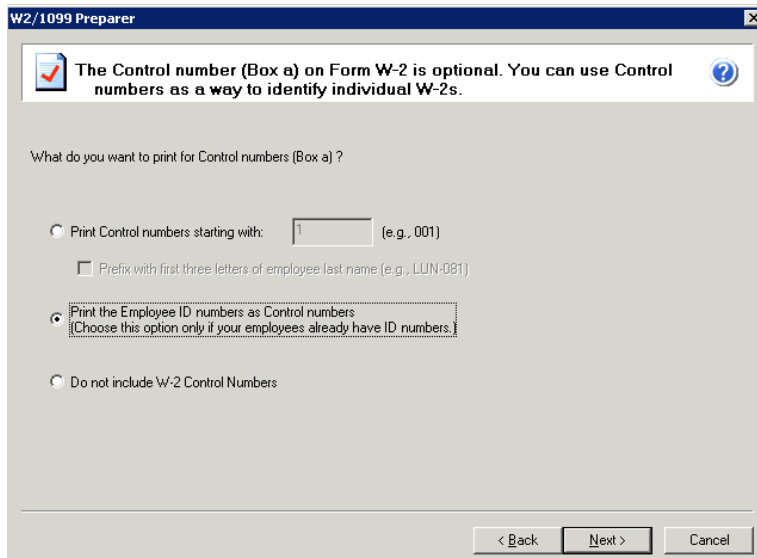
- AZ A1-R REPORT
"For Quarterly payers to report state tax withheld, submit with W-2s."
- AZ A1-APR REPORT
"For Annual payers to report state tax withheld, submit with W-2s."

At the bottom of the window, there are three buttons: "< Back", "Next >", and "Cancel".

W-2 Control Numbers

If you selected to use W-2 control numbers during the company setup wizard a dialog will appear. On this dialog you can select if you want your control numbers starting with a number and/or the states with the first three letters of the employees' last name. You can select to have the control numbers by the employee's ID number that was displayed in the W-2 employee grid. Or you might have changed your mind and decided that you no longer want to print control numbers.

Once you have selected one of the three options click the **Next** button.



The Control number (Box a) on Form W-2 is optional. You can use Control numbers as a way to identify individual W-2s.

What do you want to print for Control numbers (Box a) ?

Print Control numbers starting with: (e.g., 001)
 Prefix with first three letters of employee last name (e.g., LUN-001)

Print the Employee ID numbers as Control numbers
[Choose this option only if your employees already have ID numbers.]

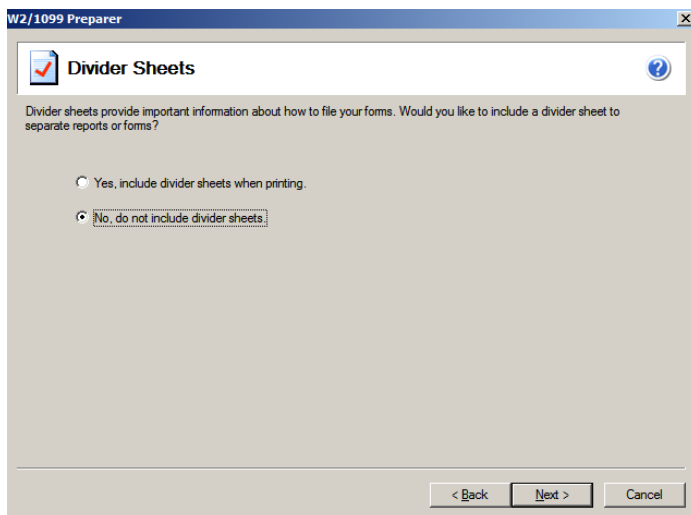
Do not include W-2 Control Numbers

< Back Next > Cancel

Divider Sheets

Divider sheets are only available if you have selected a processing option that includes printing one part or all of your W-2s. Divider sheets are extra sheets that print in between your different W-2 forms and provide some extra information on what to do with the forms and helps to keep all of your forms separated.

The divider sheets do not actually display in the Forms Viewer and will automatically print to your printer if you select to use divider sheets.



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?

Yes, include divider sheets when printing.

No, do not include divider sheets.

< Back Next > Cancel

Below is an example of the information that prints on the divider sheet for the Federal W-2 copy:

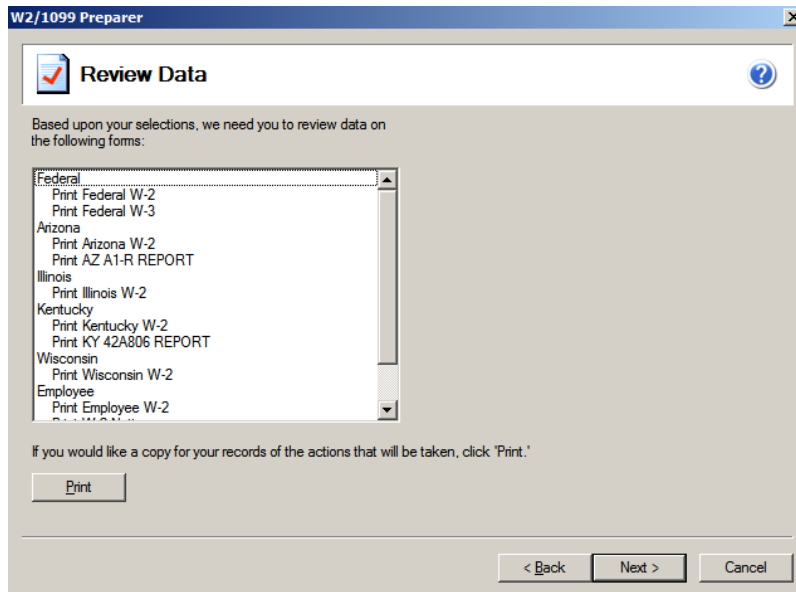
Filing Instructions for:	2016 Federal W-2 and W-3 Forms
For:	<Company Name>
Form Description:	Copy A of Forms W-2 including W-3
Where to File:	File Copy A of W-2s and W-3 with the Social Security
What to Sign:	Sign the W-3 form before mailing. The W-3 will print after the Federal W-2's forms.

Action List

The action list appears right before your forms are displayed in the Forms Viewer. The action list allows you to confirm all of your processing options to make sure that all the forms that you selected to eFile or Print will be display correctly.

You should make sure to review this action list for accuracy to make sure all of your states and local forms appear. The eFile Center will not receive any forms that are not displayed on the action list.

Click the **Print** button if you want to have a copy of the action list for your records. Once you confirm that your processing options are correct, click the **Next** button.



W-2 Forms Viewer

You have completed all the steps in preparing to process your forms. The forms will now be displayed in the Forms Viewer. The processing step is indicated at the top of the viewer as displayed below. You can print your Final copies from the viewer by clicking **Print Final**. You proceed to the next form by clicking **Next Step**.

W-2 State - State/Federal eFiling and Reporting

File Edit View Tools Help

Report 1 of 10: Colorado W-2

1 page

Click Print Final, then click Next Step.

Print Final Prev Step Next Step

a Employee's SSN 546-32-1984		1 Wages, tips, other compensation 582.80		2 Federal income tax withheld 26.36	
OMB No. 1545-0008		3 Social security wages 582.80		4 Social security tax withheld 36.13	
b Employer identification number 95-1234567		5 Medicare wages and tips 582.80		6 Medicare tax withheld 8.45	
c Employer's name, address, and ZIP code Affordable Care Act Company 6561 Irvine Center Drive Irvine CA 92618					
e Employee's first name and initial JOHN		f Last name GRASS			
g Employee's address and ZIP code 08 SCARLET APT 302 MILWAUKEE WI 53151					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other Other Loca 5.83			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer/state ID number CO 12345672		16 State wages, tips, etc. 582.80		17 State income tax 12.00	
18 Local wages, tips, etc. 582.80		19 Local income tax		20 Local wages Local Withholdi	

Form W-2 Wage and Tax Statement 2014 Department of Treasury Internal Revenue Service Copy 1 - For State, City, or Local Tax Department

Form W-2 Wage and Tax Statement 2014 Department of Treasury Internal Revenue Service Copy 1 - For State, City, or Local Tax Department

Astrix Rev. 9/29/14

If the selected form requires special paper stock, you will be prompted to load your printer when clicking the Print Final button. *For example*, if you have selected to print your own W-2s you will be prompted to load your 4 part perforated W-2 forms into your printer. Once all steps have been completed, the eFile Login will appear. For more information on the eFile process, see [How to eFile Accounts Payable and Payroll forms](#) section of this document.

W-2 Employee - State/Federal eFiling and Reporting

File Edit View Tools Help

Report 5 of 11: Employee W-2

1 6 pages Click Print Final, then click Next Step. Print Draft Print Final Prev Step Next Step

1 Employee's SSN 489-11-2349	1 Wages, tips, other compensation 325.60	2 Federal income tax withheld	1 Employee's SSN 489-11-2349	1 Wages, tips, other compensation 325.60	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages 325.60	4 Social security tax withheld 20.19	OMB No. 1545-0008	3 Social security wages 325.60	4 Social security tax withheld 20.19
5 Employer identification number 95-1234567	5 Medicare wages and tips 325.60	6 Medicare tax withheld 4.72	5 Employer identification number 95-1234567	5 Medicare wages and tips 325.60	6 Medicare tax withheld 4.72
c Employer's name, address, and ZIP code Affordable Care Act Company 6561 Irvine Center Drive Irvine			c Employer's name, address, and ZIP code Affordable Care Act Company 6561 Irvine Center Drive Irvine		
e Employee's first name and initial BUDDY 8086 SLIPPIN			e Employee's first name and initial BUDDY 8086 SLIPPIN		
f Employee's address and ZIP code ORANGE			f Employee's address and ZIP code ORANGE		
d Control number	7 Social		d Control number	7 Social	
9	10 Depen		9	10 Depen	
12a	14 Other		12a	14 Other	
12b			12b		
12c			12c		
12d			12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number CA 123-4456-6	14 State wages, tips, etc. 325.60	17 State income tax	15 State Employer's state ID number CA 123-4456-6	14 State wages, tips, etc. 325.60	17 State income tax
18 Local wages, tips, etc. 325.60	19 Local income tax 2.93	20 Locality name CA-SDI	18 Local wages, tips, etc. 325.60	19 Local income tax 2.93	20 Locality name CA-SDI

Form W-2 (Wage and Tax Statement) 2014 Department/Treasury/Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return. Auth. Rev. 12/14/14

For more details, see [What forms do I use to print W2](#), section of this guide.



How to import data into W2 preparer grid: (KB ID 53636)

You can import into any column in W2 grid that does not have a mini grid (i.e. State Wages)

1. In **W2/1099 Preparer grid**, right click and select **Insert**
2. When prompted to name the column leave all fields blank and click **Ok**
3. Click on the **dropdown arrow** next to the <unassigned> column you just inserted and select **Import CSV file to this column**
4. Select your CSV file to import
 - The .CSV file **must** include the employees social security number (include the dashes, i.e. 555-55-5555) and only the amount to be imported into that specific column
 - Only employees that have amounts to be imported into the column need to be included in your CSV file
5. Click **Yes**, to the prompt, "the number of cells to be imported into the Preparer does not match the number of existing cells. Would you like to continue?"
6. Click **OK**, if the prompt, "X of the entries in import file were not posted because the correct SSN could not be found in the grid" displays and you have confirmed this is correct.
7. Click **drop down arrow next to <unassigned>** column and select **applicable Box #**
8. **In the W2 grid, right click** in the blank field under the **Box #** and select **Rename**
9. Type the **Description** you would like to print on the W-2
Note: only the first 10 characters will print
10. Click **OK**

Populating the Employee E-mail Address in the Electronic Delivery Column

Note: Employees email address are not required, you may manually enter or import the employees' email address into the W2/1099 Preparer grid or print them out an access letter on how they can access their W2s online.

To set up the employee's e-mail address to **automatically populate** into W2/1099 preparer grid you will need to do the following:

In Paperless Office module:

1. From Paperless Office Setup menu select **Options**. Check the Forms checkbox.
2. From Paperless Office Setup menu select Form Maintenance. Complete the following:
 - a. Company Code
 - b. Module Code (P/R)
 - c. Document (Direct Deposit Stub)
 - d. PDF Directory
 - e. Override Password/Confirm Password

In Payroll module:

1. From Payroll Setup menu select **Payroll Options**. On the **Direct Deposit** tab select **Require Direct Deposit** checkbox.
2. From the Payroll Main menu select **Employee Maintenance**. Select applicable employee no from lookup, select the **Direct Deposit checkbox** and then click the **Direct Deposit** button.
3. On the **Direct Deposits** window click the **Paperless** button.
4. On the **Paperless Office Delivery Options** window, complete the following:
 - a. PDF Document Password
 - b. E-mail Address (for employee).

Note: After setting up the e-mail address for an employee, if that employee is not usually paid by Direct Deposit you may deselect the Direct Deposit checkbox on the Main tab in Employee Maintenance. The e-mail address entered will be retained. You will need to perform the Payroll steps 2 through 4 for each employee you want to set up with an E-mail address.



For more detailed information on processing Electronic W2s and Federal Guidelines, please see eFiling Help files or **KB ID 26182 – How to email W2s**

To access eFiling help:

1. From within the **W2/1099 Preparer** grid, click **Help, Preparer Help**
2. Click **Search** tab, and search for **Electronic W-2s (eW-2)**

W2 & 1095 Electronic Consent (KB ID 26182)

IMPORTANT NOTE: *Per Federal guidelines, if an employee chooses to receive an Electronic W2 or Electronic 1095, you must have them sign a consent form. You can receive an employee's consent on paper or electronically. Aatrix provides you with forms "Electronic W-2 Consent" and "Electronic 1095 Consent" forms that are available in the Report Selection Window. These forms contains specific information that the IRS requires you to provide your employees.*

To acknowledge and keep track that you received a signed W2 Electronic Consent &/or 1095 Electronic Consent Form from your employee and they chose to only receive their W2 &/or 1095 electronically, do the following:

Selecting this option will determine whether the employee receives an electronic or paper W-2 &/or 1095 form.

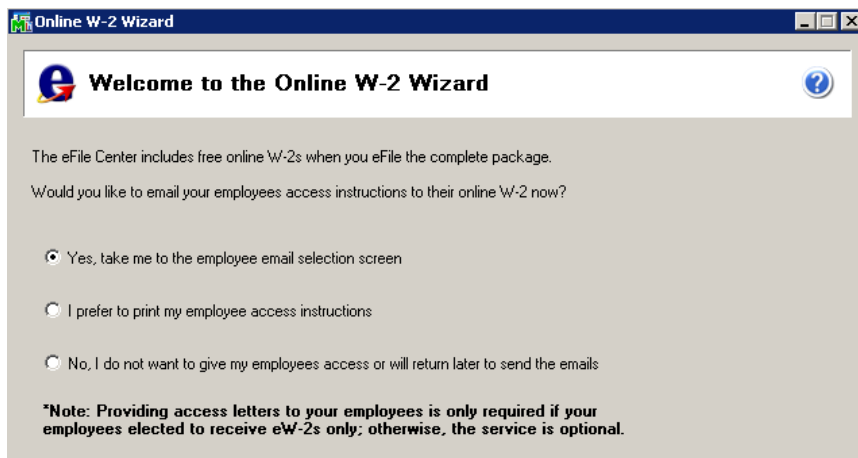
1. Open **Payroll, Main, Employee Maintenance**
2. Select applicable **Employee No** from lookup
3. Click **Wages** tab, click **Tax Status** button
4. Select the **W2 Electronic Consent Signed &/or the 1095 Electronic Consent Signed** box
5. Click **Ok**, then click **Accept**
 - o **Note:** Selecting either of these options will also select the Electronic Only field in the W2/1099 &/or 1095 Preparer windows, when processing W2s &/or 1095s using Federal eFiling and Reporting.

Online W2 Wizard

The Online W-2 Wizard is a tool that allows you to email employee's access to their online W-2s, edit/update employee email addresses, and print or email existing online W-2 passwords.

After the W-2 forms are eFiled, the Online W-2 Wizard will appear. On the introduction screen, there are 3 options:

1. Email Employee Access Letters
2. Print Employee Access Letters
3. Return Later



The employee/recipient email selection screen lists all of the employees/recipients that were submitted. If there are any employees/recipients who have opted-in to receive online W-2s/1099s only, they will be highlighted in yellow. In this dialog, simply select the employees/recipients to email their access letters, and make sure they have a valid email address. Change or add an email address directly in this screen

Online W-2 Wizard

Employee Email Selection

Below is a list of your employees that will be receiving W-2s.

- The employees highlighted in yellow have opted to receive an online W-2 only. An email address is required.
- Employees who have not opted to receive an online W-2 only that have the Select checkbox checked and have an email address listed will be sent an email with free access to their online W-2 in addition to their paper W-2 in the mail.

