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# TAX SERVICES

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## Reporting Requirements Related to Third Party Payments of Sick Pay

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**REPORTING REQUIREMENTS RELATED TO THIRD  
PARTY PAYMENTS OF SICK PAY**

The purpose of this release is to facilitate the preparation of reports required for payments of sick pay paid by a third party.

***GENERAL OVERVIEW OF SICK PAY***

Sick pay is subject to withholding taxes and is treated, for the most part, as a component of “regular” wages paid throughout the year. Sick payments are subject to Social Security and Medicare tax, Federal unemployment tax, and withholding of Federal income tax. Sick pay is also included as wages for purposes of some states’ unemployment tax computations.

An employer who makes sick payments directly to its employees will treat such payments as regular wages. The employer will withhold and remit the proper taxes, and report the proper amounts on the employee’s Form W-2. These rules become more complex when the payer of sick pay is a third party (for example, a Health and Welfare Fund).

***FEDERAL INCOME TAX WITHHOLDING***

Sick pay recipients may have Federal income tax withheld from payments received. If there is a provision in a collective bargaining agreement specifying the amount of Federal income tax to be withheld from sick pay, those provisions should be followed. If no such provision applies, the recipient may file Form W-4S (See EXHIBIT 1). Such withholding may not fall below certain minimum amounts explained under “Amount to be Withheld” in EXHIBIT 1.

***SOCIAL SECURITY AND MEDICARE TAX – WITHHELD PORTION***

Social Security and Medicare tax must be withheld for payments made within six calendar months following the month in which the payee last worked. It is possible that the reporting period might cover two calendar years. For example, if an employee last worked in November 2024, you will have to begin withholding FICA tax in December 2024. A W-2 will be issued for 2024. Additional sick payments made in 2025 will be subject to FICA withholding until the employee has been paid a total of six months of sick-pay benefits. After six months, withholding on subsequent payments is no longer applicable. A W-2 for 2025 will also be issued. The withholding rate for 2024 is 6.2% for the Social Security portion on a maximum wage base of \$168,600 for the first six months and 1.45% for the Medicare portion with no maximum wage base. For 2025, the Social Security rate is 6.2% on a maximum wage base of \$176,100 and 1.45% for the Medicare portion. Once compensation (including sick pay) exceeds the applicable social security wage base, no further tax needs to be withheld.

An additional .9% Medicare tax is required to be withheld from an employee's wages in excess of \$200,000. The employer is not required to match this portion of the Medicare tax.

***SOCIAL SECURITY AND MEDICARE TAX – “EMPLOYER’S SHARE”***

As with regular wages, the employer must match the amount of Social Security and Medicare tax withheld from sick pay and remit the so-called "employer's share" of Social Security and Medicare tax to the Internal Revenue Service, along with the withheld amount. The employer's Social Security rate in 2024 remains at 6.2%.

Generally, a health and welfare fund is responsible for paying the employer's share of Social Security and Medicare tax unless the fund:

- 1) withholds the employee's share of tax;
- 2) deposits the amount withheld on a timely basis; and
- 3) notifies the employer as to the amount of sick pay and the amount of Social Security and Medicare tax withheld and deposited. This notice must be provided within the time required for the deposit of the employee's share of the taxes.

If the fund complies with the above, the employer will be responsible for matching the Social Security and Medicare tax. Remember that the notification to the employer must be done on a timely basis.

***FEDERAL UNEMPLOYMENT TAX***

Sick pay payments made within six months following the calendar month in which the recipient last worked will be subject to Federal Unemployment Tax. If the fund is liable for the employer's share of FICA taxes it must report and make quarterly FUTA tax deposits, if required, on the payments. The fund must report amounts paid and taxes deposited annually on Form 940.

A special rule applies to sick pay payments made to employees by a third-party insurer under an insurance contract with a multiemployer plan established under a collectively bargained agreement. If the third-party insurer making the payments gives the plan (instead of the employer) the required timely notice, then the plan must pay the employer's part of the Social Security and Medicare taxes and the FUTA taxes. Similarly, if within six (6) business days of the plan's receipt of the notification, the plan gives notice to the employer for whom the employee normally works, the employer (not the plan) must pay the employer's share of the Social Security and Medicare taxes and the FUTA taxes.

***FORM 941 REPORTING REQUIREMENTS***

When a health and welfare fund remits both the employer and employee share of the Social Security and Medicare tax, there is no special treatment required on Form 941. The sick pay is treated as a component of compensation. EXHIBIT 2 is an example Form 941 for a fund (third party) that pays both parts of the Social Security and Medicare tax.

When the employer's share of the Social Security and Medicare tax is not to be paid by the fund, Form 941 should be filed as shown on EXHIBIT 3. Line 8 of Form 941 is used to adjust the employer's share of the FICA tax.

EXHIBIT 4 illustrates the employer's Form 941 when the payment of the "employer's share" of Social Security and Medicare tax is passed on from the welfare fund. The amount on Line 8 of EXHIBIT 4 represents the FICA tax withheld from sick pay by the welfare fund.

The net of line 6 minus 8 of EXHIBIT 4 represents the “employer’s share” of FICA tax passed on to the employer from the welfare fund.

### ***ANNUAL REPORTING REQUIREMENTS***

If the fund (third party) elects to pay the “employer’s share” of the Social Security and Medicare tax, it must give each sick pay recipient a Form W-2 by January 31, 2025. Also, the fund must submit Copy A of Form W-2 along with Form W-3 to the Social Security Administration by January 31, 2025. These forms are prepared as if the fund was the employer.

If the fund passes on the employer’s share of Social Security and Medicare tax to the employer, in addition to the timely interim notices previously discussed, it must give that employer certain information by January 15, 2025 (See EXHIBIT 5 for a sample transmittal). For each employee who received sick pay during the preceding year, the fund must provide:

- a) the employee’s name;
- b) the Social Security number of each employee who had any income or Social Security and Medicare taxes withheld;
- c) the amount of sick pay for each employee;
- d) the amount of income tax withheld, if any, and the amount of Social Security and Medicare taxes withheld.

