

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

Form W-2 Wage and Tax Statement

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

2023

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Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

REV QBDT

22222		Void ☐	a Employee's social security number 520-41-5978		For Official Use Only ► OMB No. 1545-0008		
b Employer identification number (EIN) 45-5385596					1 Wages, tips, other compensation 500.00		2 Federal income tax withheld
c Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS 1113 LOMBARDY DR PLANO TX 75023					3 Social security wages 500.00		4 Social security tax withheld 31.00
					5 Medicare wages and tips 500.00		6 Medicare tax withheld 7.25
					7 Social security tips		8 Allocated tips
d Control number					9		10 Dependent care benefits
e Employee's first name and initial ALEX		Last name SIDEBOTTOM		Suff	11 Nonqualified plans		12a See instructions for box 12
f Employee's address and ZIP code 9450 FOREST SPRINGS DR APT 1706 DALLAS TX 75243					13 Statutory employee Retirement plan Third-party sick pay		12b
					14 Other		12c
							12d
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

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Department of the Treasury - Internal Revenue Service

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Black-and-White Form W-2 (Revised 08/23)

22222		Void ☐	a Employee's social security number 630-24-4420		For Official Use Only ► OMB No. 1545-0008						
b Employer identification number (EIN) 45-5385596				1 Wages, tips, other compensation 2040.00		2 Federal income tax withheld					
				3 Social security wages 2040.00		4 Social security tax withheld 126.48					
				5 Medicare wages and tips 2040.00		6 Medicare tax withheld 29.58					
				7 Social security tips		8 Allocated tips					
c Employer's name, address, and ZIP code REDEMPTION CHURCH OF PLANO, TEXAS 1113 LOMBARDY DR PLANO TX 75023				9		10 Dependent care benefits					
d Control number											
e Employee's first name and initial VICKERY A		Last name SKINNER		Suff	11 Nonqualified plans		12a See instructions for box 12				
f Employee's address and ZIP code 2050 FM 423 APT 3503 LITTLE ELM TX 75068				13 Statutory employee Retirement plan Third-party sick pay		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement

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Department of the Treasury - Internal Revenue Service

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

REV QB0T

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

Form W-2 Wage and Tax Statement

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

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Department of the Treasury - Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Black-and-White Form W-2 (Revised 08/23)

33333		a Control number		For Official Use Only ► OMB No. 1545-0008			
b Kind of Payer (Check one)		941 ☒		Military 943 ☐		944 ☐	
		CT-1 ☐		Hshld. Emp. ☐		Medicare govt. emp. ☐	
Kind of Employer (Check one)		None apply ☒		501c non-govt. ☐		Third-party sick pay (Check if applicable) ☐	
		State/local non-501c ☐		State/local 501c ☐		Federal govt. ☐	
c Total number of Forms W-2 3		d Establishment number		1 Wages, tips, other compensation 14540.00		2 Federal income tax withheld	
e Employer identification number (EIN) 45-5385596				3 Social security wages 14540.00		4 Social security tax withheld 901.48	
f Employer's name REDEMPTION CHURCH OF PLANO,				5 Medicare wages and tips 14540.00		6 Medicare tax withheld 210.83	
1113 LOMBARDY DR PLANO TX 75023 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 **2023**

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 2023 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, 2024**. For more information, go to www.SSA.gov/bso. 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, 2024**.

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.

Tax Form for EIN: 45-5385596

Employees with last names A through Z
3 of 3 employees selected

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

Welcome to the W-2 and W-3 interview

Have you downloaded the latest version of the forms?

The Forms W-2 and W-3 you currently have are for tax year 2023

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?

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, 2024**

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, 2024**

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

3. **January 31, 2024**

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

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

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.