<input type="checkbox"/> Select	First Name	Last Name	SSN	Email Address
<input type="checkbox"/>	PA	Test	545-71-2456	
<input checked="" type="checkbox"/>	FICA	Thompson	545-17-5985	gina.thompson@sage.com
<input type="checkbox"/>	FICA	TEST	545-16-9485	
<input type="checkbox"/>	FEDERAL	TEST	542-65-9874	
<input type="checkbox"/>	MEDICARE	TEST	546-85-9623	
<input type="checkbox"/>	STATE	TEST	545-28-6953	
<input checked="" type="checkbox"/>	JERRY	THOMAS	586-53-1239	
<input type="checkbox"/>	ALLEN	JENKINS	565-31-2399	
<input type="checkbox"/>	ARTHUR	SHAW	312-39-9854	
<input type="checkbox"/>	MICHAEL	THOMPSON	123-99-8546	
<input type="checkbox"/>	HARVEY	ALLENDAR	239-98-5463	
<input type="checkbox"/>	SUSAN	AVILLA	399-85-4632	

You must select at least one employee to perform an action.
The Select and Email Address columns can be edited.

Select all eW2 employees

The next screen asks for an email address. Online W-2 access letters are sent directly from the email address entered to avoid employee's/recipient's not recognizing an outside address, or have it blocked by spam filters. Enter the email address, then click **Next**.

The Online W-2/1099 Wizard then attempts to identify the email settings. If using a web-based email, a screen will ask for the password. If using an email application, like Outlook, and the Online W-2 Wizard cannot find it, a screen will ask for the server settings.

Online W-2 Wizard

Enter Contact Email Address

This email address appears in the employee online W-2 access letters as the sender.

Email address:

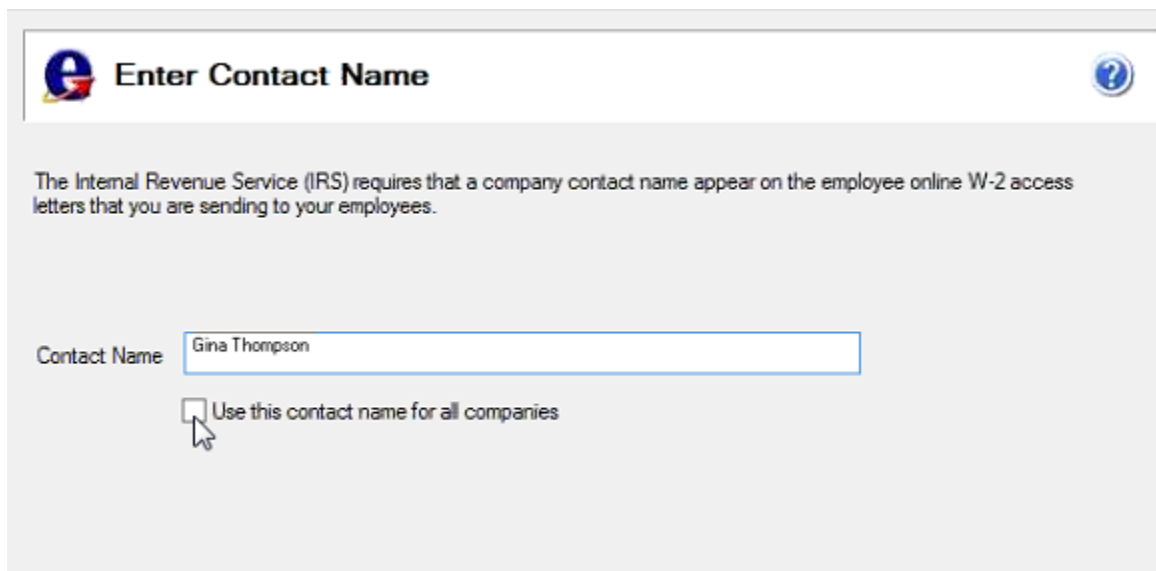
This information will be used to identify the name and location of your email server which will be used to deliver employee access letters.



Next, the Online W-2 Wizard will attempt to send a test email to the address entered. A dialog will ask if the test email was received.

If the test email was not received, remember that it may take several minutes to receive the email.

If certain that the email will not be delivered, click **No** and a dialog will ask for the email server information again.

After indicating that you received the test email, a screen will ask to enter the contact name. This name is used on the access letters for the employees/recipients to contact with issues or questions. Then click **Next**.



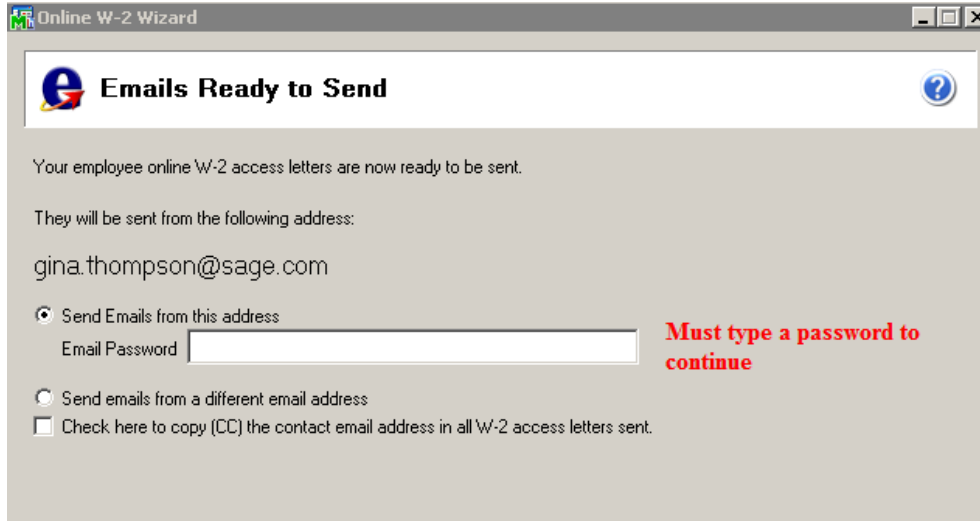
 **Enter Contact Name** 

The Internal Revenue Service (IRS) requires that a company contact name appear on the employee online W-2 access letters that you are sending to your employees.

Contact Name

Use this contact name for all companies

The next screen will verify that the emails are ready to be sent and the email address they will be sent from. If ready for the emails to be sent, make sure the Send Emails from this address radio button is selected, then click **Next**.

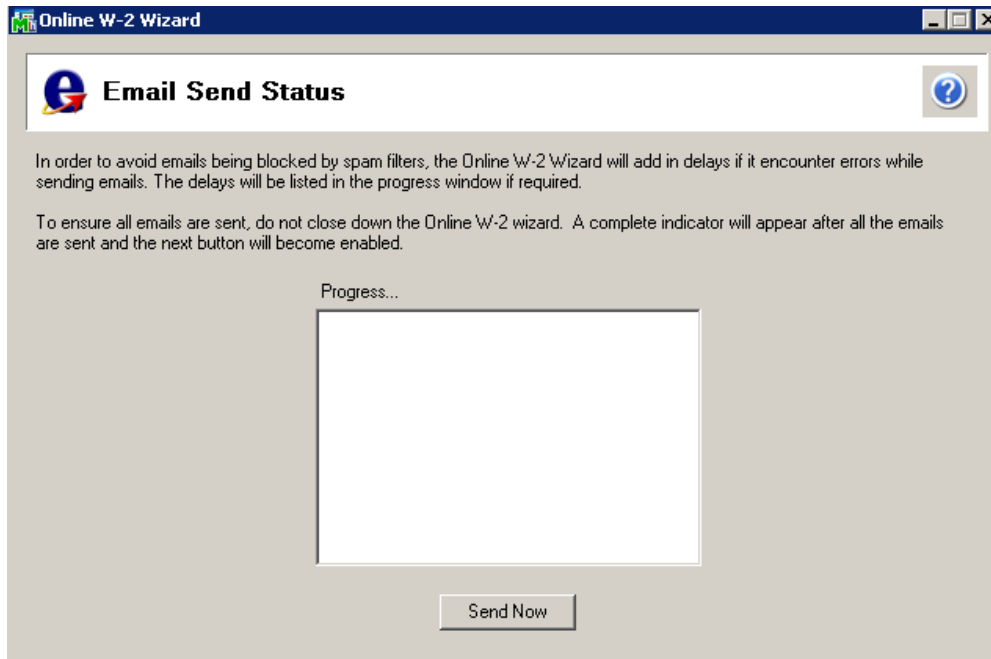


The screenshot shows a window titled "Online W-2 Wizard" with a sub-header "Emails Ready to Send". The main content area contains the following text and controls:

- Text: "Your employee online W-2 access letters are now ready to be sent."
- Text: "They will be sent from the following address:"
- Email address: "gina.thompson@sage.com"
- Radio button (selected): "Send Emails from this address"
- Text: "Email Password" followed by an empty input field.
- Text: "Must type a password to continue" (in red).
- Radio button (unselected): "Send emails from a different email address"
- Checkbox (unselected): "Check here to copy (CC) the contact email address in all W-2 access letters sent."

Click the **Send Now** button. The Online W-2/1099 Wizard will then send the emails to the employees/recipients. The progress will be displayed on screen. Once the emails have been sent, a confirmation under the Progress text will say Complete. Click **Next** to continue.

Then choose if you are finished with Online W-2s/1099s, or select to print access letters.



Once finished, the final screen will remind you that you can always return later to the Online W-2 Wizard to obtain passwords or email/print access letters by opening the W-2 forms in the accounting software and selecting eW-2 Password Lookup on the W-2 History Options screen.



For more detailed information on the Online W-2 Wizard, see eFiling Help files

To access eFiling help:

1. From within the **W2/1099 Preparer** grid, click **Help, Preparer Help**
2. On the **Contents** tab, expand **Online W-2/1099 Wizard**

Missing displays on Reports and Forms

This issue should no longer exist after installing the following versions/product updates, if the employee who is set as terminated but has records in PR_40 file they are not removed from PR1 file:

- 2016 or higher
- 2015 PU3 or higher
- 2014 PU7

Terminated Employees display ***MISSING*** as employee first and last name. During Payroll Year End Processing, any employees set to a Terminated status in Employee Maintenance are purged. The terminated employee's constant information displays as ***MISSING*** on eFiling and reporting forms and reports.

	Box d	Box e	Box e	Box e	Box e	Box f	Box f	Box f	Box f	Box f	Box f	Box f
	SSN	Last Name	First Name	Middle Name	Name Suffix	Address Li...	Address Li...	City	State	Zip Code	Fed...	
1	000-00-0000	*** MISSING **	*** MISSING	***								1031
2	000-00-0000	*** MISSING **	*** MISSING	***								7308
3	865-31-2399	JENKINS	ALLEN			23155 W 15T		MILWAUKEE	WI	53151		8531
4	312-39-9854	SHAW	ARTHUR					MILWAUKEE	WI	53151		6947
5	986-53-1239	THOMAS	JERRY	A.		4121 W. 35th	Apartment 20	MILWAUKEE	WI	53151		1022
6	123-99-8546	THOMPSON	MICHAEL					MILWAUKEE	WI	53151		8786
Totals												5211

To display the employee's constant information, perform one of the following:

- Manually enter the employees data in the W2/1099 Preparer
- Reenter the employee in Employee Maintenance using the same employee number
- Restore from backup prior to closing the year and set the employee to Inactive

eFiling and Reporting Amounts are Incorrect

If the conversion upgrade **from** versions 4.20 & lower **upgrading to** versions 4.30 & higher was performed **after** the first payroll in the current quarter was processed, some values might be placed in the wrong boxes on some forms. The amounts will need to be edited manually in the eFiling & Reporting forms viewer.

The following quarter's information should be correct since payroll for the entire quarter has been processed in versions 4.40 or higher.

If any amounts are incorrect you can manually change amounts in any blue or red field directly in the Form Viewer.

Please click link for more details, on editing [employee eFiling Check History](#)

Employee Totals Verification (KB ID 26175)

Available on the Payroll > Period End menu, this report lists employees with discrepancies, and employee totals that differ from check totals. Review this report before printing W-2 forms to verify the correct information is reported.

- Check Total column = Tax Summary in Employee Maintenance (PR3xxx.soa file) (xxx=Company Code)
- Employee Total column = eFiling record (PR_40xxx.soa file)

EMPLOYEE TOTALS VERIFICATION		ABC Distribution and S	
EMPLOYEE	CHECK TOTAL	EMPLOYEE TOTAL	
11-0000100 THOMAS, JERRY A.			
YTD FEDERAL WAGES AND TIPS SUBJECT TO FEDERAL WITHHOLDING	7,000.00	8,650.87	
YTD FEDERAL WAGES AND TIPS SUBJECT TO EMPLOYEE FICA/SDI/LDI	7,000.00	8,650.87	
YTD FEDERAL EARNED INCOME CREDIT	5.00	3.05	
YTD FEDERAL EMPLOYEE FEDERAL WITHHOLDING TAX	1,000.00	1,018.40	
YTD FEDERAL EMPLOYEE FICA TAX	500.00	423.56	
YTD FEDERAL WAGES SUBJECT TO EMPLOYEE MEDICARE	20,000.00	8,650.87	
YTD FEDERAL EMPLOYEE MEDICARE TAX	75.00	125.44	
YTD STATE: CA GROSS WAGES	1,000.00	.00	
YTD STATE: CA WAGES AND TIPS SUBJECT TO FEDERAL WITHHOLDING	1,000.00	.00	
YTD STATE: CA EMPLOYEE FEDERAL WITHHOLDING TAX	100.00	.00	

For more information on using this report, please see [How to use the Employee Totals Verification Report \(KB ID=26175\)](#)

Payroll files for eFiling and Reporting

The files that store payroll information used for eFiling and Reporting.

- **PR_40 - PR Federal/State eFiling and Reporting**
 - Holds check history for eFiling & Reporting per settings in Payroll Options [Years to Retain eFiling Check History](#)
 - During conversion to Version 4.30 or above, quarter to date and year to date information is copied from PR3 (Employee Tax Summary) to PR_40 to start the data history
- **PR_41 - Federal W-2 eFiling Summary**
 - Allows printing of W-2s after Year End Closing for eFiling and Reporting.

PR_41 gets populated the following 2 ways:

1. During the year if you are in eFiling and Reporting select the W2s and click Proceed
2. During Year End processing (update from year end processing will overwrite the file if you have done step #1)

PR_41 is populated with data from **PR1 file** (data entered in the following fields in Employee Maintenance> Tax Summary; Allocated Tips, Fringe Benefits, Nonqualified and Dependent Care) and from the **PR4 file** up to 16 deductions that have Box 12 codes defined as well as up to 2 Misc types of earnings and 2 standard deductions that would populate Box 14.

- **IMPORTANT NOTES:**
 - Terminated employees are **no longer** removed from PR1 file during year-end processing **if** the employee has records in PR_40 file
 - All applicable Box 12 codes must be entered in Deduction Code Maintenance **prior** to processing year end.

Editing eFiling Check History Data (KB ID 26902)

If you must edit employee(s) eFiling Check History, please follow steps below:



Important Warning: Make a backup or copy company **before** using this utility to edit the PR_40 file. We recommend you contact Sage Support or your Business Partner for assistance using this utility.

1. Click **File, Run** and type **syzcon** and click **Ok**
2. Type: **run "PRWSNA"** and press **ENTER**
3. Read the warning prompt and click **Ok**
4. Select the **Employee No** from lookup and **manually enter the applicable check date** that needs to be corrected. There is not a look up field for check date; you must know exact check date. This will help in preventing user from inadvertently selecting the wrong record. **TIP!** You can find the check dates in Employee Maintenance, on the Checks tab.
5. **Double click** the applicable record to be modified or highlight and click **Edit Entry** button.

State	Local	Seq	Hours	Gross Earnings
FEDERAL		00	80.00	1,108.00
WI		00	80.00	1,108.00

- TIP!** Initially records list Federal records first then in State alpha order. If the employee has multiple checks listed for same check date; click the **Seq** column to sort by Sequence number, because each check usually has more than one record for each check (Federal & at least one State). This is helpful to ensure you have changed all the applicable records associated with that same check.

State	Local	Seq	Hours	Gross Earnings
FEDERAL		00	206.00	6,384.85
CA		00	0.00	0.00
WI		00	206.00	6,384.85
FEDERAL		01	40.00	554.00
WI		01	40.00	554.00
FEDERAL		02	40.00	554.00
WI		02	40.00	554.00
FEDERAL		03	40.00	554.00
WI		03	40.00	554.00

6. Make necessary changes and click **Accept**

NOTE: depending on what information is being changed, multiple records (Federal, State or Local) may need to be changed per check.

How to Generate the ACA 1095/1094 forms

The following steps presume you have completed the ACA setup steps outlined in knowledgebase article, [How to Setup Affordable Care Act \(ACA\) in Sage 100](#)



You must have a [supported version](#) & product update installed **and** also install the [Aatrix year end automatic update](#) released on December 20, 2015 in order to have the 1095/1094 forms available.