The employer must then either include these amounts on the recipient’s Form W-2 or issue a separate Form W-2 for these payments and mark the third party sick pay checkbox in Box 13. If there is any income tax withheld on the payments, the employer should show that amount on Lines 2 and 14 of Form W-3 and mark the third party sick pay checkbox in Box b of the W-3. Otherwise, the employer’s annual reporting is prepared in the usual fashion (See EXHIBIT 6).

**IMPORTANT:** The third party (or in certain cases, the employer) must file Form 8922 to report sick pay paid by a third party for or on behalf of employers. The due date for this form is the same as for the W-3/W-2 forms, January 31, 2025.

Form 8922 does not show the names of individuals who received the third-party sick pay. It only shows the total amounts paid in the calendar year to all employees whose sick pay wages are required to be reported on this form.

Third-party sick pay is reported on Form 8922 if the liability for the employer portion of social security tax and Medicare tax has been shifted by the third party or insurer paying the sick pay to the employer for whom the services are normally rendered. Whether the third party or the employer reports the sick pay on Form 8922 depends on which entity is filing Forms W-2 for the individual employees who received the sick pay.

The third-party (Health & Welfare Fund) reports the sick pay on Form 8922 if the employer is filing Forms W-2 for the employees under its Employer Identification Number (See EXHIBIT 7).

If the third party is filing Forms W-2 for the employees to report the sick pay under its EIN (under the Optional rule for W-2 forms described in Publication 15-A, pages 19 and 20), the employer then is required to file Form 8922 to report the total sick payments made on the employer’s behalf (See Exhibit 8).

If the third-party (Health & Welfare Fund) is paying all employment taxes, including the employer portion of social security tax and Medicare tax with respect to the sick pay, the third party files Forms W-2 using its name and EIN as the employer for each employee who received the sick pay. The third party will also include these amounts and all applicable withholdings for social security, Medicare, federal income and state income tax, if any, on its Form 941. In this case, neither the third party nor the employer is required to report the sick pay on Form 8922.


Other examples where Form 8922 might be required to be filed are listed on pages 20-21 of IRS Publication 15-A. Attached is a table from Publication 15-A which shows the employer and third party responsibilities with regard to compliance when the third party sick pay is paid by the third party (Health & Welfare Fund) and where the liability is transferred to the employer (See Exhibit 9).

The following is a summary of the instructions for Form 8922:

- A. Mark the applicable box if filing this form as either the employer or the third-party payer and include the name, address and phone number in the filer's box.
- B. Enter the applicable EIN as either the employer or third-party payer. If filing as an agent, use the employer's EIN and include the employer's name, address and phone number in the applicable box.
- C. If the employer's box is checked, the employer must provide the name and EIN of the insurer or agent, i.e. health and welfare fund. If the employer has contracts with more than one insurer or agent, the employer must file a separate Form 8922 for the wages and taxes related to each contract.

If the insurer/agent box is checked, the insurer (health and welfare fund) or agent may, but it is not required to, provide the name and EIN of the employer. If it is providing this information, and if it has contracts with more than one employer, it must file a separate Form 8922 for the wages and taxes related to each employer.

- D. Further instructions are available as attached for Boxes 1 through 6.

 <input type="checkbox"/> CORRECTED		Filer is an (check one): <input type="checkbox"/> Employer <b>A</b> <input type="checkbox"/> Insurer/Agent		OMB No. 1545-0029 <b>Form 8922</b> (Rev. October 2024) For calendar year <b>2024</b>	<b>Third-Party Sick Pay Recap</b>  For Privacy Act and Paperwork Reduction Act Notice, see page 2.
FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.  <b>A</b>		FILER'S employer identification number  <b>B</b>			
OTHER PARTY'S name (see instructions before entering)  <b>C</b>		1 Sick pay subject to federal income tax <b>D</b>	2 Federal income tax withheld from sick pay <b>D</b>		
OTHER PARTY'S employer identification number (see instructions before entering)		3 Sick pay subject to social security tax <b>D</b>	4 Social security tax withheld from sick pay <b>D</b>		
		5 Sick pay subject to Medicare tax <b>D</b>	6 Medicare tax withheld from sick pay <b>D</b>		

### Instructions for Form 8922

Section references are to the Internal Revenue Code unless otherwise noted.

#### Future Developments

For the latest information about developments related to Form 8922 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form8922](http://www.irs.gov/Form8922).

#### What's New

**Continuous-use form and instructions.** Form 8922 and these instructions have been converted from an annual revision to continuous use. Both the form and these instructions will be updated only as needed.

#### General Instructions



*Don't send this form to the Social Security Administration. This form is processed solely by the IRS for third-party sick pay reporting.*

#### Purpose of Form

Form 8922 is filed to reconcile employment tax returns (for example, Form 941) with Forms W-2 when third-party sick pay is paid. For more information, see *Sick Pay Reporting* in Pub. 15-A.

#### Who Must File

Generally, if the liability for the employer's share of social security tax and Medicare tax is reported on the employer's employment tax return, Form 8922 must be filed by:

- The employer, if sick pay is reported on Forms W-2 under the name and employer identification number (EIN) of the insurer or agent; or
- The insurer or agent, if sick pay is reported on Forms W-2 under the name and EIN of the employer.

For more information on who must file Form 8922, see Pub. 15-A.

#### When To File

File Form 8922 by the last day of February. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.

#### Where To File

Send Form 8922 to the following address.

If your principal business, office, or agency is located in	Use the following address
Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Georgia, Hawaii, Kansas, Louisiana, Mississippi, Missouri, Nevada, New Mexico, Oklahoma, Tennessee, Texas, Utah, Washington	Internal Revenue Service Memphis Service Center P.O. Box 87 Mail Stop 814 D6 Memphis, TN 38101-0087
California, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, West Virginia, Wisconsin, Wyoming	Internal Revenue Service IRS SSA CAWR Philadelphia, PA 19255-0533

If your principal place of business is outside the United States, file with the Internal Revenue Service, IRS SSA CAWR, Philadelphia, PA 19255-0533.

