

<b>22222</b>		Void <input type="checkbox"/>	<b>a</b> Employee's social security number 453-59-0739		<b>For Official Use Only</b> ▶ OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 45-5385596			<b>1</b> Wages, tips, other compensation 12000.00		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023			<b>3</b> Social security wages 12000.00		<b>4</b> Social security tax withheld 744.00	
			<b>5</b> Medicare wages and tips 12000.00		<b>6</b> Medicare tax withheld 174.00	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial CHRISTOPHER C		Last name FLUITT		Suff	<b>11</b> Nonqualified plans	
<b>f</b> Employee's address and ZIP code  1113 LOMBARDY DR PLANO TX 75023			<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12a</b> See instructions for box 12	
			<b>14</b> Other		<b>12b</b>	
					<b>12c</b>	
				<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement

**2021**  
0000/ 1030D

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

**Copy A For Social Security Administration** - Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

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

REV 12/03/21 QB

<b>22222</b>		Void <input type="checkbox"/>	<b>a</b> Employee's social security number 520-41-5978		<b>For Official Use Only</b> ▶ OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 45-5385596			<b>1</b> Wages, tips, other compensation 1200.00		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023			<b>3</b> Social security wages 1200.00		<b>4</b> Social security tax withheld 74.40	
			<b>5</b> Medicare wages and tips 1200.00		<b>6</b> Medicare tax withheld 17.40	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial ALEX		Last name SIDEBOTTOM		Suff	<b>11</b> Nonqualified plans	
<b>f</b> Employee's address and ZIP code  9450 FOREST SPRINGS DR APT 1706 DALLAS TX 75243			<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12a</b> See instructions for box 12	
			<b>14</b> Other		<b>12b</b>	
					<b>12c</b>	
				<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement

**2021**  
0000/ 1030D

Department of the Treasury - Internal Revenue Service  
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Black-and-White Form W-2 (Revised 10/21)

<b>22222</b>		Void <input type="checkbox"/>	<b>a</b> Employee's social security number 630-24-4420		<b>For Official Use Only</b> ▶ OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 45-5385596			<b>1</b> Wages, tips, other compensation 2040.00		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS  1113 LOMBARDY DR  PLANO TX 75023			<b>3</b> Social security wages 2040.00		<b>4</b> Social security tax withheld 126.48	
			<b>5</b> Medicare wages and tips 2040.00		<b>6</b> Medicare tax withheld 29.58	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial VICKERY A		Last name SKINNER		Suff	<b>11</b> Nonqualified plans	
<b>f</b> Employee's address and ZIP code  4909 HAVERWOOD LN APT 2219 DALLAS TX 75287			<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12a</b> See instructions for box 12	
			<b>14</b> Other		<b>12b</b>	
					<b>12c</b>	
				<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement

**2021**  
0000/ 1030D

Department of the Treasury - Internal Revenue Service  
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REV 12/03/21 QB

<b>22222</b>		Void <input type="checkbox"/>	<b>a</b> Employee's social security number		<b>For Official Use Only</b> ▶ OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld	
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial		Last name		Suff	<b>11</b> Nonqualified plans	
<b>f</b> Employee's address and ZIP code			<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12a</b> See instructions for box 12	
			<b>14</b> Other		<b>12b</b>	
					<b>12c</b>	
				<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement

**2021**  
0000/ 1030D

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

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Black-and-White Form W-2 (Revised 10/21)

<b>33333</b>		a Control number		For Official Use Only ► OMB No. 1545-0008				
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> 942 <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Military <input type="checkbox"/> Hshld. Emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>		Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>
c Total number of Forms W-2 3		d Establishment number		1 Wages, tips, other compensation 15240.00		2 Federal income tax withheld		
e Employer identification number (EIN) 45-5385596				3 Social security wages 15240.00		4 Social security tax withheld 944.88		
f Employer's name REDEMPTION CHURCH OF PLANO,  1113 LOMBARDY DR  PLANO TX 75023				5 Medicare wages and tips 15240.00		6 Medicare tax withheld 220.98		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				9		10 Dependent care benefits		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State Employer's state ID number				14 Income tax withheld by payer of third-party sick pay				
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person CHRIS FLUITT				Employer's telephone number (469) 467-8111		For Official Use Only 0000/1030D		
Employer's fax number				Employer's email address pastor@redemption-church.com				

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 ► PASTOR

Date ►

Form **W-3 Transmittal of Wage and Tax Statements 2021**

Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**Reminder**

**Separate instructions.** See the 2021 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

**Purpose of Form**

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

**E-Filing**

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2022**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First time filers, select "Register"; returning filers select "Log In."

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2022**.

**Where To File Paper Forms**

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Direct Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

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## Step 1: Forms W-2 and W-3 Interview

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### Welcome to the W-2 and W-3 interview

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#### Have you downloaded the latest version of the forms?

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The Forms W-2 and W-3 you currently have are for tax year 2021

*If you do not have the latest forms, you should leave the payroll form window, download the latest updates, and start again.*

---

#### Is Your Company Address Correct?

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Failure to ensure your company address is complete and correct will cause you to update the information and resubmit. This includes the street address, city, state, and zip code.