Tax Form for EIN: 45-5385596Employees with last names A through Z
3 of 3 employees selected**Step 2: Form W-2 Worksheet**Displaying: FLUITT, CHRISTOPHER CEmployee 1 of 3Employer's Name(s) as Shown on Forms
REDEMPTION CHURCH OF PLANO, TEXASFederal ID Number
45-5385596

a Employee's SSN <u>453-59-0739</u>		1 Wages, tips, other compensation <u>12000.00</u>	2 Federal income tax withheld <u> </u>		
b Employer's ID number . . <u>45-5385596</u>		3 Social security wages <u>12000.00</u>	4 Social security tax withheld <u>744.00</u>		
c 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>		5 Medicare wages and tips <u>12000.00</u>	6 Medicare tax withheld <u>174.00</u>		
d Control number <u> </u>		7 Social security tips <u> </u>	8 Allocated tips <u> </u>		
e Employee's name First <u>CHRISTOPHER</u> MI <u>C</u> Suffix <u> </u> Last <u>FLUITT</u>		9 	10 Dependent care benefits <u> </u>		
f Employee's address and ZIP code <u>1113 LOMBARDY DR</u> <u>PLANO</u> State <u>TX</u> <u>75023</u>		11 Nonqualified plans <u> </u>	12 a <u> </u> b <u> </u> c <u> </u> d <u> </u>		
		13 Statutory employee. ☐ Retirement plan . . ☐ Third-party sick pay ☐			
		14 Other descr <u> </u> Amt <u> </u> descr <u> </u> Amt <u> </u> descr <u> </u> Amt <u> </u> descr <u> </u> Amt <u> </u>			
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
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Tax Form for EIN: 45-5385596Employees with last names A through Z
3 of 3 employees selected**Step 2: Form W-2 Worksheet**Displaying: SIDEBOTTOM, ALEXEmployee 2 of 3

Employer's Name(s) as Shown on Forms REDEMPTION CHURCH OF PLANO, TEXAS		Federal ID Number 45-5385596			
a Employee's SSN <u>520-41-5978</u>		1 Wages, tips, other compensation <u>500.00</u>	2 Federal income tax withheld <u> </u>		
b Employer's ID number . . <u>45-5385596</u>		3 Social security wages <u>500.00</u>	4 Social security tax withheld <u>31.00</u>		
c 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>		5 Medicare wages and tips <u>500.00</u>	6 Medicare tax withheld <u>7.25</u>		
d Control number <u> </u>		7 Social security tips <u> </u>	8 Allocated tips <u> </u>		
e Employee's name First <u>ALEX</u> MI <u> </u> Suffix <u> </u> Last <u>SIDEBOTTOM</u>		9 	10 Dependent care benefits <u> </u>		
f Employee's address and ZIP code <u>9450 FOREST SPRINGS DR APT 1706</u> <u>DALLAS</u> State <u>TX</u> <u>75243</u>		11 Nonqualified plans <u> </u>	12 a <u> </u> b <u> </u> c <u> </u> d <u> </u>		
		13 Statutory employee. ☐ Retirement plan . . ☐ Third-party sick pay ☐			
		14 Other descr <u> </u> Amt <u> </u> descr <u> </u> Amt <u> </u> descr <u> </u> Amt <u> </u> descr <u> </u> Amt <u> </u>			
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
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Tax Form for EIN: 45-5385596Employees with last names A through Z
3 of 3 employees selected**Step 2: Form W-2 Worksheet**Displaying: SKINNER, VICKERY A | Employee 3 of 3

Employer's Name(s) as Shown on Forms REDEMPTION CHURCH OF PLANO, TEXAS		Federal ID Number 45-5385596			
a Employee's SSN <u>630-24-4420</u> b Employer's ID number . . <u>45-5385596</u> c 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> d Control number _____		1 Wages, tips, other compensation <u>2040.00</u> 3 Social security wages <u>2040.00</u> 5 Medicare wages and tips <u>2040.00</u> 7 Social security tips _____ 9 _____ 11 Nonqualified plans _____ 13 Statutory employee. ▶ ☐ Retirement plan . . ▶ ☐ Third-party sick pay ▶ ☐			
e Employee's name First <u>VICKERY</u> MI <u>A</u> Suffix _____ Last <u>SKINNER</u> f Employee's address and ZIP code <u>2050 FM 423 APT 3503</u> <u>LITTLE ELM</u> State <u>TX</u> <u>75068</u>		2 Federal income tax withheld _____ 4 Social security tax withheld <u>126.48</u> 6 Medicare tax withheld <u>29.58</u> 8 Allocated tips _____ 10 Dependent care benefits _____ 12 a _____ b _____ c _____ d _____			
14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____					
15 Employer's state identification no.	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality Name
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____