**Private delivery services.** Private delivery services can't deliver to the addresses shown above. If you choose to use a private delivery service, send Form 8922 to the address shown below based on the location of your principal business, office, or agency.

Internal Revenue Service  
5333 Getwell Rd Stop 814 D6  
Memphis, TN 38118  
Internal Revenue Service  
Mail Stop 4-G08 151  
2970 Market St.  
Philadelphia, PA 19104

Go to [www.irs.gov/PDS](http://www.irs.gov/PDS) for the current list of designated services.

#### Substitute Forms

The IRS accepts quality substitute tax forms that are consistent with the official forms and have no adverse impact on our processing. The official Form 8922 is the standard for substitute forms. Because a substitute form is a variation from the official form, you should know the requirements of the official form for the year of use before you create a substitute version. For details on the requirements for substitute forms, see Pub. 1167.

#### Specific Instructions

**Calendar year.** Enter the four-digit calendar year (for example, 2024) for which you're filing Form 8922.

**Check box for employer or insurer/agent.** Check the appropriate box to state whether you're the employer or the insurer/agent filing Form 8922.

**Filer's name.** If the Employer box is checked, the employer for whom the sick pay was paid by the insurer or agent will complete the information with the employer's name, address, and phone number.

If the Insurer/Agent box is checked, the insurer or agent who paid the sick pay will complete the information with the insurer/agent's name, address, and phone number.

**Filer's EIN.** If the Employer box is checked, enter the EIN of the employer.

If the Insurer/Agent box is checked, enter the EIN of the insurer or agent.

**Other party's name and EIN.** If the Employer box is checked, the employer must provide the name and EIN of the insurer or agent. If the employer has contracts with more than one insurer or agent, the employer must file a separate Form 8922 for the wages and taxes related to each contract.

If the Insurer/Agent box is checked, the insurer or agent may, but isn't required to, provide the name and EIN of the employer. If it is providing this information, and if it has contracts with more than one employer, it must file a separate Form 8922 for the wages and taxes related to each employer. Alternatively, it may file a separate Form 8922 for the wages and taxes related to each employer for which it is

supplying the name and EIN, and then file one Form 8922 for the wages and taxes related to the employers for which it isn't supplying the name and EIN.

**Box 1.** Enter the total amount of sick pay subject to federal income tax.

**Box 2.** Enter the total amount of federal income tax withheld from the sick pay.

**Box 3.** Enter the total amount of sick pay subject to social security tax.

**Box 4.** Enter the total amount of social security tax withheld from the sick pay.

**Box 5.** Enter the total amount of sick pay subject to Medicare tax.

**Box 6.** Enter the total amount of the Medicare tax (including Additional Medicare Tax) withheld from the sick pay.

**Corrected Form 8922.** If you filed Form 8922 with the IRS and later discover that you made an error on it, you must correct it as soon as possible. Complete all entries on Form 8922 when making a correction. Enter an "X" in the "CORRECTED" checkbox only when correcting a Form 8922 previously filed with the IRS.

**Recordkeeping.** Keep all records of employment taxes for at least 4 years. These should be available for IRS review.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on Form 8922 to carry out the Internal Revenue laws of the United States. You're required to give us the information. We need it to ensure that you're complying with these laws and to allow us to figure and collect the right amount of tax. Section 6011 requires you to provide the requested information if the tax is applicable to you. Section 6109 requires you to provide your identification number.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103. However, section 6103 allows or requires the IRS to disclose or give the information shown on your tax return to others as described in the Code. For example, we may disclose your tax information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

The time needed to complete and file Form 8922 will vary depending on individual circumstances. The estimated burden for filing Form 8922 is approved under OMB control number 1545-0029 and is included in the estimates shown in the instructions for the employment tax return that you file.

All W-3 and W-2 Forms must be filed at:

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

If you file using Certified Mail change the zip code to **18769-0002**.

If you do not use the U.S. Postal Service to deliver your forms, use the following address:

Social Security Administration  
Direct Operations Center  
Attn: W-2 Process  
1150 E. Mountain Drive  
Wilkes-Barre, PA 18702-7997



## AMOUNT TO BE WITHHELD

## EXHIBIT 1

Form <b>W-4S</b> Department of the Treasury Internal Revenue Service	<b>Request for Federal Income Tax Withholding From Sick Pay</b> Give this form to the third-party payer of your sick pay. Go to <a href="https://www.irs.gov/FormW4S">www.irs.gov/FormW4S</a> for the latest information.	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold;">2024</div>
Your first name and middle initial _____		Last name _____
Your social security number _____		
Home address (number and street or rural route) _____		
City or town, state, and ZIP code _____		
Claim or identification number (if any) _____		
I request federal income tax withholding from my sick pay payments. I want the following amount to be withheld from each payment. (See <b>Worksheet</b> below.) _____		\$ _____

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

----- Separate here and give the top part of this form to the payer. Keep the lower part for your records. -----

Worksheet (Keep for your records. Do not send to the IRS.)		
1 Enter amount of adjusted gross income that you expect in 2024 . . . . .	1	
2 If you plan to itemize deductions on Schedule A (Form 1040), enter the estimated total of your deductions. See Pub. 505 for details. If you don't plan to itemize deductions, enter the standard deduction. (See the instructions on page 2 for the standard deduction amount, including additional standard deductions for age and blindness.) <b>Note:</b> There is no deduction for personal exemptions for 2024 . . . . .	2	
3 Subtract line 2 from line 1 . . . . .	3	
4 Tax. Figure your tax on line 3 by using the <b>2024</b> Tax Rate Schedule X, Y-1, Y-2, or Z on page 2. <b>Do not</b> use any tax tables, worksheets, or schedules in the 2023 Instructions for Form 1040 . . . . .	4	
5 Credits (child tax and higher education credits, credit for child and dependent care expenses, etc.) . . . . .	5	
6 Subtract line 5 from line 4 . . . . .	6	
7 Estimated federal income tax withheld or to be withheld from other sources (including amounts withheld due to a prior Form W-4S) during 2024 or paid or to be paid with 2024 estimated tax payments . . . . .	7	
8 Subtract line 7 from line 6 . . . . .	8	
9 Enter the number of sick pay payments you expect to receive this year to which this Form W-4S will apply . . . . .	9	
10 Divide line 8 by line 9. Round to the nearest dollar. This is the amount that should be withheld from each sick pay payment. Be sure it meets the requirements for the amount that should be withheld, as explained under <i>Amount to be withheld</i> below. If it does, enter this amount on Form W-4S above . . . . .	10	