Note: A 1095 form will be generated for all employees who have information entered in the ACA Employee Maintenance > Monthly Detail and/or Covered Individuals screens

1. Open **Payroll, Period End, Federal eFiling & Reporting**
2. Select **2016 1095/1094-C** or **2016 1095/1094-B**
 - **Note:** *The 1094/1095 "B" forms will only be available in Sage 100 versions 2014 and higher.*
3. Click **Accept**

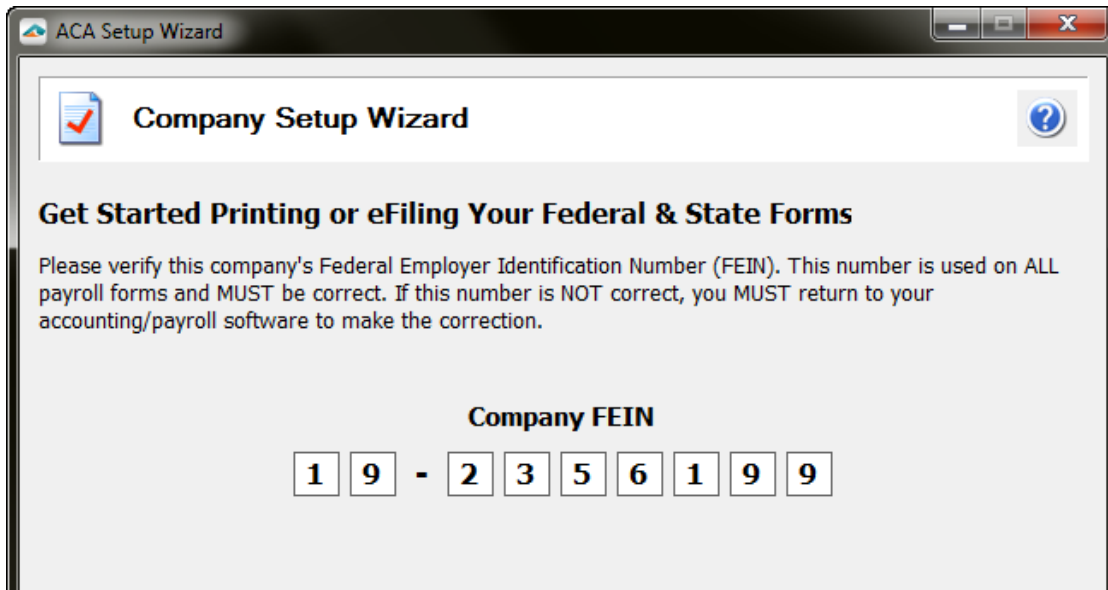
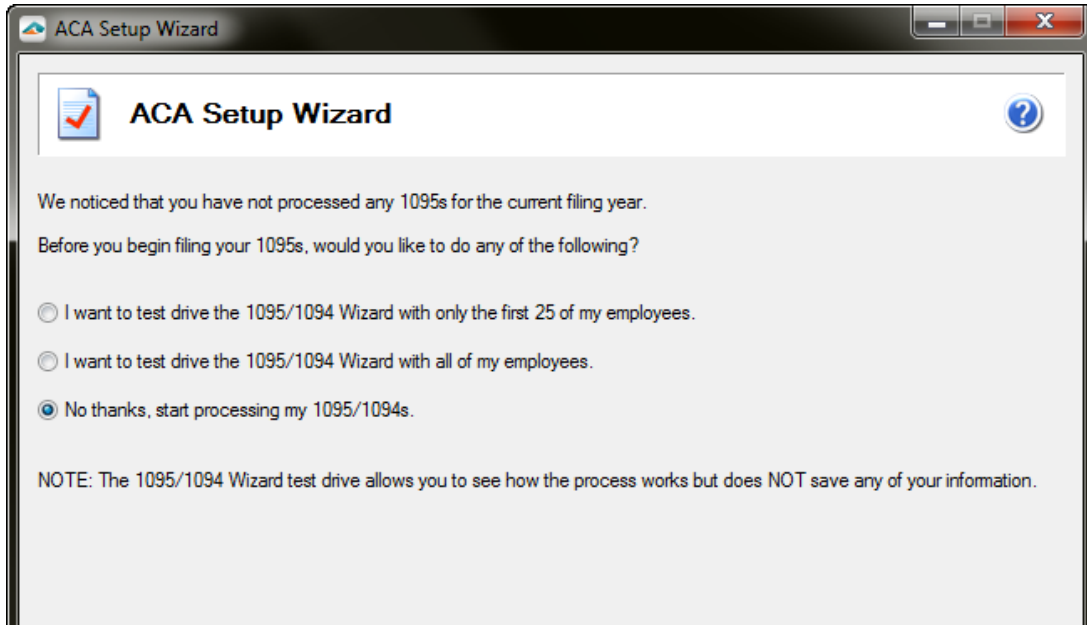


For details on which forms to use when printing the 1095/1094 forms, see [ACA 1095 forms section in this guide](#).

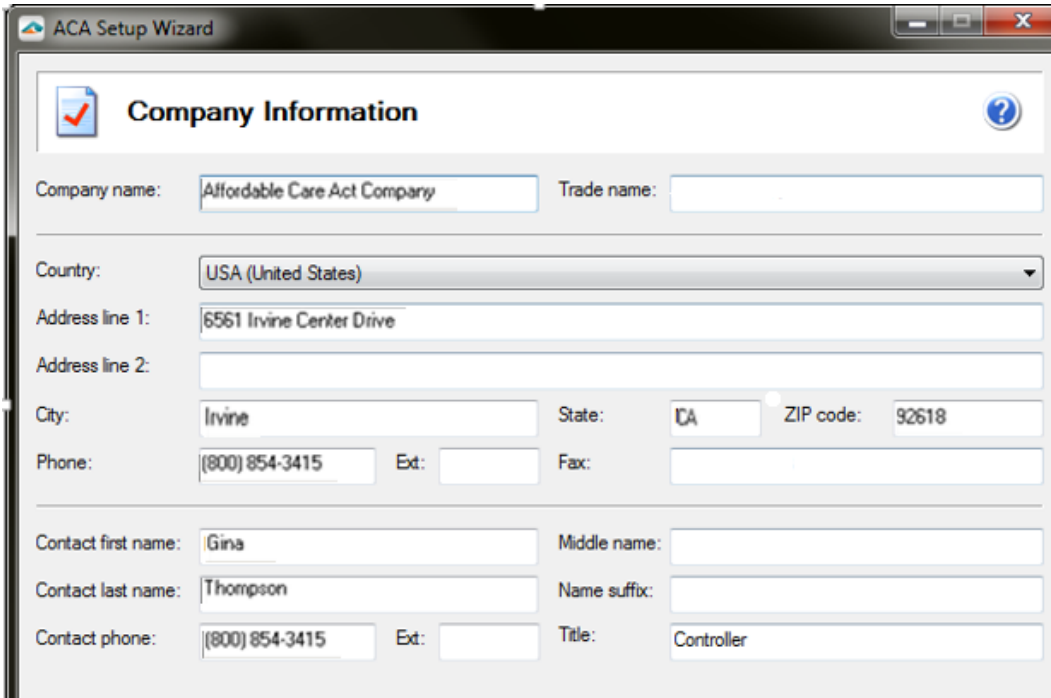
ACA Setup wizard

The ACA Test Drive feature allows you to take a “test drive” of the ACA process without actually saving any data. This will allow you to become more familiar with the process before actually filing. You will only be displayed this dialog if you have not processed any ACA filings for the current filing year.

If you select to run the 1095/1094 Wizard in test drive, you will not be able to save any of the information as a draft or a history to be used again.

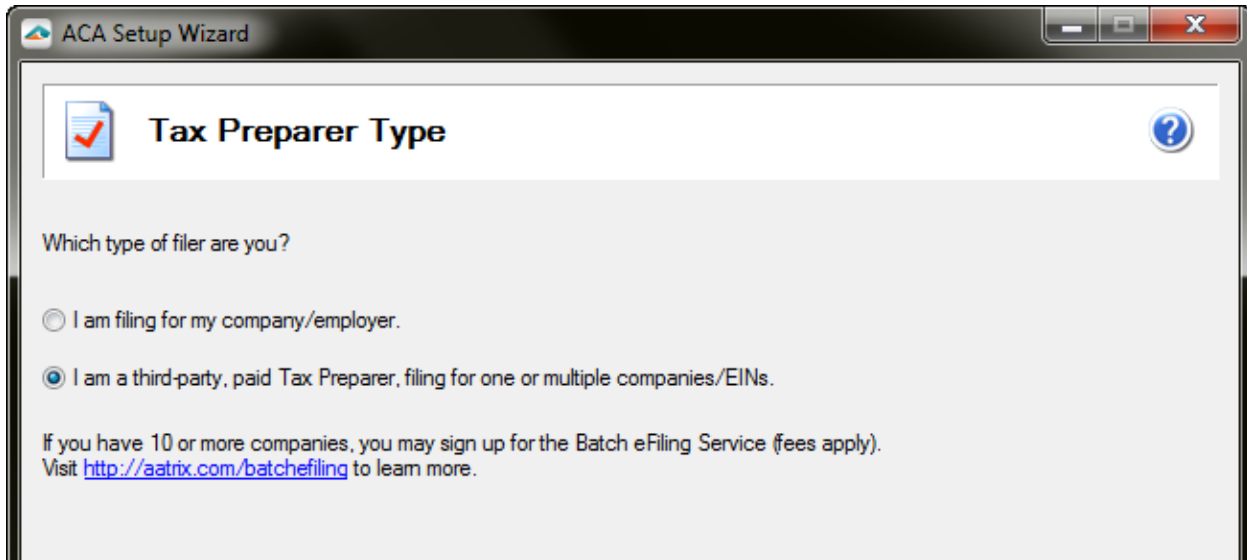


Applicable information is automatically populated from ACA Employer Maintenance. **NOTE:** You will need to manually fill in the Contact first and last name as well as the Contact phone number as these are required fields.



The screenshot shows the 'Company Information' screen of the ACA Setup Wizard. The window title is 'ACA Setup Wizard'. The screen contains the following fields:

- Company name: Affordable Care Act Company
- Trade name: (empty)
- Country: USA (United States)
- Address line 1: 6561 Irvine Center Drive
- Address line 2: (empty)
- City: Irvine
- State: CA
- ZIP code: 92618
- Phone: (800) 854-3415
- Ext: (empty)
- Fax: (empty)
- Contact first name: Gina
- Middle name: (empty)
- Contact last name: Thompson
- Name suffix: (empty)
- Contact phone: (800) 854-3415
- Ext: (empty)
- Title: Controller



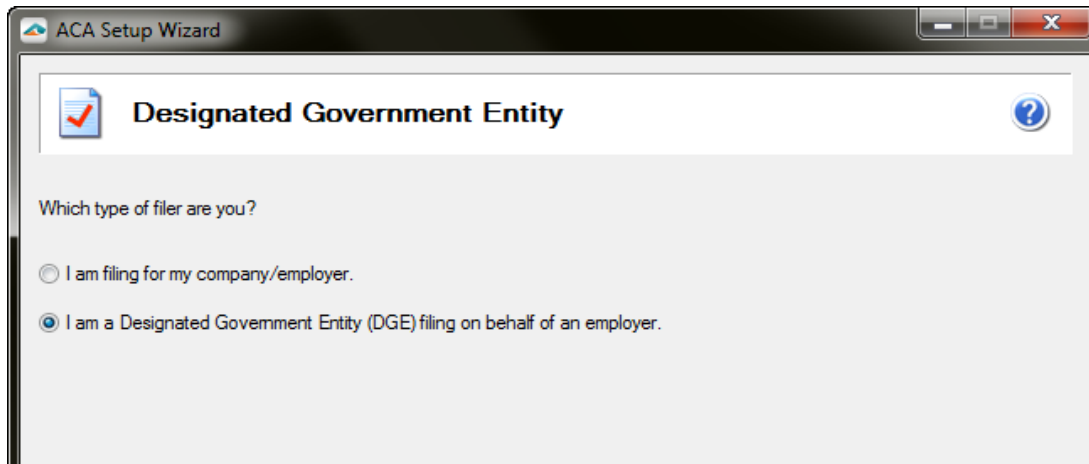
The screenshot shows the 'Tax Preparer Type' screen of the ACA Setup Wizard. The window title is 'ACA Setup Wizard'. The screen contains the following content:

Which type of filer are you?

- I am filing for my company/employer.
- I am a third-party, paid Tax Preparer, filing for one or multiple companies/EINs.

If you have 10 or more companies, you may sign up for the Batch eFiling Service (fees apply).
Visit <http://aatrix.com/batchefiling> to learn more.

If you have selected in ACA Employer Maintenance that you are a Designated Government Entity (DGE) the option will automatically be selected, but can be changed here.



The screenshot shows the 'ACA Setup Wizard' window with the title 'Designated Government Entity'. It asks 'Which type of filer are you?' and has two radio button options: 'I am filing for my company/employer.' (unselected) and 'I am a Designated Government Entity (DGE) filing on behalf of an employer.' (selected).

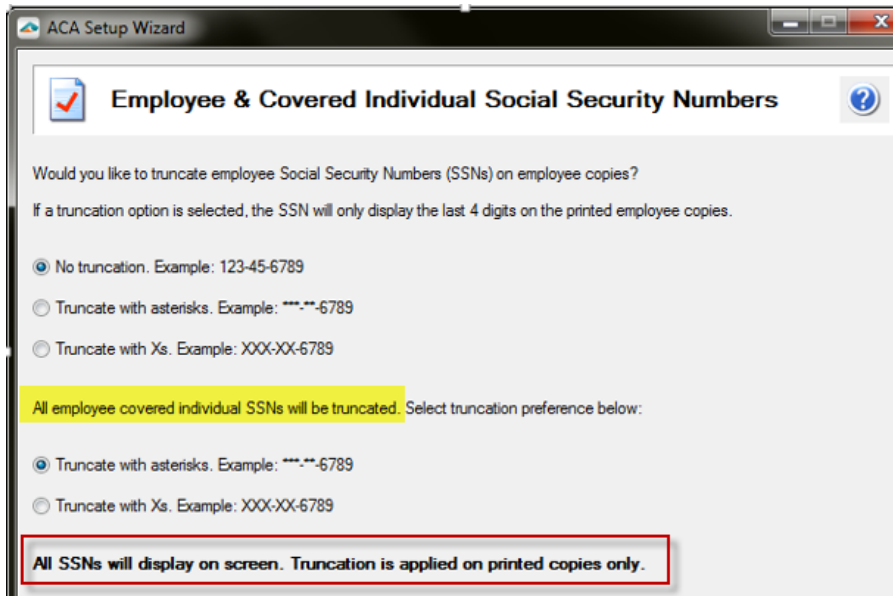
If applicable, this information will be automatically populated from ACA Employer Maintenance, but can be changed here.



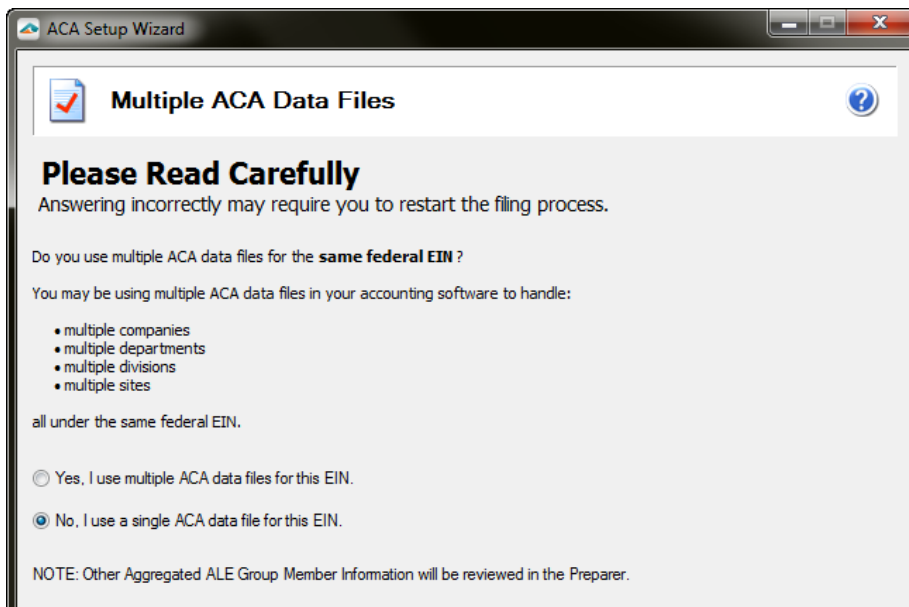
The screenshot shows the 'ACA Setup Wizard' window with the title 'Designated Government Entity (DGE) Information'. The form contains the following fields:

DGE name:	DGE1	EIN:	12-2222222
Trade name:	DGE Trade Name		
Country:	USA (United States)		
Address line 1:	6561 Irvine Center Drive		
Address line 2:			
City:	Irvine	State:	CA
		ZIP code:	92618
Contact first name:	Gina	Middle name:	M
Contact last name:	Thompson	Name suffix:	
Contact phone:	(800) 854-3415	Ext:	

Choose if you would like to truncate the Employee's social security number on the employee copy of the 1095 form. **Note: all social security numbers will display on screen. Truncation is applied on printed copies only.**



See [Multiple Payroll Data Files](#) section in this guide for more details.



