

2021 Payroll Reporting Organizer

Please complete this organizer and return no later than January 17th, 2022. If you have any questions or difficulty completing these forms, please call our office at 920-261-7012.

Church/ Organization Name: _____

EIN _____ - _____ State W/H # (if applicable) _____

Name of Primary Contact: _____ Phone: _____

Primary Contact Email: _____

Did you pay \$600 or more to a non-employee for services? (please complete Form 1099 WORKSHEET)

Please review what employee benefits were provided in 2021: (select all that apply)

- Paid Cash Compensation via Check, Direct Deposit, Cash?
- Church-owned parsonage?
- Cash housing allowance? If so, does church have formal HA designation signed by church leadership on file? **YES** or **NO**
- Professional expense allowance (mileage, books, software etc.)? *Must be substantiated.*
- Retirement plan? If yes, what type of plan (e.g., 403b)? _____
- Life insurance? (Note, only certain plans qualify)
- Disability Insurance? (Note, only certain plans qualify)
- Christmas or other bonuses/gifts (e.g., love gifts, gift cards of any amount)?

Medical Benefits (select the appropriate box)

- Medical/health benefits were provided. On **each** Employee's Compensation Info sheet, complete the type of medical/health benefit and indicate amounts paid.
- No Medical Benefits were provided.

General Payroll Information (select all that apply)

- Quarterly Forms 941 were filed with the IRS for 2021. Provide copies of the previously filed reports.
- Monthly/quarterly state withholding reports were filed. Provide copies of the previously filed forms.
- A completed Employee Info worksheet **for each employee (Section A)** **OR** payroll reports from your accounting software has been provided.

Form 941

Assistance with preparing 4th Quarter Form 941:

Please provide copies of the already filed 1st, 2nd, and 3rd Quarter Forms 941. The Quarterly Form 941 has had multiple revisions due to The CARES ACT and other governmental legislation.

State Withholding Reporting					
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter*	Totals
Total payment made					

*If you wish us to prepare your 4th quarter state report, leave the last column blank.

Employee Compensation Info Sheet

Employee Personal Information

Full Name: _____ SSN# _____ Minister

Address: _____ City: _____ State: _____ Zip: _____

SECTION A

Compensation and Additions to Pay

- \$ _____ Total Cash Compensation – Paid via Check, Direct Deposit, Cash
- 1. \$ _____ Portion of cash compensation designated As Housing Allowance
- 2. \$ _____ In addition to Line 1 Pay: Medical Assistance (Provide further details below)
- 3. \$ _____ In addition to Line 1 Pay: Bonuses and Gifts -Include the value of gift cards given
- 4. \$ _____ In addition to Line 1 Pay: Tax Assistance
- 5. \$ _____ In addition to Line 1 Pay: Professional Expense Accountable Plan
- 6. \$ _____ In addition to Line 1 Pay: Explain: _____

Withholdings and Deductions from Pay

- \$ _____ Social Security at 6.2% (N/A to ministers)
- \$ _____ Medicare at 1.45% (N/A to ministers)
- \$ _____ Federal Income Tax Withholding (FITW)
- \$ _____ State Income Tax Withholding (SITW)
- \$ _____ Local Income Tax Withholding (if applicable)
- \$ _____ Deduction from Pay: 403(b) Employee contributions (ROTH? or TRADITIONAL?)
- \$ _____ Deduction from Pay: Explain: _____

Additional Comments/Information:

Medical/Dental/Vision Benefits Explanation

Verify with Employee type of coverage for the purpose of properly categorizing benefit (Check below)

- Employer-Sponsored Plan
- Marketplace Coverage (healthcare.gov)
- State Health Coverage/Medicaid
- Healthcare Sharing
- Medicare
- Medicare Supplement
- Other: _____
- None

Note: Record above the dollar amount of the benefit.

COMPLETE Health/Dental/Vision FOR EACH EMPLOYEE

Employee Compensation Info Sheet

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Full Name: _____ SSN# _____ Minister

Address: _____ City: _____ State: _____ Zip: _____

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COMPLETE Health/Dental/Vision FOR EACH EMPLOYEE