**General Instructions**

**Purpose of form.** Give this form to the third-party payer of your sick pay, such as an insurance company, if you want federal income tax withheld from the payments. You aren't required to have federal income tax withheld from sick pay paid by a third party. However, if you choose to request such withholding, Internal Revenue Code sections 3402(o) and 6109 and their regulations require you to provide the information requested on this form. Don't use this form if your employer (or its agent) makes the payments because employers are already required to withhold federal income tax from sick pay.

**Note:** If you receive sick pay under a collective bargaining agreement, see your union representative or employer.

**Definition.** Sick pay is a payment that you receive:

- Under a plan to which your employer is a party, and
- In place of wages for any period when you're temporarily absent from work because of your sickness or injury.

**Amount to be withheld.** Enter on this form the amount that you want withheld from each payment. The amount that you enter:

- Must be in whole dollars (for example, \$35, not \$34.50).
- Must be at least \$4 per day, \$20 per week, or \$88 per month based on your payroll period.
- Must not reduce the net amount of each sick pay payment that you receive to less than \$10.

For payments larger or smaller than a regular full payment of sick pay, the amount withheld will be in the same proportion as your regular withholding from sick pay. For example, if your regular full payment of \$100 a week normally has \$25 (25%) withheld, then \$20 (25%) will be withheld from a partial payment of \$80.

**Caution:** You may be subject to a penalty if your tax payments during the year aren't at least 90% of the tax shown on your tax return. For exceptions and details, see Pub. 505, Tax Withholding and Estimated Tax. You may pay tax during the year through withholding or estimated tax payments or both. To avoid a penalty, make sure that you have enough tax withheld or make estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. You may estimate your federal income tax liability by using the worksheet above.

**Sign this form.** Form W-4S is not valid unless you sign it.

**Statement of income tax withheld.** After the end of the year, you'll receive a Form W-2, Wage and Tax Statement, reporting the taxable sick pay paid and federal income tax withheld during the year. These amounts are reported to the IRS.

**Changing your withholding.** Form W-4S remains in effect until you change or revoke it. You may do this by giving a new Form W-4S or a written notice to the payer of your sick pay. To revoke your previous Form W-4S, complete a new Form W-4S and write "Revoked" in the money amount box, sign it, and give it to the payer.

(continued on back)

For Paperwork Reduction Act Notice, see page 2.

Cat. No. 10226E

Form **W-4S** (2024)

## AMOUNT TO BE WITHHELD

## EXHIBIT 1 CONTINUED

Form W-4S (2024)

Page 2

**Specific Instructions for Worksheet**

You may use the worksheet on page 1 to estimate the amount of federal income tax that you want withheld from each sick pay payment. Use your tax return for last year and the worksheet as a basis for estimating your tax, tax credits, and withholding for this year.

You may not want to use Form W-4S if you already have your total tax covered by estimated tax payments or other withholding.

If you expect to file a joint return, be sure to include the income, deductions, credits, and payments of both yourself and your spouse in figuring the amount you want withheld.

**Caution:** If any of the amounts on the worksheet change after you give Form W-4S to the payer, you should use a new Form W-4S to request a change in the amount withheld.

**Line 2—Deductions**

**Itemized deductions.** Itemized deductions include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your adjusted gross income. See Pub. 505 for details.

**Standard deduction.** For 2024, the standard deduction amounts are:

Filing Status	Standard Deduction
Married filing jointly or qualifying surviving spouse . . .	\$29,200*
Head of household . . . . .	\$21,900*
Single or Married filing separately . . . . .	\$14,600*

\*If you're age 65 or older or blind, add to the standard deduction amount the additional amount that applies to you as shown in the next paragraph. If you can be claimed as a dependent on another person's return, see *Limited standard deduction for dependents*, later.

**Additional standard deduction for the elderly or blind.** An additional standard deduction of \$1,550 is allowed for a married individual (filing jointly or separately) or a qualifying surviving spouse who is 65 or older or blind, \$3,100 if 65 or older and blind. If both

spouses are 65 or older or blind, an additional \$3,100 is allowed on a joint return. If both spouses are 65 or older and blind, an additional \$6,200 is allowed on a joint return. Additional standard deductions are also allowed on your separate return for your spouse who is 65 or older and/or blind if your spouse has no gross income and can't be claimed as a dependent by another taxpayer. An additional \$1,950 is allowed for an unmarried individual (single or head of household) who is 65 or older or blind, \$3,900 if 65 or older and blind. See the 2024 Estimated Tax Worksheet—Line 2 Standard Deduction Worksheet in Pub. 505.

**Limited standard deduction for dependents.** If you are a dependent of another person, your standard deduction is the greater of (a) \$1,300 or (b) your earned income plus \$450 (up to the regular standard deduction for your filing status). If you're 65 or older or blind, see Pub. 505 for additional amounts that you may claim.

**Certain individuals not eligible for standard deduction.** For the following individuals, the standard deduction is zero.

- A married individual filing a separate return if either spouse itemizes deductions.
- A nonresident alien individual. For exceptions, see Pub. 519, U.S. Tax Guide for Aliens.
- An individual filing a return for a period of less than 12 months because of a change in his or her annual accounting period.