1095/1094 "C" forms Preparer wizard

Step 1 of 5: Employer Information

Information populated automatically from ACA Employer Maintenance and ACA ALE Report

Step 1 of 5: Employer Information
Instructions: Verify Employer Information

ALE Member Information

Does this employer provide [self-insured coverage](#)? YES NO
 Do any employees have foreign addresses? YES NO

Enter the total number of Forms 1095-C submitted with [this transmittal](#).
PART I OF 1094-C, LINE 18

Is this the Authoritative Transmittal for this EIN / [ALE Member](#)? YES NO
PART I OF 1094-C, LINE 19

Are [all](#) employees included for this EIN / ALE Member? YES NO

Enter the total number of Forms 1095-C filed by and/or on [behalf](#) of EIN / ALE Member.
PART II OF 1094-C, LINE 20

Is this employer a member of an [Aggregated ALE Group](#)? YES NO
PART II OF 1094-C, LINE 21

PART III OF 1094-C

Certifications of Eligibility *(Check all that apply)*
PART II OF 1094-C, LINE 22

- [Qualifying Offer Method](#)
- [Qualifying Offer Method Transition Relief](#)
- [Section 4980H Transition Relief](#)
- [98% Offer Method](#)

ALE Member Information - Monthly
PART II OF 1094-C, LINE 22

	Minimum Essential Coverage Offer?	Full-Time Employee Count	Total Employee Count	Aggregated ALE Group Member	Section 4980H Transition Relief
All Year	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
January	<input type="checkbox"/>	82	85	<input type="checkbox"/>	
February	<input type="checkbox"/>	0	85	<input type="checkbox"/>	
March	<input type="checkbox"/>	84	85	<input type="checkbox"/>	
April	<input type="checkbox"/>	79	86	<input type="checkbox"/>	
May	<input type="checkbox"/>	78	86	<input type="checkbox"/>	
June	<input type="checkbox"/>	80	85	<input type="checkbox"/>	
July	<input type="checkbox"/>	78	85	<input type="checkbox"/>	
August	<input type="checkbox"/>	79	83	<input type="checkbox"/>	
September	<input type="checkbox"/>	78	83	<input type="checkbox"/>	
October	<input type="checkbox"/>	78	78	<input type="checkbox"/>	
November	<input type="checkbox"/>	78	78	<input type="checkbox"/>	
December	<input type="checkbox"/>	78	78	<input type="checkbox"/>	

Tips show less

Click Edit, Update Company Information to review and/or edit company information, including Designated Government Entity (DGE) and masking/truncation options.

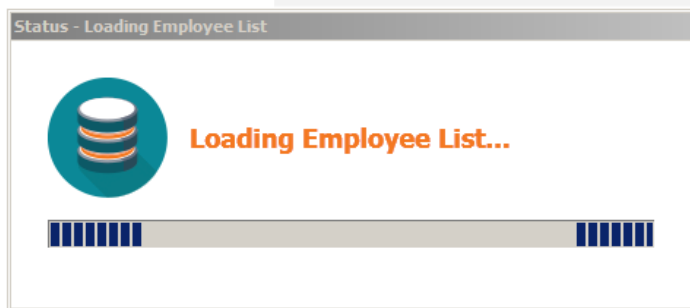
[More Information](#) >

If there are errors on your forms, they will be shown below in red.



TIPS!

- Any changes made while in the 1094/1095 preparers will not be saved back in your data in Sage 100
- Additional help is available when you hovering headers, errors and other new ACA terms.
- Click Edit > Update Company Setup to review and/or edit company information, including DGE and masking/truncation options.



Step 2 of 5: Employee Contact Information

Information populated automatically from ACA Employee Maintenance window

Step 2 of 5: Employee Contact Information
Instructions: Verify Employee Information

EMPLOYEE INFORMATION						PLAN START		ALL YEAR				JANUARY	
	SSN	Last Name	First Name	Middle Name	Suffix	Address	Month	Coverage Offer	Employee Share	Safe Harbor	Coverage Offer	Employee Share	
1	556-53-1239	THOMAS	JERRY	A.		4121 W. 35TH STREET						0.00	
2	865-31-2399	JENKINS	ALLEN			23155							
3	653-12-3998	PHILLIPS	AVERY			73 SH			75.00				
4	312-39-9854	SHAW	ARTHUR			76 EL			75.00	2C			
5	123-99-8546	THOMPSON	MICHAEL			7895							

THOMAS, JERRY A.

Employee Entry + Add Employee - Remove Employee Covered Individuals + Add Covered Individual - Remove Covered Individual

SORT FIELD

SSN: 556-53-1239 Employee ID: 11-0000100 Group ID: THOMAS Employer-Sponsored Self-Insured Covered Individuals: 1

Last Name: THOMAS First Name: JERRY Middle Name: A. Suffix:

Address 1: 4121 W. 35TH STREET Address 2: APT 201

City: MILWAUKEE State: WI ZIP Code: 53151

Email Address: ccruz000@netzero.com Electronic Only Plan Start Month:

Offer of Coverage	ALL YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage		0.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Applicable Section 4980H Safe Harbor		2A	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C

NOTES:

- "Plan Start Month" field is optional for tax year 2016
- "GROUP ID" is the "SORT FIELD" in Employee Maintenance. To sort in the top left grid **right click on GROUP ID** and select **Sort rows by "GROUP ID"**. Note sorting can be done the same way for any column.

Step 2 of 5: Employee Contact Information
Instructions: Verify Employee Information

EMPLOYEE INFORMATION							PLAN START		
	Zip	Employer-Sponsored Self-Insured	Covered Individuals	Electronic Only	Email Address	Group ID	Employee ID	Month	Coverage Offer
1	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
2	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
3	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
4	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
5	53151	<input type="checkbox"/>	0	<input type="checkbox"/>		THOMPSON	11-0000140		

Context menu options: Cut, Copy, Paste, Find..., **Sort rows by "Group ID"**, Import CSV File...

- You can import Employee information into ACA Preparer grid, for more details see [Import CSV File](#) section of this guide

Step 3 of 5: Employee Covered Individuals

Information populated automatically from ACA Employee Maintenance > Covered Individuals window

Step 3 of 5: Employee Covered Individuals
Instructions: Verify Covered Individuals Information

1 2 3 4 5

PREVIOUS NEXT SAVE HELP

EMPLOYEE INFORMATION						PLAN START				
	State	Zip	Employer-Sponsored Self-Insured	Covered Individuals	Electronic Only	Month	Coverage Offer	Employee Share	Safe Harbor	Coverage Offer
1	WI	53151	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>					
2	WI	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
3	WI	53151	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>			75.00		
4	WI	53151	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>			75.00	2C	
5	WI	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
6	WI	53151	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>			75.00		
7	WI	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
8	WI	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
9	WI	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					
10	WI	53151	<input type="checkbox"/>	0	<input type="checkbox"/>					

PHILLIPS, AVERY

Employee Entry + Add Employee - Remove Employee

Covered Individuals + Add Covered Individual - Remove Covered Individual

	SSN	DOB	First Name	Middle Name	Last Name	Suffix	All	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	De
1	653-12-3998		AVERY		PHILLIPS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	545-47-9586		GINA		PHILLIPS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		10/05/2015	BRANDON		PHILLIPS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Step 4 of 5: Employee Electronic Delivery

Information populated automatically from Employee Maintenance > Tax Status [1095 Electronic Consent](#)

Step 4 of 5: Employee Electronic Delivery
Instructions: Verify Employee Electronic Delivery Information

1 2 3 4 5

EMPLOYEE INFORMATION									
	Address 2	City	State	Zip	Employer-Sponsored Self-Insured	Covered Individuals	Electronic Only	Email Address	Group ID
1		KNIGHTDALE	NC	27545	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>		
2		HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0	<input type="checkbox"/>		DRIVER
3		LONG BEACH	CA	90807	<input type="checkbox"/>	0	<input type="checkbox"/>		DRIVER
4		HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0	<input type="checkbox"/>		DRIVER

Step 5 of 5: Employee Coverage

Information populated automatically from ACA Employee Maintenance > Monthly Detail

EMPLOYEE INFORMATION							PLAN START	ALL YEAR			JANUARY			FEBRUARY			
Emps 2	City	State	Zip	Employer-Sponsored Self-Insured	Covered Individuals	Elec	Month	Coverage Offer	Employee Share	Safe Harbor	Coverage Offer	Employee Share	Safe Harbor	Coverage Offer	Employee Share	Safe Harbor	Coverage
1	KINGSDALE	NC	27545	<input checked="" type="checkbox"/>	0		1A										
2	HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0		1A										
3	LONG BEACH	CA	90807	<input type="checkbox"/>	0		1A										
4	HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0		1A										
5	HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0		1A										
6	MONTCLAIR	CA	91763	<input type="checkbox"/>	0		1A										
7	HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0		1A										
8	HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0		1A										
9	SANTA ANA	CA	92703	<input type="checkbox"/>	0		1A										
10	MIDWAY CITY	CA	92655	<input type="checkbox"/>	0		1A										
11	SANTA ANA	CA	92707-181	<input type="checkbox"/>	0		1A										
12	LONG BEACH	CA	90813	<input type="checkbox"/>	0		1A										
13	REVERSIDE	CA	92509	<input type="checkbox"/>	0		1A										
14	POMONA	CA	91767	<input checked="" type="checkbox"/>	1		1A										
15	HUNTINGTON BEACH	CA	92647	<input type="checkbox"/>	0		1A										

If you made any additions or deletions to the employee list, you will receive this prompt asking if you wish to modify you Full-Time or Total Employee Counts.

Employee List Has Changed

Employee List Has Changed
 Employees have been removed (74) since the **ALE Member Information** section was reviewed in Step 1.
 This may affect either the Full-Time Employee Count or the Total Employee Count.
 Review the information below for accuracy.

Month	Full-Time Employee Count	Total Employee Count
January	82	85
February	85	85
March	84	85
April	79	86
May	78	86
June	80	85
July	78	85
August	79	83
September	78	83
October	78	78
November	78	78
December	78	78

Total number of Forms 1095-C submitted with this transmittal.
PART I OF 1094-C, LINE 13

Total number of Forms 1095-C filed by and/or on behalf of ALE Member.
PART I OF 1094-C, LINE 13

To edit the **Full-Time** or **Total Employee Count**, click **"Take Me To Step 1"**.
 Select **"Continue"** if the employee counts are accurate.

If you also choose to use Aatrix W2 "Complete" eFile service, you can **save 50%** on your ACA Reporting costs, for more details visit www.aatrix.com/info/aca or call Aatrix at 800-426-0854

ACA Preparer

1095/1094-C: Printing and eFiling Options

eFile Services allow you to **pick Filing Dates**, **FREE Corrections** before Filing Dates. [More info](#)

COMPLETE eFiling Service Next Business Day Mailing!


	# Employees	Price / Emp	Subtotal
The eFile Center will:			
» Print and Mail Employee Copies	16	\$1.95	\$0.00
» e1095-C Only Employee Copies (What's This?)	1	\$0.99	\$0.00
» File your Federal 1095-Cs and to the IRS	-	included	FREE
» e1095-Cs Available for all employees	-	included	FREE
TOTAL COST			\$0.00

Other Options

	# Employees	Price / Emp	Subtotal
<input checked="" type="checkbox"/> Print My Employee 1095-C	-	-	-
<input type="checkbox"/> eFile Federal Only 1095/1094-C	17	\$0.49	\$0.00
<input checked="" type="checkbox"/> Print Federal Copy 1095/1094-C	-	-	-
TOTAL COST			\$0.00

Print Employer Copy 1095/1094-C

ACA Preparer



Review Data

Based upon your selections, we need you to **review the data** on the following forms:

Federal


- » Print Federal 1095-C
- » Print Federal 1094-C

Employee

- » Print Employee 1095-C
- » Print

Employer

- » Print Employer 1095-C



To change data on the forms, close the Form Viewer to return to the ACA Preparer.

If you would like a copy of the actions that will be taken for your records, click "Print".

After clicking Next, the 1095/1094 forms viewer (same as the [W2 forms viewer](#)) will open.

You have completed all the steps in preparing to process your 1095/1094 forms. The forms will now be displayed in the Forms Viewer. The processing step (page navigation arrows) are indicated at the top left of the viewer as displayed below. You proceed to the next form by clicking **Next Step**. You can print your Final copies from the viewer by clicking **Print Final**.

1095/1094-C Forms Viewer

2015 1094-C Form - Aatrix Payroll Reports
Report 1 of 5: Federal 1094-C

Click Print Copy for your copy, then click Next Step.

VOID
CORRECTED

Form **1095-C** Department of the Treasury
Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095.

Part I Employee
1 Name of employee (First, M, Last, Suffix)
AVERY PHILLIPS
2 Social security number (SSN)
653-12-3998
3 Name of employer
AFFORDABLE CARE ACT COMPANY
4 Employee identification number (EIN)
95-1234567
5 Street address (including room or suite no.)
73 SHADOWY
6 Contact telephone number
(800) 854-5415
7 City or town
MILWAUKEE
8 State or province
WI
9 Country and ZIP or foreign postal code
53151
10 City or town
IRVINE
11 State or province
CA
12 Country and ZIP or foreign postal code
92618

Part II Employee Offer and Coverage
Plan Start Month (Enter 2-digit number)

14 Offer of Coverage (enter required code)	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
SA													

15 Employee Share of Lowest Cost Monthly Premium, for Self-Only Minimum Value Coverage

16 Applicable Section 4980H Safe Harbor (enter code, if applicable)
2C

Part III Covered Individuals
If Employer provided self-insured coverage, check the box and enter the information for each covered individual

(A) Name of covered individual(s) (First, Middle, Last, Suffix)	(B) SSN	(C) DOB (if SSN is not available)	(D) Covered all 12 months	(E) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17 AVERY PHILLIPS	653-12-3998		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 GINA PHILLIPS	545-47-9596		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 BRANDON PHILLIPS		2015-10-05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you purchased the [1095-C forms](#) from Sage you can click **Next Step**. If not select to **Print Final**

1095-C Notice - State/Federal eFiling and Reporting
Report 1 of 3: Employee 1095-C Notice

Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

Form 1095-C (2015)
Instructions for Recipient
Page 2

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provision in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependents. If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers. For more information about the Applicable Large Employer rules, see the instructions for Form 1095-C.

Employer 1095-C forms should be printed to plain paper

1095-C Employer - State/Federal eFiling and Reporting

Report 2 of 3: Employer 1095-C

5 pages Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

Form **1095-C** VOID CORRECTED
Employer-Provided Health Insurance Offer and Coverage OMB No. 1545-2281
 Department of the Treasury Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c. **2015**

Part I Applicable Large Employer Member (Employer) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
 Employer's name, address, and ZIP code
 AFFORDABLE CARE ACT COMPANY
 6561 IRVINE CENTER DRIVE
 IRVINE CA 92618
 Employee
 Social security number (SSN): 653-12-3998
 Contact telephone number: (800) 854-3415
 Employee's first name and middle initial Last name Suff.
 AVERY SHADOW PHILLIPS
 MILWAUKEE WI 53151
 Employer identification number (EIN): 95-1234567
 Employee's address and ZIP code

Part II Employee Offer and Coverage Plan Start Month (Enter 2-digit number):

14 Offer of Coverage (enter required code)	All 12 Months	Plan Start Month (Enter 2-digit number):													
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		
1A															

15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage	All 12 Months	Plan Start Month (Enter 2-digit number):													
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec		
2C															

16 Applicable Section 4804H Safe Harbor (enter code, if applicable)

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered at 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
17 AVERY PHILLIPS	653-12-3998		X												
18 SHADOW PHILLIPS	545-47-9586		X												
19 SHADOW PHILLIPS	2015-10-05											X	X	X	X

Employee 1095 forms should be printed to [pre-printed 1095](#) form you ordered because of the required pre-printed instructions on the back.