---

#### We will guide you through the review and preparation of your W-2 and W-3 tax forms.

---

This interview will:

- a) Allow you to **edit** your W-2 and W-3 forms
- b) Help you to **review** and **fix errors** in your forms
- c) Allow you to **print** and **save** your forms

Before we begin, here are some **important dates** to mark on your calendar:

1. **January 31, 2022**

Deadline for employers to **deliver a W-2 form to each employee**. Encourage employees to check W-2 forms against their last paycheck paid during the prior year, to ensure that any corrections can be made timely.

2. **January 31, 2022**

Deadline when employers must **file copies of the W-2s with government agencies**.

3. **January 31, 2022**

Deadline when employers who **file electronically** must **file federal copies of the W-2s** with the Social Security Administration (SSA).

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#### Make sure that you file only one Form W-2 (Copy A) per employee.

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You must file **one W-2 form for each employee paid during the tax year**.  
(You file Copy A with the Social Security Administration)

If you inadvertently create a duplicate W-2 form for an employee and then file both copies with the SSA, the agency may use the information from both forms to determine the employee's reported income. Not only will the employee's reported taxable income be calculated incorrectly, but also the employer payroll liability payments and balances.

To avoid filing multiple W-2 forms for an employee, review the employee list provided in this interview for any duplicates.

**Note:** Form W-2c is a corrected wage and tax statement and not considered a duplicate filing.

## Step 1: Forms W-2 and W-3 Interview

### Instructions:

QuickBooks has imported your data into the W-2 forms, but there may be some areas that are incomplete. Please review the information below for accuracy and enter any missing data as needed.

**NOTE:** If the company trade name is different than the legal name, both will appear below and both will print on all W-2 forms.

### Verify your Company Information:

Company legal name . . . . Redemption Church of Plano, Texas  
Trade name (if different) . . . . \_\_\_\_\_  
Company legal address . . . . 1113 Lombardy Dr  
City, State, ZIP code . . . . Plano TX 75023  
Other EIN used this year . . . . \_\_\_\_\_  
Contact person . . . . . Chris Fluitt  
Email address . . . . . pastor@redemption-church.com  
Telephone number . . . . . (469) 467-8111  
Fax number . . . . . \_\_\_\_\_

### Answer the following questions:

#### Kind of Payer **Check one of these boxes:**

What kind of payer are you?  941 (Most common)  Household employer  
 943  Medicare govt. employer  
 944  Military

#### Kind of Employer **Check one of these boxes:**

What kind of employer are you?  None apply (Most common)  State/local 501c  
 State/local non 501c  Federal govt.  
 501c non-govt.

#### Special Situations **Check one of these boxes:** Yes No

Do you have **any** of the following special situations?  
\* Statutory employees (*earnings not subject to employee withholding*)  
\* Employees with retirement plans (*401k, SEP, SIMPLE, pension, etc.*)  
\* Employees who receive 3rd party sick pay (*3rd party provided a Sick Pay Statement*)

### Control Number

The control number is optional on Forms W-2 and W-3. The SSA records the control numbers in case they need to reference them when contacting an employer.  
The control number on Form W-3 is different than the control number on Forms W-2, so they can be used for different purposes.

#### Form W-3 Control Number

The control number for your Form W-3 is: \_\_\_\_\_

**For most current versions of QuickBooks, a control number for Form W-3 is automatically generated.**

You can keep the generated entry, override the entry with one more meaningful to you, or delete the control number. If you did not select a group (you selected All Employees in the Select Payroll Form window), QuickBooks does NOT generate a control number.

#### Form W-2 Control Number

**When you first open the W-2 worksheets in the interview, the control number is blank.** On each W-2 worksheet, you can manually enter a control number (ex: employee number) or you can leave it blank. For more information about the control number on Forms W-2 and W-3, click the **View details about this form link**.

### Review your form

To proceed to viewing your W-2 forms, click *Next*. Remember to click the *Check for Errors* button when you are done with your review.

**Step 2: Form W-2 Worksheet**

Displaying: FLUITT, CHRISTOPHER C | Employee 1 of 3

Employer's Name(s) as Shown on Forms <u>REDEMPTION CHURCH OF PLANO, TEXAS</u>		Federal ID Number <u>45-5385596</u>			
<p><b>a</b> Employee's SSN . . . . . <u>453-59-0739</u></p> <p><b>b</b> Employer's ID number . . <u>45-5385596</u></p> <p><b>c</b> Employer's name, address, and ZIP code <u>REDEMPTION CHURCH OF PLANO, TEXAS</u> <u>1113 LOMBARDY DR</u> <u>PLANO</u> State <u>TX</u> <u>75023</u></p> <p><b>d</b> Control number _____</p> <p><b>e</b> Employee's name First <u>CHRISTOPHER</u> MI <u>C</u> Suffix _____ Last <u>FLUITT</u></p> <p><b>f</b> Employee's address and ZIP code <u>1113 LOMBARDY DR</u> <u>PLANO</u> State <u>TX</u> <u>75023</u></p>	<p><b>1</b> Wages, tips, other compensation <u>12000.00</u></p> <p><b>3</b> Social security wages <u>12000.00</u></p> <p><b>5</b> Medicare wages and tips <u>12000.00</u></p> <p><b>7</b> Social security tips _____</p> <p><b>9</b> _____</p> <p><b>11</b> Nonqualified plans _____</p> <p><b>13</b> Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p><b>14</b> Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p><b>2</b> Federal income tax withheld _____</p> <p><b>4</b> Social security tax withheld <u>744.00</u></p> <p><b>6</b> Medicare tax withheld <u>174.00</u></p> <p><b>8</b> Allocated tips _____</p> <p><b>10</b> Dependent care benefits _____</p> <p><b>12</b> <b>a</b> _____ <b>b</b> _____ <b>c</b> _____ <b>d</b> _____</p>			
<b>15</b> Employer's state identification no.	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Step 2: Form W-2 Worksheet**