**Line 5—Credits**

Include on this line any tax credits that you're entitled to claim, such as the child tax credit and credit for other dependents, higher education credits, credit for child and dependent care expenses, earned income credit, or credit for the elderly or the disabled. See the Tax Credits table in Pub. 505 for more information.

**Line 7—Tax Withholding and Estimated Tax**

Enter the federal income tax that you expect will be withheld this year on income other than sick pay and any payments made or to be made with 2024 estimated tax payments. Include any federal income tax already withheld or to be withheld from wages and pensions.

**2024 Tax Rate Schedules****Schedule X—Single**

If line 3 is:	The tax is:	of the amount over—
Over—	But not over—	
\$0	\$11,600	\$0 + 10%
11,600	47,150	1,160 + 12%
47,150	100,525	5,426 + 22%
100,525	191,950	17,168.50 + 24%
191,950	243,725	39,110.50 + 32%
243,725	609,350	55,678.50 + 35%
609,350	and greater	183,647.25 + 37%

**Schedule Z—Head of household**

If line 3 is:	The tax is:	of the amount over—
Over—	But not over—	
\$0	\$16,550	\$0 + 10%
16,550	63,100	1,655 + 12%
63,100	100,500	7,241 + 22%
100,500	191,950	15,469 + 24%
191,950	243,700	37,417 + 32%
243,700	609,350	53,977 + 35%
609,350	and greater	181,954.50 + 37%

**Schedule Y-1—Married filing jointly or Qualifying surviving spouse**

If line 3 is:	The tax is:	of the amount over—
Over—	But not over—	
\$0	\$23,200	\$0 + 10%
23,200	94,300	2,320 + 12%
94,300	201,050	10,852 + 22%
201,050	383,900	34,337 + 24%
383,900	487,450	78,221 + 32%
487,450	731,200	111,357 + 35%
731,200	and greater	196,669.50 + 37%

**Schedule Y-2—Married filing separately**

If line 3 is:	The tax is:	of the amount over—
Over—	But not over—	
\$0	\$11,600	\$0 + 10%
11,600	47,150	1,160 + 12%
47,150	100,525	5,426 + 22%
100,525	191,950	17,168.50 + 24%
191,950	243,725	39,110.50 + 32%
243,725	365,600	55,678.50 + 35%
365,600	and greater	98,334.75 + 37%

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue

law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## THIRD PARTY PAYS BOTH PARTS OF FICA TAX

## EXHIBIT 2

**Form 941 for 2024: Employer's QUARTERLY Federal Tax Return**  
(Rev. March 2024) Department of the Treasury — Internal Revenue Service

950124  
OMB No. 1545-0029

Employer identification number (EIN) **36-1234567**

Name (not your trade name) **ABC WELFARE FUND**

Trade name (if any)

Address **2 NORTH FIRST AVE**  
Number Street Suite or room number

**CHICAGO** **IL** **60601**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2024**  
(Check one.)

☐ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☒ 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 **2**

2 Wages, tips, and other compensation 2

3 Federal income tax withheld from wages, tips, and other compensation 3 **1000.00**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check here and go to line 6.

	Column 1	Column 2
5a Taxable social security wages	<b>10000.00</b>	<b>1240.00</b>
5b Taxable social security tips		
5c Taxable Medicare wages & tips	<b>10000.00</b>	<b>290.00</b>
5d Taxable wages & tips subject to Additional Medicare Tax withholding		
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d		<b>1530.00</b>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f		<b>2530.00</b>
7 Current quarter's adjustment for fractions of cents		
8 Current quarter's adjustment for sick pay		
9 Current quarter's adjustments for tips and group-term life insurance		
10 Total taxes after adjustments. Combine lines 6 through 9		<b>2530.00</b>
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10		
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter		
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions		
15 Overpayment. If line 13 is more than line 12, enter the difference		

Check one: ☐ Apply to next return. ☐ Send a refund.

**You MUST complete both pages of Form 941 and SIGN it.**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 17001Z Form **941** (Rev. 3-2024)

## THIRD PARTY PAYS BOTH PARTS OF FICA TAX

## EXHIBIT 2 CONTINUED

950224

Name (not your trade name) ABC WELFARE FUND	Employer identification number (EIN) 36 - 1234567
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**Part 2: Tell us about your deposit schedule and tax liability for this quarter.**

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 843 . 00

Month 2 843 . 00

Month 3 843 . 00

Total liability for quarter 2530 . 00

Total must equal line 12.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages . . . . . ☐ Check here and

enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . . ☐ Check here.

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

- ☐ No.

**Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your  
name here
Print your  
name here
Print your  
title here

Date / /

Best daytime phone

**Paid Preparer Use Only**Check if you're self-employed . . . ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours  
if self-employed)

EIN

Address

Phone

City

State

ZIP code

## THIRD PARTY DOES NOT PAY EMPLOYER'S SHARE OF FICA TAX

## EXHIBIT 3

Form **941 for 2024: Employer's QUARTERLY Federal Tax Return** (Rev. March 2024) Department of the Treasury — Internal Revenue Service 950124 OMB No. 1545-0029

Employer identification number (EIN) **36-9876543**

Name (not your trade name) **XYZ WELFARE FUND**

Trade name (if any)

Address **2 SOUTH FIRST AVE**  
 Number Street Suite or room number  
**CHICAGO** **IL** **60601**  
 City State ZIP code  
 Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2024**  
 (Check one.)  
☐ 1: January, February, March  
☐ 2: April, May, June  
☐ 3: July, August, September  
☒ 4: October, November, December  
 Go to [www.irs.gov/Form941](https://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 **2**