1095-C Employer - State/Federal eFiling and Reporting

Report 3 of 3: Employee 1095-C

5 pages Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

Form **1095-C** VOID CORRECTED
Employer-Provided Health Insurance Offer and Coverage OMB No. 1545-2281
 Department of the Treasury Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c. **2015**

Part I Applicable Large Employer Member (Employer) For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
 Employer's name, address, and ZIP code
 AFFORDABLE CARE ACT COMPANY
 6561 IRVINE CENTER DRIVE
 IRVINE CA 92618
 Employee
 Social security number (SSN): 653-12-3998
 Contact telephone number: (800) 854-3415
 Employee's first name and middle initial Last name Suff.
 AVERY SHADOW PHILLIPS
 MILWAUKEE WI 53151
 Employer identification number (EIN): 95-1234567
 Employee's address and ZIP code

Part II Employee Offer and Coverage Plan Start Month (Enter 2-digit number):

14 Offer of Coverage (enter required code)	All 12 Months	Plan Start Month (Enter 2-digit number):												
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
1A														

15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage

15 Employee Share of Lowest Cost Monthly Premium for Self-Only Minimum Value Coverage	All 12 Months	Plan Start Month (Enter 2-digit number):												
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
2C														

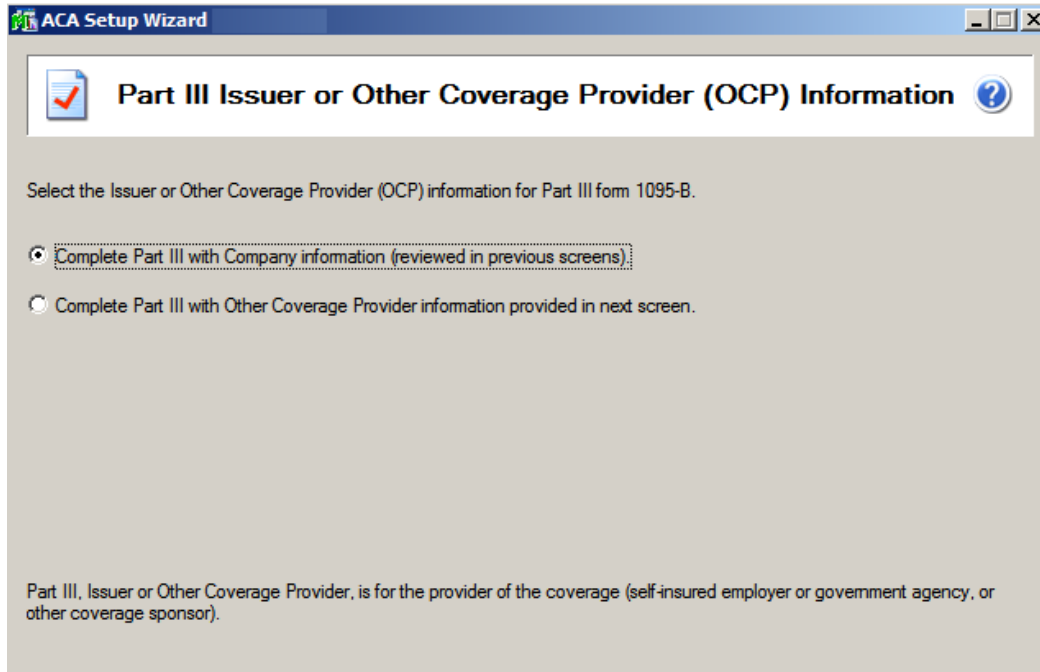
16 Applicable Section 4804H Safe Harbor (enter code, if applicable)

Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each covered individual.

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered at 12 months	(e) Months of Coverage											
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
17 AVERY PHILLIPS	653-12-3998		X												
18 SHADOW PHILLIPS	545-47-9586		X												
19 SHADOW PHILLIPS	2015-10-05											X	X	X	X

1095/1094 “B” forms Preparer wizard

All ACA setup wizard screens are the same as the 1095-C form, with the exception of the following 2 windows.



The screenshot shows a window titled "ACA Setup Wizard" with a sub-header "Part III Issuer or Other Coverage Provider (OCP) Information". The main content area contains the following text:

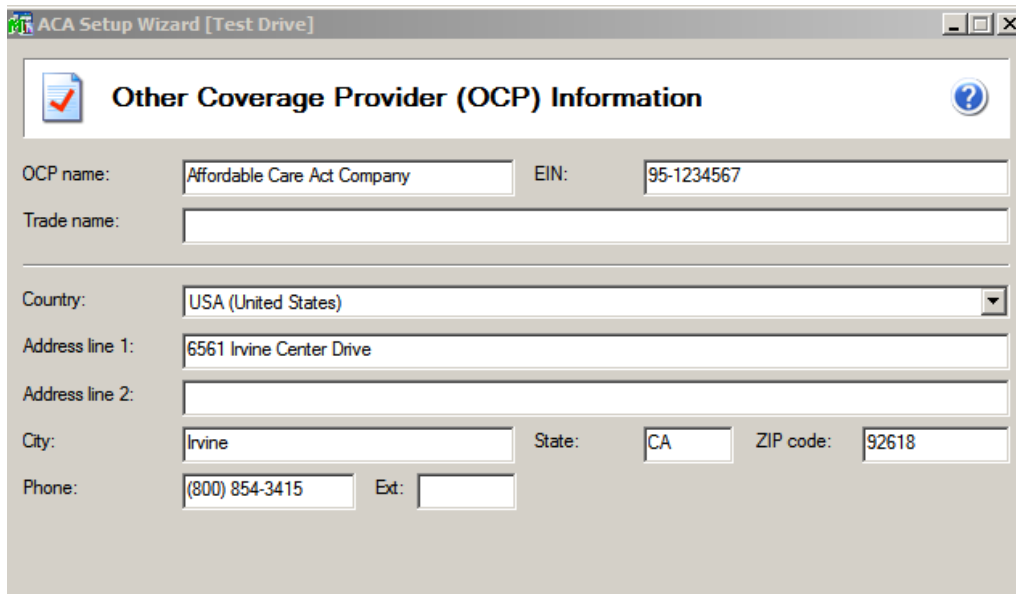
Select the Issuer or Other Coverage Provider (OCP) information for Part III form 1095-B.

Complete Part III with Company information (reviewed in previous screens).

Complete Part III with Other Coverage Provider information provided in next screen.

Part III, Issuer or Other Coverage Provider, is for the provider of the coverage (self-insured employer or government agency, or other coverage sponsor).

If you selected to Complete Part III with OCP information provided in next screen the following screen will open:



The screenshot shows a window titled "ACA Setup Wizard [Test Drive]" with a sub-header "Other Coverage Provider (OCP) Information". The form contains the following fields:

OCP name: EIN:

Trade name:

Country:

Address line 1:

Address line 2:

City: State: ZIP code:

Phone: Ext:

Step 1 of 4: Employee Contact Information

Information populated automatically from ACA Employee Maintenance window

Step 1 of 4: Employee Contact Information

Instructions: Verify Employee Information

EMPLOYEE INFORMATION	SSN	Last Name	First Name	Middle Name	Suffix	Address 1	Address 2	City	State	Zip
1	939-61-9426	ABDALLAH	NICOLETTE	BROSSART		1 MIDWAY RD			MA	15810
2	000-06-4169	ANGALICH	NOBUKO*			8139 I HWY 10 #92		NEW B@DFORD		27450
3	196-99-5941	DONTE	KINES*			3 ASPEN ST		WORCESTER		
4	582-97-9904	CAUDY*		GLICK		4 RALPH CT		DUNELLEN	NI	88120
5	645-99-8332	ACUFF	LUCY	TRESTON		57254 BRICKELL AVE #372		WORCESTER	MA	16020
6	666-82-9872	ADKIN	LEVI	MUNIS		NE BLOCK		WORCESTER	MA	16030
7	451-83-7469	AGRAMONTE	ANNABELLE	BOORD		523 MARQUETTE AVE		CONCORD	MA	17420
8	316-99-9135	AHLE	KATINA	POLDORI		5 LITTLE RIVER TPKE		WILMINGTON	MA	18870

Employee Entry Add Employee Remove Employee Covered Individuals Add Covered Individual Remove Covered Individual

SSN: 939-61-9426 DOB: SSN Required Group ID: 1 Covered Individuals: 1

Last Name: ABDALLAH First Name: NICOLETTE Middle Name: BROSSART Suffix:

Address 1: 1 MIDWAY RD Address 2:

City: State: MA ZIP Code: 15810 Country: US - United States

Email Address: meganb Electronic Only Policy Origin Code: SHOP Identifier: Not for 2013 Reporting

Tips show less
Click Edit. Update Company information to review and/or edit company information, including Designated Government Entry (DGE) and masking/truncation options.

Add Employee Remove Employee Add Covered Individual Remove Covered Individual

If there are errors on your forms, they will be shown below in red.

Step 2 of 4: Policy Origin Code

Information populated automatically from ACA Employer Maintenance (in Sage 100 versions 2013 and higher only)

Step 2 of 4: Policy Origin Code

Instructions: Verify Policy Origin Code

EMPLOYEE INFORMATION	City	State	Zip	Foreign State/Province	Foreign Postal Code	Country Code	Policy Origin Code	Covered Individuals	Electronic Only	Email
1	MAPLETON			CA	L0L 101	CA	A	3	<input checked="" type="checkbox"/>	mega
2	NEW BEDFORD	MA	27450			US	B	6	<input checked="" type="checkbox"/>	mega
3	FARGO	ND	58103			US	B	2	<input checked="" type="checkbox"/>	mega
4	WEST FARGO	ND	58078-10			US	C	1	<input checked="" type="checkbox"/>	mega
5	FARGO	ND	58104			US	D	1	<input checked="" type="checkbox"/>	mega

Employee Entry Add Employee Remove Employee Covered Individuals Add Covered Individual Remove Covered Individual

SSN: 502-15-1700 DOB: SSN Required Employee ID: 00-00000 Covered Individuals: 1

Last Name: KOENEN First Name: KELLY Middle Name: Suffix: MRS.

Address 1: 107 16TH ST S Address 2: APT F

City: FARGO State: ND ZIP Code: 58103 Country: US - United States

Email Address: meganb@aatrix.com Electronic Only Policy Origin Code: B SHOP Identifier: Not for 2013 Reporting

Tips show less
Click Edit. Update Company information to review and/or edit company information, including DGE (Designated Government Entry) and masking/truncation options.

Add Employee Remove Employee Add Covered Individual Remove Covered Individual

If there are errors on your forms, they will be shown below in red.

Step 3 of 4: Employee Covered Individuals

Information populated automatically from ACA Employee Maintenance > Covered Individuals window

Step 3 of 4: Employee Covered Individuals
 Instructions: Verify Covered Individuals information

EMPLOYEE INFORMATION	SSN	Last Name	First Name	Middle Name	Suffix	Address 1	Address 2	City	State	Zip
1	139-01-9426	ABDALLAH	NICOLETTE	BROSSART		1 MIDWAY RD		BANANA	MA	15810
2	010-06-4165	ANGALICH	BANANA			8139 I HWY 10 #92		BANANA		27450
3	196-39-5941	BANANA	DONTE	BANANA		3 ASPEN ST		WORCESTER		
4	582-37-9504	BANANA	BANANA	GUICK		4 RALPH CT		DUNELLEN	NJ	88120
5	645-99-8332	ACUFF	LUCY	TRESTON		57254 BRICKELL AVE #372		WORCESTER	MA	16020
6	166-82-9672	ADKIN	LEVI	MUNIS		NE BLOCK		WORCESTER	MA	16030
7	451-83-7489	AGRAMONTE	ANNABELLE	BOORD		523 MARQUETTE AVE		CONCORD	MA	17420
8	316-99-9135	AHLE	KATINA	POLIDORI		5 LITTLE RIVER TPKE		WILMINGTON	MA	18870
9	110-38-6496	ALBARES	JINA	BRIDDECK		BANANA		BOSTON	MA	21280
10	481-03-1747	AMIDON	LURGA	IBENY		74 SE 176TH ST		FALMOUTH	MA	64301

Employee Entry	SSN	DOB	First Name	Middle Name	Last Name	Suffix	All	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	010-06-4165		BANANA		ANGALICH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	999-10-9323		MARKO	STAYER	HAMEL		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	900-18-7246		GERARDO	WOODKA	TALMALMO		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	333-43-2522		REBECCA	DIDIO	LEITH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	010-41-0617		STEVIE	HALLO	PROSTON		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 4 of 4: Employee Electronic Delivery

Information populated automatically from Employee Maintenance > Tax Status [1095 Electronic Consent](#)

Step 4 of 4: Employee Electronic Delivery
 Instructions: Verify Employee Electronic Delivery Information

EMPLOYEE INFORMATION	State	Zip	Foreign State/Province	Foreign Postal Code	Country Code	Policy Origin Code	Covered Individuals	Electronic Only	Email Address
1	MA	15810			US	B	1	<input type="checkbox"/>	helpme@aatrx.com
2		27450			US	C	5	<input checked="" type="checkbox"/>	
3			TG	941213	AF	D	1	<input type="checkbox"/>	helpme@aatrx.com
4	NJ	88120			US	C	10	<input checked="" type="checkbox"/>	
5	MA	16020			US	C	1	<input type="checkbox"/>	
6	MA	16030			US	B	1	<input checked="" type="checkbox"/>	
7	MA	17420			US	B	1	<input type="checkbox"/>	
8	MA	18870			US	D	1	<input checked="" type="checkbox"/>	helpme@aatrx.com
9	MA	21280			US	B	1	<input type="checkbox"/>	
10	MA	64301			US	C	1	<input type="checkbox"/>	

AHLE, KATINA POLIDORI

SSN: 316-99-9135 DOB: [DOB Required] Group ID: Covered Individuals: 1
 Last Name: AHLE First Name: KATINA Middle Name: POLIDORI Suffix:
 Address 1: 5 LITTLE RIVER TPKE Address 2:
 City: WILMINGTON State: MA ZIP Code: 18870 Country: US - United States
 Email Address: helpme@aatrx.com Electronic Only Policy Origin Code: D SHOP Identifier: [Not for 2013 Reporting]

ACA Preparer

1095/1094-B: Printing and eFiling Options

eFile Services allow you to [pick Filing Dates](#), [FREE Corrections](#) before Filing Dates. [More info](#)

COMPLETE eFiling Service Next Business Day Mailing!

	# Employees	Price / Emp	Subtotal
The eFile Center will:			
» Print and Mail Employee Copies	17	\$1.95	\$33.15
» e1095-B Only Employee Copies (What's This?)	8	\$0.99	\$7.92
» File your Federal 1095-Bs and to the IRS	-	included	FREE
» e1095-Bs Available for all employees	-	included	FREE
TOTAL COST			\$41.07


Other Options

	# Employees	Price / Emp	Subtotal
<input type="checkbox"/> Print My Employee 1095-B	-	-	-
<input type="checkbox"/> eFile Federal Only 1095/1094-B	25	\$0.49	\$0.00
<input type="checkbox"/> Print Federal Copy 1095/1094-B	-	-	-
TOTAL COST			\$0.00

Print Employer Copy 1095/1094-B

Back Next Cancel

ACA Preparer



CD Archiving Available

Purchasing a **CD Archive** allows you instant access to your **1095/1094-Bs** for only **\$29.95** (plus **\$4.95** shipping and handling).

- Don't worry about locking up paper 1095/1094-Bs from prying eyes.
- Reprint an Employee 1095/1094-B at any time.

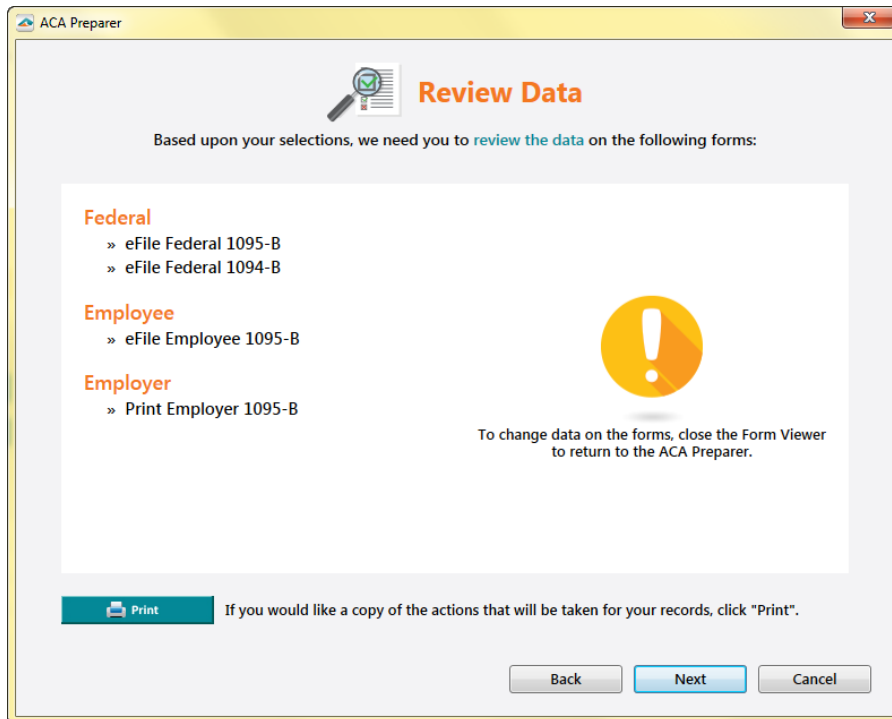
- Easily find your Federal 1095/1094-Bs if the Federal Agency calls with a question.
- CDs are password protected for you and your employees' security.

Would you like to buy a CD Archive of your 1095/1094-Bs?

YES
Yes, include a CD Archive.

NO
No, thank you.

Back Next Cancel



After clicking Next, the 1095/1094 forms viewer (same as the [W2 forms viewer](#)) will open.