Displaying: SIDEBOTTOM, ALEX Employee 2 of 3

Employer's Name(s) as Shown on Forms <u>REDEMPTION CHURCH OF PLANO, TEXAS</u>		Federal ID Number <u>45-5385596</u>	
<p><b>a</b> Employee's SSN . . . . . <u>520-41-5978</u></p> <p><b>b</b> Employer's ID number . . <u>45-5385596</u></p> <p><b>c</b> Employer's name, address, and ZIP code <u>REDEMPTION CHURCH OF PLANO, TEXAS</u>  <u>1113 LOMBARDY DR</u>  <u>PLANO</u> State <u>TX</u> <u>75023</u></p> <p><b>d</b> Control number _____</p> <p><b>e</b> Employee's name First <u>ALEX</u> MI _____ Suffix _____ Last <u>SIDEBOTTOM</u></p> <p><b>f</b> Employee's address and ZIP code <u>9450 FOREST SPRINGS DR APT 1706</u> <u>DALLAS</u> State <u>TX</u> <u>75243</u></p>	<p><b>1</b> Wages, tips, other compensation <u>1200.00</u></p> <p><b>3</b> Social security wages <u>1200.00</u></p> <p><b>5</b> Medicare wages and tips <u>1200.00</u></p> <p><b>7</b> Social security tips _____</p> <p><b>9</b> _____</p> <p><b>11</b> Nonqualified plans _____</p> <p><b>13</b> Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p><b>14</b> Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p><b>2</b> Federal income tax withheld _____</p> <p><b>4</b> Social security tax withheld <u>74.40</u></p> <p><b>6</b> Medicare tax withheld <u>17.40</u></p> <p><b>8</b> Allocated tips _____</p> <p><b>10</b> Dependent care benefits _____</p> <p><b>12</b> <b>a</b> _____ <b>b</b> _____ <b>c</b> _____ <b>d</b> _____</p>	

15 Employer's state State identification no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name

**Step 2: Form W-2 Worksheet**

Displaying: SKINNER, VICKERY A | Employee 3 of 3

Employer's Name(s) as Shown on Forms <u>REDEMPTION CHURCH OF PLANO, TEXAS</u>		Federal ID Number <u>45-5385596</u>									
<p><b>a</b> Employee's SSN . . . . . <u>630-24-4420</u></p> <p><b>b</b> Employer's ID number . . . <u>45-5385596</u></p> <p><b>c</b> Employer's name, address, and ZIP code <u>REDEMPTION CHURCH OF PLANO, TEXAS</u> <u>1113 LOMBARDY DR</u> <u>PLANO</u> State <u>TX</u> <u>75023</u></p> <p><b>d</b> Control number _____</p> <p><b>e</b> Employee's name First <u>VICKERY</u> MI <u>A</u> Suffix _____ Last <u>SKINNER</u></p> <p><b>f</b> Employee's address and ZIP code <u>4909 HAVERWOOD LN APT 2219</u> <u>DALLAS</u> State <u>TX</u> <u>75287</u></p>	<p><b>1</b> Wages, tips, other compensation <u>2040.00</u></p> <p><b>3</b> Social security wages <u>2040.00</u></p> <p><b>5</b> Medicare wages and tips <u>2040.00</u></p> <p><b>7</b> Social security tips _____</p> <p><b>9</b> _____</p> <p><b>11</b> Nonqualified plans _____</p> <p><b>13</b> Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p>	<p><b>2</b> Federal income tax withheld _____</p> <p><b>4</b> Social security tax withheld <u>126.48</u></p> <p><b>6</b> Medicare tax withheld <u>29.58</u></p> <p><b>8</b> Allocated tips _____</p> <p><b>10</b> Dependent care benefits _____</p> <p><b>12</b> <b>a</b> _____ <b>b</b> _____ <b>c</b> _____ <b>d</b> _____</p>	<p><b>14</b> Other</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">descr _____</td> <td style="width:40%;">Amt _____</td> </tr> <tr> <td>descr _____</td> <td>Amt _____</td> </tr> <tr> <td>descr _____</td> <td>Amt _____</td> </tr> <tr> <td>descr _____</td> <td>Amt _____</td> </tr> </table>	descr _____	Amt _____						
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15 Employer's state State identification no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name