2 Wages, tips, and other compensation 2 **1000.00**

3 Federal income tax withheld from wages, tips, and other compensation 3 **1000.00**

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check here and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	<b>10000.00</b>	$\times 0.124 =$	<b>1240.00</b>
5b Taxable social security tips		$\times 0.124 =$	
5c Taxable Medicare wages & tips	<b>10000.00</b>	$\times 0.029 =$	<b>290.00</b>
5d Taxable wages & tips subject to Additional Medicare Tax withholding		$\times 0.009 =$	
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d			<b>1530.00</b>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			<b>2530.00</b>
7 Current quarter's adjustment for fractions of cents			
8 Current quarter's adjustment for sick pay			<b>-765.00</b>
9 Current quarter's adjustments for tips and group-term life insurance			
10 Total taxes after adjustments. Combine lines 6 through 9			<b>1765.00</b>
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10			
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter			
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			
15 Overpayment. If line 13 is more than line 12, enter the difference			

Check one: ☐ Apply to next return. ☐ Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

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

Cat. No. 17001Z

Form **941** (Rev. 3-2024)

## THIRD PARTY DOES NOT PAY EMPLOYER'S SHARE OF FICA TAX

## EXHIBIT 3 CONTINUED

950224	
Name (not your trade name) XYZ WELFARE FUND	Employer identification number (EIN) 36 - 9876543
<b>Part 2: Tell us about your deposit schedule and tax liability for this quarter.</b>	
If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.	
16 Check one: <input type="checkbox"/> Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.	
<input checked="" type="checkbox"/> You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.	
Tax liability: Month 1	588 . 33
Month 2	588 . 33
Month 3	588 . 33
Total liability for quarter	1765 . 00
Total must equal line 12.	
<input type="checkbox"/> You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.	
<b>Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.</b>	
17 If your business has closed or you stopped paying wages . . . . . <input type="checkbox"/> Check here and enter the final date you paid wages <input type="text"/> / <input type="text"/> / <input type="text"/> ; also attach a statement to your return. See instructions.	
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . <input type="checkbox"/> Check here.	
<b>Part 4: May we speak with your third-party designee?</b>	
Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.	
<input type="checkbox"/> Yes. Designee's name and phone number <input type="text"/> <input type="text"/>	
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> No.	
<b>Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Sign your name here   Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Print your name here <input type="text"/> Print your title here <input type="text"/>  Best daytime phone <input type="text"/>
<b>Paid Preparer Use Only</b>	
Preparer's name <input type="text"/> Preparer's signature <input type="text"/> Firm's name (or yours if self-employed) <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP code <input type="text"/>	Check if you're self-employed . . . <input type="checkbox"/> PTIN <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/> EIN <input type="text"/> Phone <input type="text"/>



## EMPLOYER PAYS EMPLOYER'S SHARE OF FICA TAX

## EXHIBIT 4

**Form 941 for 2024: Employer's QUARTERLY Federal Tax Return**  
(Rev. March 2024) Department of the Treasury — Internal Revenue Service

950124  
OMB No. 1545-0029

Employer identification number (EIN) 3 6 - 1 2 3 9 8 7 5

Name (not your trade name) ACE CONSTRUCTION

Trade name (if any)

Address 3 WEST THIRD AVE  
Number Street Suite or room number

CHICAGO IL 60603  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2024**  
(Check one.)

☐ 1: January, February, March

☐ 2: April, May, June

☐ 3: July, August, September

☒ 4: October, November, December

Go to [www.irs.gov/Form941](https://www.irs.gov/Form941) for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	2
2 Wages, tips, and other compensation	2	10000 . 00
3 Federal income tax withheld from wages, tips, and other compensation	3	. 00
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check here and go to line 6.

	Column 1		Column 2
5a Taxable social security wages	10000 . 00	$\times 0.124 =$	1240 . 00
5b Taxable social security tips	. 00	$\times 0.124 =$	. 00
5c Taxable Medicare wages & tips	10000 . 00	$\times 0.029 =$	290 . 00
5d Taxable wages & tips subject to Additional Medicare Tax withholding	. 00	$\times 0.009 =$	. 00
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d			1530 . 00
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			. 00
6 Total taxes before adjustments. Add lines 3, 5e, and 5f			1530 . 00
7 Current quarter's adjustment for fractions of cents			. 00
8 Current quarter's adjustment for sick pay			-765 . 00
9 Current quarter's adjustments for tips and group-term life insurance			. 00
10 Total taxes after adjustments. Combine lines 6 through 9			765 . 00
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			. 00
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10			. 00
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter			. 00
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions			. 00
15 Overpayment. If line 13 is more than line 12, enter the difference	. 00	Check one:	<input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

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

Cat. No. 17001Z

Form 941 (Rev. 3-2024)

## EMPLOYER PAYS EMPLOYER'S SHARE OF FICA TAX

## EXHIBIT 4 CONTINUED

750224																	
Name (not your trade name) ACE CONSTRUCTION	Employer identification number (EIN) 36 - 1239875																
<b>Part 2: Tell us about your deposit schedule and tax liability for this quarter.</b>																	
If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.																	
<p>16 Check one: <input type="checkbox"/> Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.</p> <p><input checked="" type="checkbox"/> You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Tax liability: Month 1</td> <td style="width: 20%; text-align: right;">255</td> <td style="width: 10%; text-align: right;">00</td> <td style="width: 40%;"></td> </tr> <tr> <td>Month 2</td> <td style="text-align: right;">255</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>Month 3</td> <td style="text-align: right;">255</td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>Total liability for quarter</td> <td style="text-align: right;">765</td> <td style="text-align: right;">00</td> <td>Total must equal line 12.</td> </tr> </table> <p><input type="checkbox"/> You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.</p>		Tax liability: Month 1	255	00		Month 2	255	00		Month 3	255	00		Total liability for quarter	765	00	Total must equal line 12.
Tax liability: Month 1	255	00															
Month 2	255	00															
Month 3	255	00															
Total liability for quarter	765	00	Total must equal line 12.														
<b>Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.</b>																	
<p>17 If your business has closed or you stopped paying wages . . . . . <input type="checkbox"/> Check here and enter the final date you paid wages <span style="border: 1px solid black; padding: 0 10px;">/ /</span>; also attach a statement to your return. See instructions.</p> <p>18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . <input type="checkbox"/> Check here.</p>																	
<b>Part 4: May we speak with your third-party designee?</b>																	
Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.																	
<input type="checkbox"/> Yes. Designee's name and phone number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Select a 5-digit personal identification number (PIN) to use when talking to the IRS. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span>																	
<input type="checkbox"/> No.																	
<b>Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.</b>																	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																	
Sign your name here	<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>																
Date <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span>	Print your name here <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Print your title here <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Best daytime phone <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>																
<b>Paid Preparer Use Only</b>																	
Preparer's name <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>	Check if you're self-employed <input type="checkbox"/>																
Preparer's signature <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>	PTIN <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>																
Firm's name (or yours if self-employed) <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>	Date <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span>																
Address <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>	EIN <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>																
City <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> State <span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span>	Phone <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>																
	ZIP code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>																