1095/1094-B Forms Viewer

You have completed all the steps in preparing to process your 1095/1094 forms. The forms will now be displayed in the Forms Viewer. The processing step (page navigation arrows) are indicated at the top left of the viewer as displayed below. You proceed to the next form by clicking **Next Step**. You can print your Final copies from the viewer by clicking **Print Final**.

Federal 1094 forms should be printed to plain paper

Federal 1095 forms should be printed to plain paper

Report 2 of 5: Federal 1095-B

1 2 pages Print Draft Print Final Prev Step Next Step

1095-B Health Coverage VOID CORRECTED OMB No. 1545-2252
 Internal Revenue Service Department of the Treasury **2015**
 Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part I Responsible Individual

1 Name of responsible individual (First, MI, Last, Suffix) JERRY A. THOMAS	2 Social security number (SSN) 556-53-1239	3 Date of birth (if SSN is not available)
4 Street address (including apartment no.) 4121 W. 35TH STREET APT 201	5 City or town MILWAUKEE	6 State or province WI
7 Country and ZIP or foreign postal code US 53151		8 Enter letter identifying Origin of the Policy (see instructions for codes): B

Part II Employer Sponsored Coverage (see instructions)

10 Employer name	11 Employer identification number (EIN)
12 Street address (including room or suite no.)	13 City or town
14 State or province	15 Country and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (see instructions)

16 Name AFFORDABLE CARE ACT COMPANY	17 Employer identification number (EIN) 95-1234567	18 Contact telephone number (800) 854-3415
19 Street address (including room or suite no.) 6561 IRVINE CENTER DRIVE	20 City or town CA	21 State or province CA
22 Country and ZIP or foreign postal code US 92618		

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s) (First, Middle, Last, Suffix)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
JERRY A. THOMAS	556-53-1239		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee 1095 forms should be printed to [pre-printed 1095](#) form you ordered, because of the required pre-printed instructions on the back.

Report 3 of 5: Employee 1095-B

1 2 pages Print Draft Print Final Prev Step Next Step

1095-B Health Coverage VOID CORRECTED OMB No. 1545-2252
 Form Department of the Treasury Internal Revenue Service **2015**
 Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

Part III Issuer or Other Coverage Provider (Lines 16-22) (see instructions)

Name, address, and ZIP code AFFORDABLE CARE ACT COMPANY 6561 IRVINE CENTER DRIVE US CA	Part I Responsible Individual (Lines 1-9) Social security number (SSN): 556-53-1239
Employer identification number (EIN): 95-1234567 Contact telephone number (800) 854-3415	Employee's first name and middle initial Lastname Suff. JERRY A. THOMAS 4121 W. 35TH STREET APT 201 MILWAUKEE WI 53151
Employee's address and ZIP code Enter letter identifying Origin of the Policy (see instructions for codes): B Small Business Health Options Program (SHOP) Marketplace identifier, if applicable:	

Part II Employer Sponsored Coverage (Lines 10-15) (see instructions)

Name	Employer identification number (EIN)
Street address (including room or suite no.)	City or town
Country and ZIP or foreign postal code	State or province

Part IV Covered Individuals (Enter the information for each covered individual(s).)

(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage													
				Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
23 JERRY THOMAS A.	556-53-1239		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you purchased the [1095-B forms](#) from Sage forms, you can click **Next Step**. If not select to **Print Final**

Report 4 of 5: Employee 1095-B Notice

1 page Print Draft Print Final Prev Step Next Step

560215
Page 2

Form 1095-B (2015)

Instructions for Recipient

This Form 1095-B provides information needed to report on your income tax return that you, your spouse (if you file a joint return), and individuals you claim as dependents had qualifying health coverage (referred to as "minimum essential coverage") for some or all months during the year. Individuals who don't have minimum essential coverage and don't qualify for an exemption from this requirement may be liable for the individual shared responsibility payment.

Minimum essential coverage includes government-sponsored programs, eligible employer-sponsored plans, individual market plans, and other coverage the Department of Health and Human Services designates as minimum essential coverage. For more information on the requirement to have minimum essential coverage and what is minimum essential coverage, see www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Individual-Shared-Responsibility-Provision.

Providers of minimum essential coverage are required to furnish only one Form 1095-B for all individuals whose coverage is reported on that form. As the recipient of this Form 1095-B, you should provide a copy to other individuals covered under the policy if they request it for their records.

Part I. Responsible Individual, lines 1-9. Part I reports information about you and the coverage.

Lines 2 and 3. Line 2 reports your social security number (SSN) or other taxpayer identification number (TIN), if applicable. For your protection, this form may show only the last four digits. However, the coverage provider is required to report your complete SSN or other TIN, if applicable, to the IRS. Your date of birth will be entered on line 3 only if line 2 is blank.

Employer 1095 forms should be printed to plain paper

Report 5 of 5: Employer 1095-B

2 pages Print Draft Print Final Prev Step Next Step

VOID CORRECTED
Health Coverage

Form 1095-B
Department of the Treasury Internal Revenue Service
Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b. OMB No. 1545-2252
2015

Part III Issuer or Other Coverage Provider (Lines 16-22) (see instructions) Employer's name, address, and ZIP code AFFORDABLE CARE ACT COMPANY 6561 IRVINE CENTER DRIVE US CA		Part I Responsible Individual (Lines 1-9) Social security number (SSN): 556-53-1239													
Employer identification number (EIN): 95-1234567 Contact telephone number (800) 854-3415		Employee's first name and middle initial Last name Suff. JERRY A THOMAS 4121 W. 35TH STREET APT 201 MILWAUKEE WI 53151													
Employee's address and ZIP code		Enter letter identifying Origin of the Policy (see instructions for codes): B Small Business Health Options Program (SHOP) Marketplace identifier, if applicable:													
Part II Employer Sponsored Coverage (Lines 10-15) (see instructions)															
Name		Employer identification number (EIN)													
Street address (including room or suite no.)		City or town	State or province												
Country and ZIP or foreign postal code															
Part IV Covered Individuals (Enter the information for each covered individual(s).)															
(a) Name of covered individual(s)	(b) SSN	(c) DOB (if SSN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
23 JERRY A. THOMAS	556-53-1239		X	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
24															

How to reconcile 1099 vendor amounts (KB ID 49774)

Use the Payment History Report to reconcile the 1099 amounts to the 1099 eFiling and Reporting or the 1099 Vendor History.

1. Open **Accounts Payable, Main, Reports, Payment History Report**
2. Select **Vendor Number** from drop down for Sort Report By
3. Select one of the **Selection Criteria**:
 - **By Period** = Fiscal Year & Period Range for applicable 1099 calendar year
 - **By Date: Starting and Ending Date** for applicable 1099 calendar year
4. Select **Print 1099 Vendors Only**
 - **Note:** This field is available only if the 1099 Reporting check box is selected in A/P Options
5. Use the **Selection Field** to run the 1099 for a specific vendor or all vendors
6. Click **Print** or **Preview**

Although the 1099 form payment history is recorded for each vendor, you must produce and retain supporting reports that include detailed 1099 payment information for audit purposes.

Before printing 1099 forms, if you retain invoices for the full calendar year, print the **Accounts Payable Trial Balance Report** for paid invoices and print the 1099 information for the calendar year. You can fill the report to support the 1099 forms sent to vendors.

If you do not retain the paid invoices for the full calendar year, print the Accounts Payable Trial Balance report just before closing each month. On the Accounts Payable Trial Balance report, **print paid invoices and 1099 information**. You can fill the report for each month to support the 1099 forms that are sent to vendors at year end.

If the Payment History Report shows a different amount comparing to what is on the 1099 eFiling and Reporting, run Check History Report to confirm all Checks, Electronic Payment Checks, Manual Checks and Reversals are correctly entered and posted to the correct fiscal year. If a Check date was posted to the wrong year, a reversal must be done to correct the check date. If the Payment History Report and Check History Report are correct, the Vendor 1099 History must be corrected.

To correct Vendor 1099 amounts, do the following:

1. Open **Modules, Accounts Payable, Main, Vendor Maintenance**.
2. In the **Vendor No.** field, enter a vendor.
3. Click the **Additional** tab.
4. Click **1099 History**.
5. Select the **1099 Form Type** and **Calendar Year**.
6. Correct the figures as needed.
7. Click **OK** and **Accept**.

How to print 1099-MISC, 1099-INT, 1099-DIV Forms (KB ID 31381)

From the **Accounts Payable, Reports** menu, click **Form1099 eFiling and Reporting**. Select or enter the following and click the **Accept** button:

- 1099 Form Type
- Vendor Type to Print
- Minimum YTD Payment
- 1099 Calendar Year

The screenshot shows the 'Form 1099 eFiling and Reporting' dialog box. The 'Form to Use' dropdown is set to 'New'. The 'Form Type' dropdown is set to 'Miscellaneous'. The 'Options' section includes 'Vendor Type to Print' set to 'All Types', 'Minimum YTD Payment' set to '600.00', and '1099 Calendar Year' set to '2013'. The 'Company' section contains the following information:

Name	eFiling Company	Federal ID No.	19-7878988
Address	555 Main Street	Telephone	(800) 854-3415
City	Irvine	Fax	
State	CA	ZIP Code	92618

The 'Select Field' table is as follows:

Select Field	Operand	Value
Vendor Number	All	

At the bottom, the 'Accept' button is highlighted with a red box, along with 'Activate', 'Cancel', and a help icon.

NOTE: Company Information, including Federal ID No, auto populates from Company Maintenance (Library Master > Main), but can be manually changed in this window.



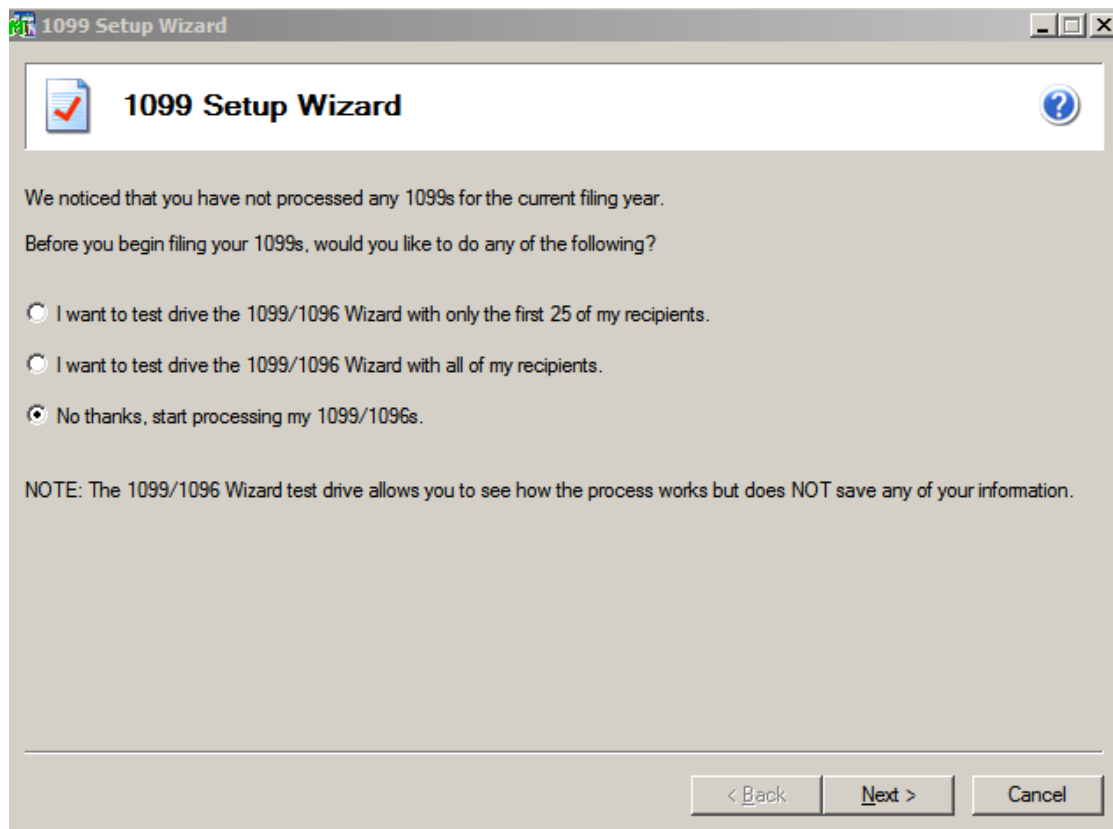
IMPORTANT TIP! If you plan on using the [merge multiple company data files](#) and the companies use the same vendors (same EIN) do **not** enter a minimum YTD payment amount because it would be a combined total. *Example:* If you set \$600 as minimum YTD payment and company #1 paid a vendor \$250 and company #2 paid same vendor \$350, neither would pull into

grid because each individual company did not meet minimum YTD amount but the combined total of both company's did meet the minimum YTD payment requirement.

1099 Test Drive

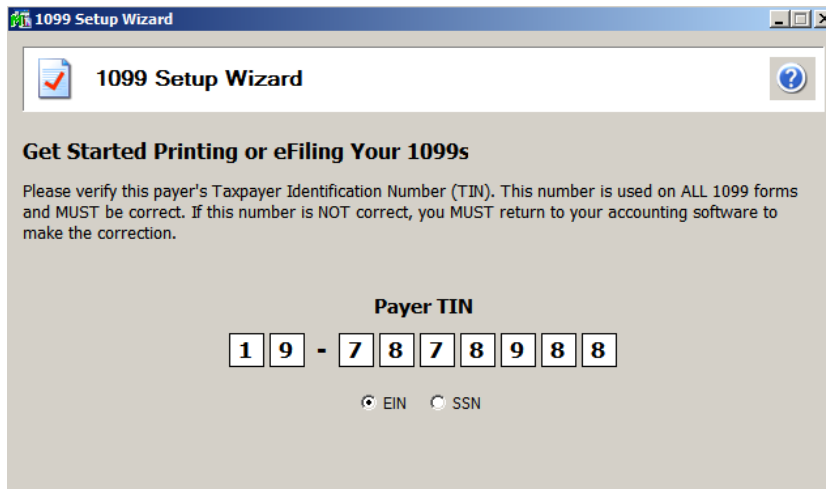
The 1099 Test Drive feature allows you to take a “test drive” of the 1099 process without actually saving any data. This will allow you to become more familiar with the process before actually filing. You will only be displayed this dialog if you have not processed any 1099 filings for the current filing year.

If you select to run the 1099/1096 Wizard in test drive, you will not be able to save any of the information as a draft or a history to be used again.



Verify the Payer TIN

The number displayed here will be used on all forms. If the number is incorrect, click the Cancel button to close the 1099 Setup Wizard and correct the number in Company Maintenance.



1099 Setup Wizard

Get Started Printing or eFiling Your 1099s

Please verify this payer's Taxpayer Identification Number (TIN). This number is used on ALL 1099 forms and MUST be correct. If this number is NOT correct, you MUST return to your accounting software to make the correction.

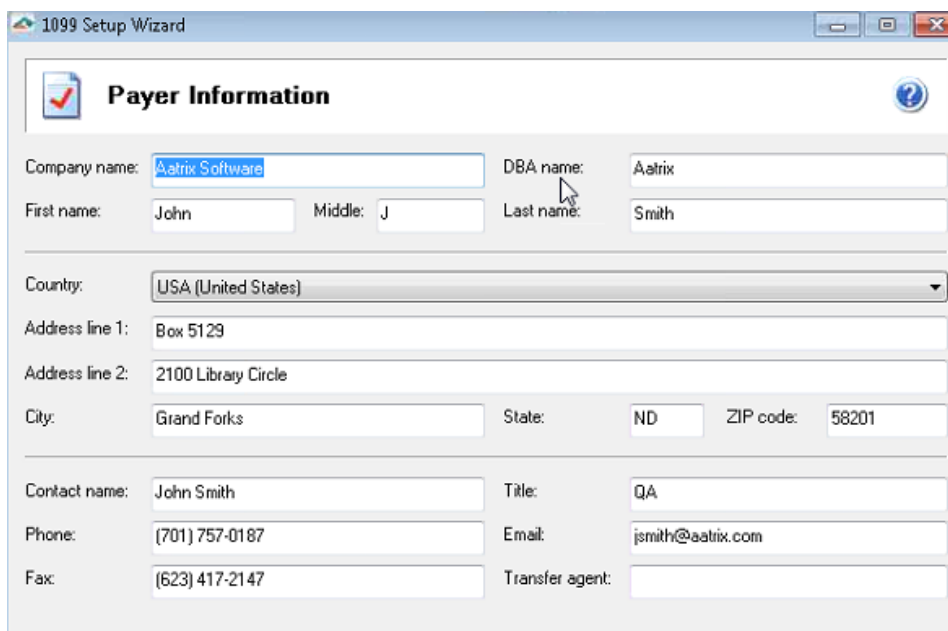
Payer TIN

1 9 - 7 8 7 8 9 8 8

EIN SSN

Payer Information

The payer information screen displays all of the information that relates to your company and is used to display in the forms you are reporting. Data that is not stored in the Sage 100 database such as the Transfer Agent will need to be entered here.



1099 Setup Wizard

Payer Information

Company name: DBA name:

First name: Middle: Last name:

Country:

Address line 1:

Address line 2:

City: State: ZIP code:

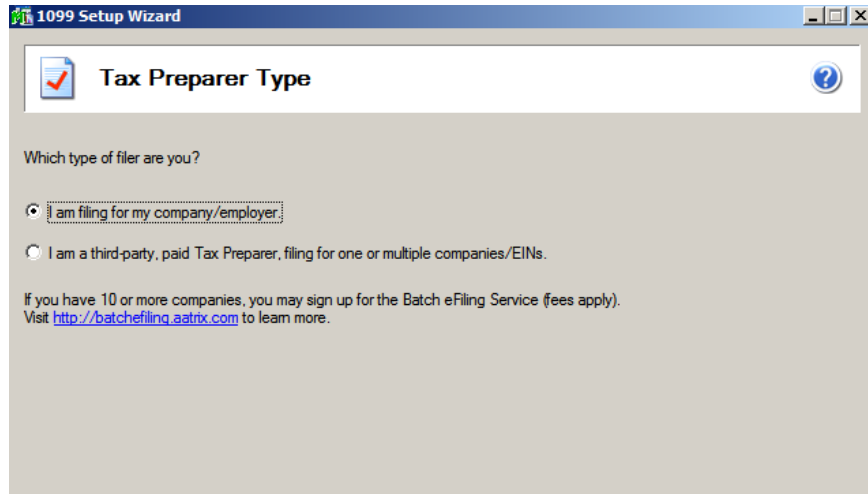
Contact name: Title:

Phone: Email:

Fax: Transfer agent:

Tax Preparer Type

The tax preparer dialog displays for you to indicate whether you are filing for your own company or if you are a filing as a paid Tax Preparer for another company. Batch Filing will allow you upload several filings and then access the eFiling website when you are ready to transmit them to the appropriate agencies. For more information, select the 'Click here to learn more' link or visit <https://efile.aatrix.com/>.

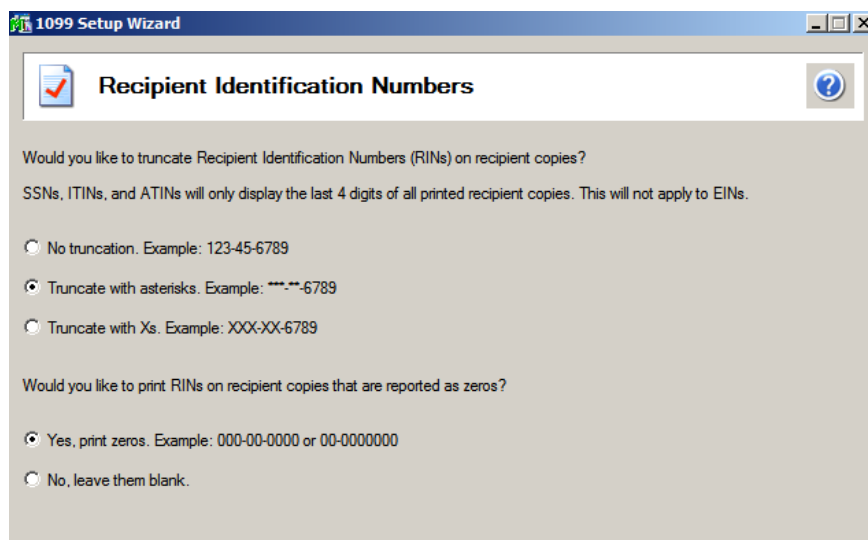


The screenshot shows a window titled "1099 Setup Wizard" with a sub-header "Tax Preparer Type". The main question is "Which type of filer are you?". There are two radio button options: "I am filing for my company/employer." (which is selected) and "I am a third-party, paid Tax Preparer, filing for one or multiple companies/EINs.". Below the options, there is a note: "If you have 10 or more companies, you may sign up for the Batch eFiling Service (fees apply). Visit <http://batchefiling.aatrix.com> to learn more."

Recipient Identification Number

Choose option to truncate Recipient Identification Number (RINs).

- SSNs, ITINs and ATINs only display last 4 digits of all printed recipient copies
- Does not apply to EINs



The screenshot shows a window titled "1099 Setup Wizard" with a sub-header "Recipient Identification Numbers". The main question is "Would you like to truncate Recipient Identification Numbers (RINs) on recipient copies?". A note states: "SSNs, ITINs, and ATINs will only display the last 4 digits of all printed recipient copies. This will not apply to EINs." There are three radio button options: "No truncation. Example: 123-45-6789", "Truncate with asterisks. Example: ***-**-6789" (which is selected), and "Truncate with Xs. Example: XXX-XX-6789". Below this, another question is "Would you like to print RINs on recipient copies that are reported as zeros?". There are two radio button options: "Yes, print zeros. Example: 000-00-0000 or 00-0000000" (which is selected) and "No, leave them blank."

Merge Multiple 1099 Data Files

The multiple 1099 data file merge feature is used for companies or tax preparers that keep separate databases, working under the **same Federal EIN** (Employer Identification Number). Some examples of these are separate departments, divisions, company names under the same EIN, branches, etc.

This feature allows you to bring in two or more data files and merge them together so all the information is combined when you are printing or eFiling your 1099 forms.

NOTE: As of tax filing year 2012, this feature is now available for **all** eFiling forms using the same Federal EIN.

If you select the radio button option for “Yes, I use multiple 1099 data files for this EIN”, you will be taken to the multiple payroll data files merge tool after the company setup wizard is complete. For more information click the help icon on this screen or see [How to merge Multiple Data files in eFiling & Reporting \(KB ID=26156\)](#)

Multiple 1099 Data Files

You are working with multiple 1099 data files in a combined filing. After saving or exporting the 1099 data file, click **Close** to return to the 1099 application to process another 1099 data file. Click ? for more information on working with multiple 1099 data files.

Save... Save the processed 1099 data file for use in a combined filing.

Single Switch back to using a single 1099 data file.

Export... Export the processed 1099 data file as a password-protected file for filing by another person.

Import... Import a 1099 data file processed by another person.

Merge... Merge the selected 1099 data files into a combined 1099 data set for form processing.

1099 Data Name	Date Saved	Period	Recipients	

Close

1099 Preparer

Once you have completed the wizard, the 1099 Preparer is launched and you are guided through verifying the 1099 data. Similar to the W-2 Preparer, the 1099 recipient grid performs several data verification steps in the grid to ensure you have the correct 1099 information and to avoid rejections by Federal and state agencies. After verifying all information in each step click **Next Step**

	R...	Recipient Fir...	R...	Recipient TIN	TIN Flag	Recipient C...	Options	Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7	Bo
	L...	First Name	M...	Taxpayer ID...	Check i...	Company N...	Full Nar	Rents	Royalties	Other Income	Federal Inc...	Fishing Boa...	Medic...	Nonemploy...	Sul
1				95-1234567	<input checked="" type="checkbox"/>	Airway Prope									1750.00
2				95-9875142	<input checked="" type="checkbox"/>	Compaq Com									50789.00
3				33-1876543	<input checked="" type="checkbox"/>	Container Cor									25673.00
Totals	3 Recipient(s)														78212.00



Tip! Information edited in 1099 Preparer will **not** be saved back to Sage 100 data files.

1099 Printing and Filing Options

After verifying information in the W2/1099 Preparer, 1099 the Pricing and Filing Options are displayed. You can select to eFile or print your own 1099s or a combination of both. If you are printing your own, you will need to purchase **blank perforated 4 per page 1099 forms**.

NOTE: that the IRS requires that the Federal Copy A and 1096 forms **must be** printed on the **red preprinted** forms when mailing the 1099s. These forms can be purchased from Sage Forms Division at 800-538-5514.



TIP! Please click link to review before purchasing tax forms, [What forms do I use \(or order\) to print W2, 1095s and 1099s? \(KB ID 52202\)](#)

W2/1099 Preparer
✕

1099 MISC Printing and Filing Options

Choose **Complete 1099**, **eFile Fed** or **eFile State** and pick your filing dates. Corrections before dates are FREE! [More info?](#)

	<u># Recipients</u>	<u>Price/Rec</u>	<u>Subtotal</u>
<input checked="" type="radio"/> Complete 1099 eFiling Service BEST VALUE!			
The eFile Center will:			
- Print and Mail Recipient Copies	3	\$1.89	\$ 0.00
- eFile Federal 1099/1096		included	FREE
- eFile all applicable State 1099/Reconciliation Forms		included	FREE
	Total Cost	Minimum	\$ 0.00
<input checked="" type="radio"/> Other Options			
<input checked="" type="checkbox"/> Print Recipient 1099 Copies			
<input type="checkbox"/> eFile Federal 1099/1096 Copies			
<input type="checkbox"/> eFile State 1099/Reconciliation Forms			
<input checked="" type="checkbox"/> Print Federal 1099/1096 Copies (Official Copy)			
<input checked="" type="checkbox"/> Print State 1099/Reconciliation Forms (Official Copy)			
	Total Cost	Minimum	\$ 0.00
<input checked="" type="checkbox"/> Print Payer 1099 Copies			

< Back
Next >
Cancel

1099 Forms Viewer

After selecting 1099 Printing and Filing Options, you are presented with similar screens as in the W-2 Printing and Filing such the option to order a [CD Archive](#), print [Divider Sheets](#) and the [Action List](#). For more information on those options, see the topics in the W-2 section of this document.

Once completed, the forms viewer will display with your selected forms. If any form requires special paper stock, you will be prompted to load your printer with the appropriate form when clicking the Print Final button.

2014 1099-MISC - State/Federal eFiling and Reporting

File Edit View Tools Help

Report 1 of 7: Federal 1099-MISC

1 page Click Print Final, then click Next Step. Print Draft Print Final Prev Step Next Step

9595 VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EPFILING COMPANY 555 MAIN STREET IRVINE CA 92618 UNITED STATES (800) 854-3415		1 Rents \$	OMB No. 1545-0115 2014 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 95-1234567		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number 951-23-4875		3 Other income \$	5 Fishing boat proceeds \$	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2014 General Instructions for Certain Information Returns.
RECIPIENT'S name AIRWAY PROPERTY Street address (including apt. no.) 7888 SADDLEBUSH TRAIL BANK BUILDING City or town, state or province, country, and ZIP or foreign postal code ORANGE CA 92669-0001		6 Medical and health care payments \$	7 Nonemployee compensation \$ 5000.00	
Account number (see instructions)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$
2nd TIN not <input type="checkbox"/>		11	12	
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$
		17 State/Payer's state no. /	18 State income \$	

Form 1099-MISC Department of the Treasury - Internal Revenue Service
 Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page
 Aatrix Rev. 12/3/14

2014 1096 Federal Report - State/Federal eFiling and Reporting

File Edit View Tools Help

Report 2 of 7: Federal 1096

1 page

Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

Aatrix Rev. 9/29/14

Do Not Staple		OMB No. 1545-0108	
Form 1096	Annual Summary and Transmittal of U.S. Information Returns		2014
Department of the Treasury Internal Revenue Service			
FILER'S name EFILING COMPANY			
Street address (including room or suite number) 555 MAIN STREET			
City or town, state or province, country, and ZIP or foreign postal code IRVINE CA 92618 US			
Name of person to contact		Telephone number 800 854-3415	For Official Use Only [] [] [] [] [] [] [] [] [] []
Email address		Fax number	
1 Employer identification number 95-1234567	2 Social security number	3 Total number of forms 1	4 Federal income tax withheld \$
			5 Total amount reported with this Form 1096 \$ 5000.00
6 Enter an "X" in only one box below to indicate the type of form being filed.			
W-2G 32	1097-ETC 80	1098 81	1098-C 78
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1098-E 84	1098-T 83	1099-A 80	1099-B 79
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-H 71	1099-INT 92	1099-K 10	1099-LTC 93
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-MISC 86	1099-OID 96	7 If this is your final return, enter an "X" here. <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1099-SA 94	3921 25	3922 26	5498 28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5498-ESA 72	5498-SA 27		
<input type="checkbox"/>	<input type="checkbox"/>		

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title Date 11/10/2015

You will need to print Recipient copies to 4-part perforated paper, see [1099 forms](#) section in this guide

2014 1099-MISC Recipient - State/Federal eFiling and Reporting

File Edit View Tools Help

Report 4 of 7: Recipient 1099-MISC

1 page

Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

<input type="checkbox"/> CORRECTED (if checked)		
1 Rents \$	2 Royalties \$	3 Other income \$
4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$
RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EPILING COMPANY 555 MAIN STREET IRVINE CA 92618 UNITED STATES (800) 854-3415		
PAYER'S federal identification number 95-1234567	RECIPIENT'S identification number 951-23-4875	Account number (see instructions)
RECIPIENT'S name, street address, city or town, state or province, country, ZIP or foreign postal code AIRWAY PROPERTY 7888 SADDLEBUSH TRAIL BANK BUILDING ORANGE CA 92669-0001		
7 Nonemployee compensation \$ 5000.00	8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient), for resale <input type="checkbox"/>
10 Crop insurance proceeds \$	11	12
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	
16 State tax withheld \$	17 State Payer's state no. /	18 State income \$

2014 Form 1099-MISC To be filed with recipient's federal income tax return, when required.

CORRECTED (if checked)

Attn: Rev. 12/17/14

You will need to print the recipient instructions to be included with your Recipient 1099 form copies

2014 1099-MISC Instructions - State/Federal eFiling and Reporting

File Edit View Tools Help

Report 6 of 7: 1099-MISC Instructions

1 page

Click Print Final, then click Next Step.

Print Draft Print Final Prev Step Next Step

2014 1099-MISC Instructions for Recipient

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334 for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES (or Form 1040-ES(NR)). Individuals must report these amounts as explained in the box 7 instructions on this page. Corporations, fiduciaries, or partnerships must

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If the amount in this box is SE income, report it on Schedule C or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount from box 7 on Form 1040, line 7 (or Form 1040NR, line 8). You must also complete Form 8919 and attach it to your return. If you are not an employee but the amount in this box is not SE income (for example, it is income from a sporadic activity or a hobby), report it on Form 1040, line 21 (or Form 1040NR, line 21).

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040 (or Form 1040NR).

Standard eFiling pricing <https://partner.aatrix.com/sage100>

- Unemployment, Withholding and New Hire – \$7.95/form*
- Forms with Employee List – Unemployment & New Hire – \$7.95 plus 0.25 per employee*

W-2 eFiling pricing

- **Online W-2 eFile Service \$0.99/employee*** - W-2s are eFiled to the appropriate State and Federal agencies. Employees are provided W-2s electronically only via a secure website allowing for immediate access.
- **Complete W-2 filing service** is available for \$1.99* per employee
 - Employee W-2s printed, and mailed by the eFile Center. This also includes electronic W-2s for employees.
 - eFile Federal W-2s and W-3
 - eFile State W-2s and required reconciliation form. *eFile supported Localities.
 - Print Employer copies

ACA eFiling pricing

- **Complete ACA filing service** is available for \$1.99* per employee
 - Employee 1095-C/Bs Mailed
 - Employee 1095-C/Bs Hosted Online
 - Federal 1095-c/Bs & 1094-C/B Filed to IRS
- **ACA Filed with W2 Complete eFile Service** is available for \$.99* per employee

1099 eFiling pricing <http://aatrix.com/1099-efiling-service/more-information/>

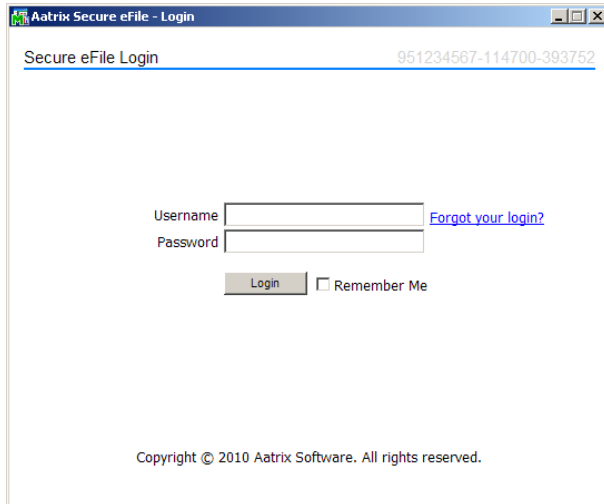
- **Federal & State 1099 eFile Service \$0.99/recipient*** - eFiled to Federal and State agencies
- **Complete 1099 filing service** is available for \$1.99* per recipient
 - Recipient 1099s printed, and mailed by the eFile Center. This also includes electronic 1099s for employees
 - eFile Federal 1099s and 1096
 - eFile State 1099s and required reconciliation forms
 - Print Payer copies

*** Prices subject to change**

Unlimited eFiling Package Pricing for Sage Customers Current package pricing can be found at <https://partner.aatrix.com/sage100> or Call Aatrix Sales team at 800-426-0854.

How to eFile Accounts Payable and Payroll forms

The eFiling process is powered by Aatrix. When the eFile option is selected, the login screen below displays. One-time enrollment is required. Enrollment can be accessed from within Sage 100 or directly at <https://sage100.aatrix.com/pages/Public/PublicMAS026.aspx> **Note:** There is no charge for creating an account.