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EXHIBIT 5 - ANNUAL LETTER TO EMPLOYER LISTING SICK BENEFITS PAID

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**XYZ HEALTH AND WELFARE FUND  
1 NORTH SECOND AVENUE  
CHICAGO, ILLINOIS 60602**

January 12, 2025

ACE Construction Co.  
3 West Third Avenue  
Chicago, IL 60603

Gentlemen:

During the past year, we have paid disability payments and withheld the indicated taxes on some of your employees as detailed on the attached listing. We are required to give you this information so that you can include these amounts on the employee's Form W-2. You should refer to the Form W-2 and W-3 instructions to determine the proper reporting requirement for these amounts.

Your tax advisor should be consulted for any questions you may have concerning this matter.

Sincerely,

John Doe  
Board of Trustees  
XYZ Health and Welfare Fund

Enclosure

EXHIBIT 5 (cont.) - ANNUAL LETTER TO EMPLOYER LISTING SICK BENEFITS PAID  
(Page 2 of 2)

STATEMENT OF DISABILITY  
PAYMENTS MADE TO EMPLOYEES OF  
ACE Construction Co.  
YEAR ENDED DECEMBER 31, 2024

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	TOTAL SICK PAY	FEDERAL INCOME TAX WITHHELD	SOCIAL SECURITY TAX WITHHELD	MEDICARE TAX WITHHELD
James Clark	721-98-7654	\$ 4,000.00	\$ 250.00	\$ 248.00	\$ 58.00
Joseph Smith	321-45-7890	10,500.00	2,000.00	651.00	152.25
Kathy Jackson	351-47-6541	<u>7,800.00</u>	<u>700.00</u>	<u>483.60</u>	<u>113.10</u>
	Total	<u>\$22,300.00</u>	<u>\$ 2,950.00</u>	<u>\$1,382.60</u>	<u>\$ 323.35</u>

## EMPLOYER REPORTING REQUIREMENTS

## EXHIBIT 6

**DO NOT STAPLE**

<b>33333</b>		<b>a Control number</b>		<b>For Official Use Only:</b> OMB No. 1545-0008	
<b>b Kind of Payer</b> (Check one)		941 <input checked="" type="checkbox"/> <b>CT-1</b>	942 <input type="checkbox"/> <b>Military</b> Hshld. emp.	943 <input type="checkbox"/> <b>Medicare</b> govt. emp.	944 <input type="checkbox"/>
<b>c Total number of Forms W-2</b> <b>2</b>		<b>d Establishment number</b>		<b>Kind of Employer</b> (Check one)	
<b>e Employer identification number (EIN)</b> <b>36-1239875</b>		<b>1 Wages, tips, other compensation</b> <b>40000.00</b>		<b>2 Federal income tax withheld</b> <b>8000.00</b>	
<b>f Employer's name</b> <b>ACE CONSTRUCTION CO</b>		<b>3 Social security wages</b> <b>40000.00</b>		<b>4 Social security tax withheld</b> <b>2480.00</b>	
<b>3 WEST THIRD AVE</b> <b>CHICAGO IL 60603</b>		<b>5 Medicare wages and tips</b> <b>40000.00</b>		<b>6 Medicare tax withheld</b> <b>580.00</b>	
<b>g Employer's address and ZIP code</b>		<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
<b>h Other EIN used this year</b>		<b>9</b>		<b>10 Dependent care benefits</b>	
<b>15 State</b> <b>IL</b>		<b>16 State wages, tips, etc.</b> <b>40000.00</b>		<b>17 State income tax</b> <b>1485.00</b>	
<b>18 State</b> <b>IL</b>		<b>19 Local wages, tips, etc.</b>		<b>20 Local income tax</b>	
<b>Employer's contact person</b> <b>JOHN DOE, CONTROLLER</b>		<b>Employer's telephone number</b> <b>(312) 222-3169</b>		<b>For Official Use Only</b>	
<b>Employer's fax number</b>		<b>Employer's email address</b>			

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:

## Form W-3 Transmittal of Wage and Tax Statements 2024

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 2024 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, 2025**. For more information, go to [www.SSA.gov/bso](http://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, 2025**.

### 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.

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

Cat. No. 10150Y

## EMPLOYER REPORTING REQUIREMENTS; SEPARATE W-2s

## EXHIBIT 6 CONTINUED

22222		a Employee's social security number 777-88-9999		OMB No. 1545-0008 <b>REGULAR WAGES</b>	
b Employer identification number (EIN) 36-123987		1 Wages, tips, other compensation 30000.00		2 Federal income tax withheld 7000.00	
c Employer's name, address, and ZIP code ACE CONSTRUCTION CO. 3 WEST THIRD AVE CHICAGO IL 60603		3 Social security wages 30000.00		4 Social security tax withheld 1860.00	
		5 Medicare wages and tips 30000.00		6 Medicare tax withheld 435.00	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. THOMAS SMITH 4 EAST FOURTH ST CHICAGO IL 60603		11 Nonqualified plans		12a	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number IL	16 State wages, tips, etc. 30000.00	17 State income tax 1485.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service