Secure eFile Login 951234567-114700-393752

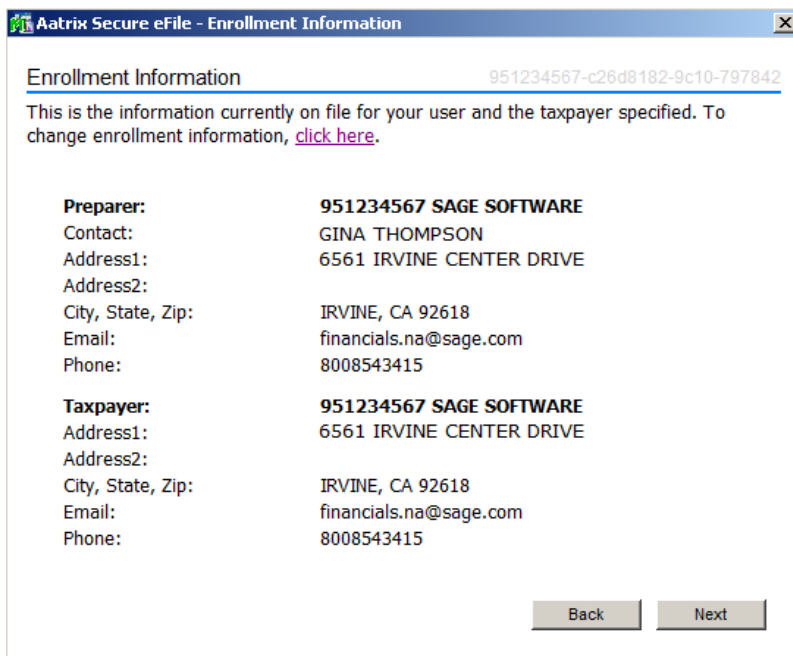
Username [Forgot your login?](#)

Password

Remember Me

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When the Login button is clicked, User Information is displayed. If any of this information is incorrect, you can click the **Click here** link to access Aatrix's website



Enrollment Information 951234567-c26d8182-9c10-797842

This is the information currently on file for your user and the taxpayer specified. To change enrollment information, [click here](#).

Preparer:	951234567 SAGE SOFTWARE
Contact:	GINA THOMPSON
Address1:	6561 IRVINE CENTER DRIVE
Address2:	
City, State, Zip:	IRVINE, CA 92618
Email:	financials.na@sage.com
Phone:	8008543415
Taxpayer:	951234567 SAGE SOFTWARE
Address1:	6561 IRVINE CENTER DRIVE
Address2:	
City, State, Zip:	IRVINE, CA 92618
Email:	financials.na@sage.com
Phone:	8008543415

After you have verified the information and clicked Continue, the Pricing screen displays. The pricing displayed is specific to this filing.

Pricing Information 951234567-114700-393752

The filing submitted is subject to the following charge(s). If you accept charges, a receipt will be emailed to you upon completion of this filing. No charges will be put on your credit card until you complete and SUBMIT your filing. Click Next to accept charges.

27 employees at \$1.49 (Fed, State, and Employee Copies)	\$40.23
Total	\$40.23

Back Next

The next screen allows you to choose the W-2 submission dates. This allows you to indicate when you would like your Employee, Fed and State W-2s to be mailed. This screen automatically defaults the employee copies to be mailed on the earliest possible date. The Federal and State copies are defaulted on the last possible date so that you can make free and easy corrections if necessary.



IMPORTANT! *Once the Federal part of the filing has been processed, you will have to complete W2-C's for an additional charge.*

Choose W-2 Submission Dates 198487766-4ad418b5-b37d-1966492

Please choose when you want your employee, federal, & state W-2s and W-3s mailed or electronically filed. If you choose an earlier filing date and your filing gets processed, you will be required to file W-2Cs. **We strongly recommend that you choose to have the eFile Center HOLD your Federal and State W-2s & W-3 filing until just prior to the due date.** This will allow you to make easy and **FREE** last minute corrections before your selected filing period.

Your employee eW-2s access letters will be available upon completion of this filing.

Your employee copies will be mailed no later than: Dec 21

Your federal W-2s and W-3 will be filed as soon as possible.

Your state W-2s and W-3 (or reconciliation) will be filed between: Feb 7-Feb 13

NOTE: Electronic filing deadlines may be later than your paper filing deadlines.

Back Next

Next the payment screen displays. Aatrix will only accept major credit cards for eFiling charges.

Credit Card 197878988-bf1cfa9-67a9-1116130

Please enter information about the credit card to be used to pay Aatrix eFile charges. No charges will be put on your credit card until you complete and SUBMIT your filing.

*Card Number: XXXXXXXXXXXXX4598 *Expiration: Oct / 2015

*Cardholder Name: GINA THOMPSON

*Address 1: 6561 IRVINE CENTER DRIVE

Address 2:

*City/State/Zip: IRVINE, CA 92618

* Required Information

Remember billing information

Back Next

The confirmation screen displays details of the filing including the taxpayer information. *No charges will be charged to the credit card until you hit the Submit button.*

Confirmation 197878988-bf1cfa9-67a9-1116130

Your filing has been successfully uploaded. No charges have yet been applied. To complete this filing, press SUBMIT.

Company Name: SAGE SOFTWARE

Form Name: W-2 (US)

Filing Period: 01/01/11 - 12/31/11

Company EIN: 197878988

Address: 6561 IRVINE CENTER DRIVE

City, State, Zip: IRVINE, CA 92618

Invoice Amount: \$59.85

This filing contains information for W-2 federal, state, and employee filings. We will file your W-2 and W-3 forms with the SSA, print and mail employee copies for you, and send relevant state W-2 information to AZ.

Back Submit

When the eFiling process is complete, an email confirmation is sent and this next screen displays your **AFID or Aatrix Filing Identifier**. This number is assigned to the filing for tracking purposes. *You will need the AFID number, if for any reason you need to contact Aatrix regarding this filing.*

Aatrix Secure eFile - Complete [TEST]

Complete 197878988-bf1c1af9-67a9-1116130

Your filing has been successfully received for processing, and you should receive a confirmation email shortly. If you do not receive the confirmation email, you can view your confirmations online by logging into <https://sage100erp.aatrix.com>.


Email sent to: financials.na@sage.com

AFID*: 1116130

*The AFID (Aatrix Filing Identifier) is a number assigned to your submission for tracking purposes. Please write this number down. Refer to this number when contacting the eFile Center with questions about your submission.

Login to Aatrix eFile Center

<https://sage100.aatrix.com/pages/security/loginenterusername.aspx?v=MAS026> to view, track and access eFiled reports by client:



Home Companies Inbox Calendar **Filings** Pricing Contact Us
sagesupport Log Out

Click on a column heading to sort grid contents

Afid	Status	Submitted	Taxpayer	Form	Period	Payment	Employees
558650	OPEN	12/13/11	951234567 SAGE SOFTWARE	W-2 (US)	2011	N/A	28

Deleting Filings

If there is an error with your filing and the status of the filing is open, it can be deleted:

The screenshot shows the Aatrix eFile Center interface. A modal window titled "AFID 558650" is open, displaying the following information:

- Taxpayer: 951234567 SAGE SOFTWARE
- Form: W-2 (US)
- Period: 2011
- Status: OPEN (circled in red)
- Employees: 28
- Payment: N/A
- Bank Account:
- Route Number:
- Check Number:
- Submissions:
- Federal:
- State:
- Employee:

Below the information, there is a warning message: "The following job(s) were created from your submission, and will be processed by the Aatrix eFile Center. State and federal filings are batched and guaranteed to be delivered on-time to the appropriate agencies." Below this, it says "No jobs currently exist under this AFID." At the bottom right of the modal, there are two buttons: "Delete this filing" (circled in red) and "Print this page".

The screenshot shows a "Delete Filing" dialog box with a warning icon and the following text: "WARNING: Deleting this filing will cause it to not be processed by the eFile Center. Continue?" Below the warning are two buttons: "Delete" and "Cancel". Below the dialog box, the same filing information as in the previous screenshot is displayed:

- Taxpayer: 951234567 SAGE SOFTWARE
- Form: W-2 (US)
- Period: 2011
- Status: OPEN
- Employees: 28
- Payment: N/A
- Bank Account:
- Route Number:
- Check Number:
- Submissions:
- Federal:
- State:
- Employee:

Note: You will receive a confirmation email of your filing deletion request.

Viewing Forms Previously Printed, eFiled or Saved as Draft (KB ID 37617)

In **Accounts Payable**, select **History** from the Form type dropdown in Form1099 eFiling & Reporting and click **Accept**.

The screenshot shows the 'Form 1099 eFiling and Reporting' dialog box. The 'Form to Use' is set to 'New'. The 'Form Type' dropdown is set to 'History', which is highlighted with a red box. The 'Options' section includes 'Vendor Type to Print' set to 'All Types', 'Minimum YTD Payment' set to '.00', and '1099 Calendar Year' set to '2013'. The 'Company' section contains fields for Name, Address, City, State, ZIP Code, Federal ID No., Telephone, and Fax. The 'Vendor Number' table is empty. The 'Accept' button at the bottom right is highlighted with a red box.

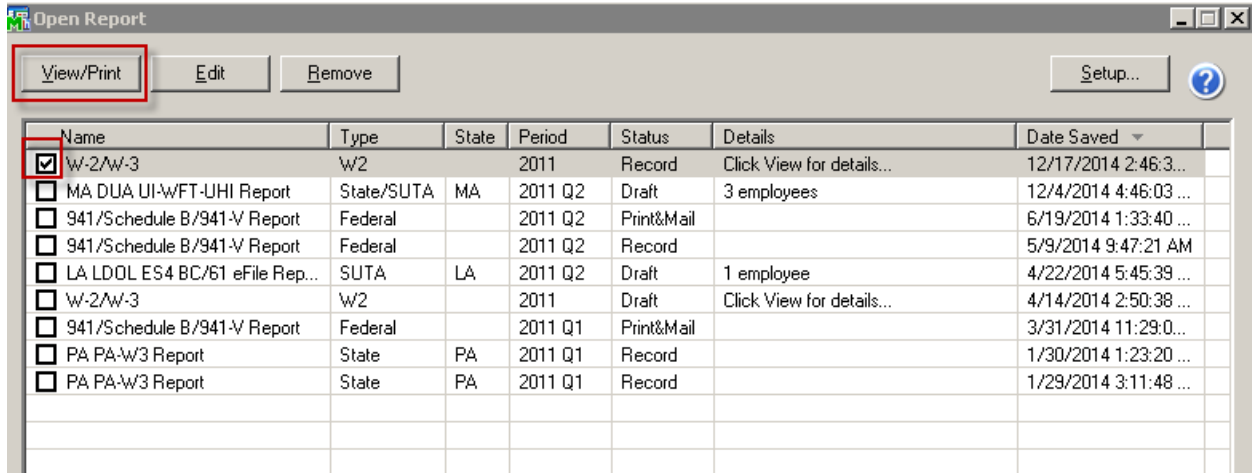
Select Field	Operand	Value
Vendor Number	All	

In **Payroll**, select **Existing Reports** in Federal or State eFiling & Reporting and click **Accept**.

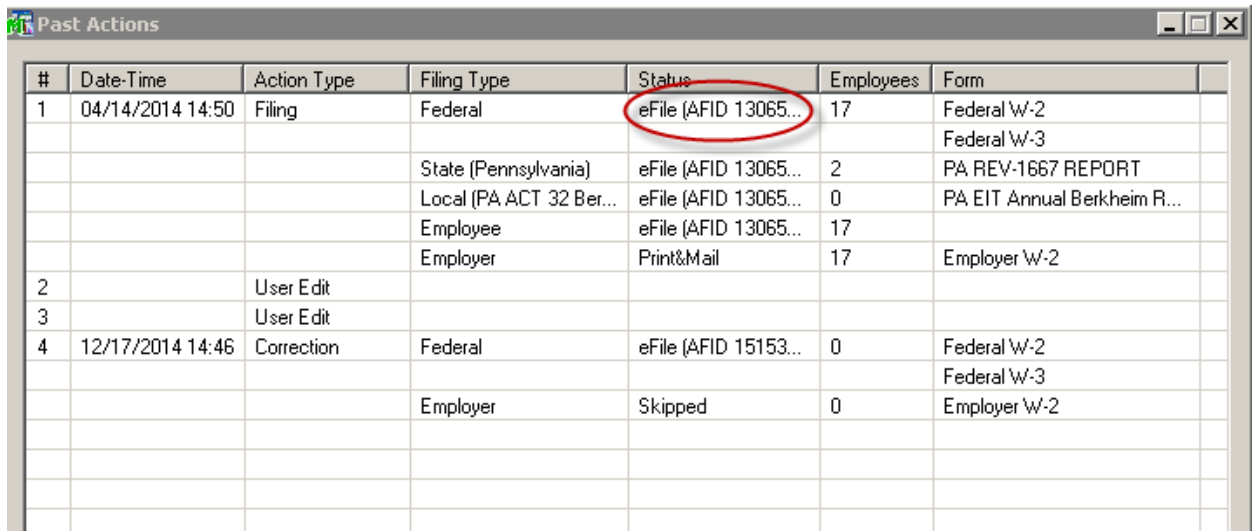
The screenshot shows the 'Federal eFiling and Reporting' dialog box. The 'Form Selection' section has 'Existing Reports' selected, which is highlighted with a red box. The 'Reporting' section includes 'Year' set to '2011' and 'Quarter' set to '4'. The 'Company' section contains fields for Name, Address, City, State, ZIP Code, Federal ID No., State ID No., Telephone, and Fax. The 'W2 and Box 14 Selections' section includes 'Kind of Employer' set to 'N = None Apply', and fields for 'Misc Earnings Code 1', 'Misc Earnings Code 2', 'Misc Deduction Code', and 'Misc Deduction Code'. The 'Accept' button at the bottom right is highlighted with a red box.

Saved history files are encrypted and can only be accessed through Sage 100. Select the applicable form and click appropriate button to **View/Print**, **Edit** or **Remove**.

You can also access the **Company Setup Wizard** by clicking **Setup** button.



If **Details** section says “**Click View for details..**”, after clicking **View/Print** the following window will open. In this **Past Actions** window, you will see specific details of all actions included when printing W2/W3’s.



Who do I call for Support?

- For questions regarding the Payroll and Accounts Payable data automatically populated on the forms, contact Sage 100 Customer Support at 800-854-3415 (M-F 6am - 5pm PST)
- For questions regarding forms that *have already been* eFiled or *in the process of being* eFiled, contact Aatrix eFile Support at 701-746-6814 (M-F 8am – 5pm CST) or email helpme@aatrix.com with your EIN or AFID in the subject line. Live chat is also available at under the Help section at sage100.aatrix.com
- For questions regarding Aatrix enrollment, billing or pricing visit <https://partner.aatrix.com/sage100> or call 800-426-0854.

Additional Resources

- **Sage Support Portal:** www.Support.NA.Sage.com – Knowledgebase articles & downloads
- **Sage University:** www.SageU.com – Anytime Learning courses
TIP! Search **Sage 100 eFiling** or **Sage 100 Period and Year End**
- **Sage City Year End Center:** <http://sagecity.na.sage.com/yearend/> - Click **Sage 100** to access Interactive Year End Checklist, Year End videos, and much more!

Knowledgebase Articles

Please reference the following Knowledgebase (KB) articles via the Sage Support website at <https://support.na.sage.com> or click links below, for more information.

KB ID: 18851 [How to install, activate, update, and uninstall eFiling and Reporting](#)

KB ID: 20022 [Unable to activate eFiling after installing updates or “Demo” prints on eFiling forms](#)

KB ID: 26182 [How to email W2s and acknowledge W2 Electronic Consent form](#)

KB ID: 27107 [How to Print 941 & Schedule B form](#)

KB ID: 62495 [How to setup ACA \(Affordable Care Act\) in Sage 100](#)

KB ID: 19289 [How to report Employer-Sponsored Health Care coverage on the W2 form](#)

KB ID: 26156 [How to Merge Payroll Data Files in eFiling & Reporting](#)

KB ID: 52376 [How to print Federal and State Tax Forms](#)

KB ID: 49809 [How to Setup Paperless Office to save your Period/Year-End Reports in Sage 100](#)

KB ID: 56085 [How to Reconcile Payroll Tax forms & Reports](#)

KB ID: 24123 [How to Set up and Process Fringe Benefits](#)

KB ID: 40509 [How to enter or change State & Local Tax ID #'s on Payroll Tax Reporting Forms](#)

KB ID: 25696 [How to assign & print Pennsylvania PSD codes](#)

KB ID: 49810 [Year End processing resources for Sage 100](#)

KB ID: 31378 [How to Reprint or Submit a Corrected 1099 form](#)

KB ID: 26338 [How to Print Child and Dependent Care in Box 10 on W2 form](#)

KB ID: 56598 [How to Print Foreign Addresses on W2 and 1099 forms](#)