22222		a Employee's social security number 777-88-9999		OMB No. 1545-0008 <b>SICK WAGES</b>	
b Employer identification number (EIN) 36-123987		1 Wages, tips, other compensation 10000.00		2 Federal income tax withheld 1000.00	
c Employer's name, address, and ZIP code ACE CONSTRUCTION CO. 3 WEST THIRD AVE CHICAGO IL 60603		3 Social security wages 10000.00		4 Social security tax withheld 620.00	
		5 Medicare wages and tips 10000.00		6 Medicare tax withheld 145.00	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. THOMAS SMITH 4 EAST FOURTH ST CHICAGO IL 60603		11 Nonqualified plans		12a	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number IL	16 State wages, tips, etc. 10000.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service

## THIRD PARTY REPORTING REQUIREMENTS

## EXHIBIT 7

<div> <div>8888</div> <div><input type="checkbox"/> CORRECTED</div> </div>		<div> <div>OMB No. 1545-0029</div> <div>Form <b>8922</b></div> <div>(Rev. October 2024)</div> </div>		<b>Third-Party Sick Pay Recap</b>  For Privacy Act and Paperwork Reduction Act Notice, see page 2.
FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.  <b>XYZ WELFARE FUND</b> <b>1 SOUTH SECOND AVE</b> <b>CHICAGO IL 60602</b>		Filer is an (check one): <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Insurer/Agent		
		For calendar year <b>2024</b>		
OTHER PARTY'S name (see instructions before entering)		FILER'S employer identification number <b>36-9876543</b>		
		1 Sick pay subject to federal income tax <b>\$ 10000.00</b>	2 Federal income tax withheld from sick pay <b>\$ 1000.00</b>	
		3 Sick pay subject to social security tax <b>\$ 10000.00</b>	4 Social security tax withheld from sick pay <b>\$ 620.00</b>	
OTHER PARTY'S employer identification number (see instructions before entering)		5 Sick pay subject to Medicare tax <b>\$ 10000.00</b>	6 Medicare tax withheld from sick pay <b>\$ 145.00</b>	

**Instructions for Form 8922**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about developments related to Form 8922 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form8922](http://www.irs.gov/Form8922).

**What's New**

**Continuous-use form and instructions.** Form 8922 and these instructions have been converted from an annual revision to continuous use. Both the form and these instructions will be updated only as needed.

**General Instructions**

*Don't send this form to the Social Security Administration. This form is processed solely by the IRS for third-party sick pay reporting.*

**Purpose of Form**

Form 8922 is filed to reconcile employment tax returns (for example, Form 941) with Forms W-2 when third-party sick pay is paid. For more information, see *Sick Pay Reporting* in Pub. 15-A.

**Who Must File**

Generally, if the liability for the employer's share of social security tax and Medicare tax is reported on the employer's employment tax return, Form 8922 must be filed by:

- The employer, if sick pay is reported on Forms W-2 under the name and employer identification number (EIN) of the insurer or agent; or
- The insurer or agent, if sick pay is reported on Forms W-2 under the name and EIN of the employer.

For more information on who must file Form 8922, see Pub. 15-A.

**When To File**

File Form 8922 by the last day of February. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.

**Where To File**

Send Form 8922 to the following address.

If your principal business, office, or agency is located in	Use the following address
Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Georgia, Hawaii, Kansas, Louisiana, Mississippi, Missouri, Nevada, New Mexico, Oklahoma, Tennessee, Texas, Utah, Washington	Internal Revenue Service Memphis Service Center P.O. Box 87 Mail Stop 814 D6 Memphis, TN 38101-0087
California, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, West Virginia, Wisconsin, Wyoming	Internal Revenue Service IRS SSA CAWR Philadelphia, PA 19255-0533

If your principal place of business is outside the United States, file with the Internal Revenue Service, IRS SSA CAWR, Philadelphia, PA 19255-0533.

**Private delivery services.** Private delivery services can't deliver to the addresses shown above. If you choose to use a private delivery service, send Form 8922 to the address shown below based on the location of your principal business, office, or agency.

Internal Revenue Service  
5333 Getwell Rd Stop 814 D6  
Memphis, TN 38118  
Internal Revenue Service  
Mail Stop 4-G08 151  
2970 Market St  
Philadelphia, PA 19104

Go to [www.irs.gov/PDS](http://www.irs.gov/PDS) for the current list of designated services.

**Substitute Forms**

The IRS accepts quality substitute tax forms that are consistent with the official forms and have no adverse impact on our processing. The official Form 8922 is the standard for substitute forms. Because a substitute form is a variation from the official form, you should know the requirements of the official form for the year of use before you create a substitute version. For details on the requirements for substitute forms, see Pub. 1167.

**Specific Instructions**

**Calendar year.** Enter the four-digit calendar year (for example, 2024) for which you're filing Form 8922.

**Check box for employer or insurer/agent.** Check the appropriate box to state whether you're the employer or the insurer/agent filing Form 8922.

**Filer's name.** If the Employer box is checked, the employer for whom the sick pay was paid by the insurer or agent will complete the information with the employer's name, address, and phone number.

If the Insurer/Agent box is checked, the insurer or agent who paid the sick pay will complete the information with the insurer/agent's name, address, and phone number.

**Filer's EIN.** If the Employer box is checked, enter the EIN of the employer.

If the Insurer/Agent box is checked, enter the EIN of the insurer or agent.

**Other party's name and EIN.** If the Employer box is checked, the employer must provide the name and EIN of the insurer or agent. If the employer has contracts with more than one insurer or agent, the employer must file a separate Form 8922 for the wages and taxes related to each contract.

If the Insurer/Agent box is checked, the insurer or agent may, but isn't required to, provide the name and EIN of the employer. If it is providing this information, and if it has contracts with more than one employer, it must file a separate Form 8922 for the wages and taxes related to each employer. Alternatively, it may file a separate Form 8922 for the wages and taxes related to each employer for which it is



**THIRD PARTY FILING W-2 FORMS FOR EMPLOYER;  
NOT RESPONSIBLE FOR EMPLOYER'S SHARE OF FICA**

EXHIBIT 8

8888 <input type="checkbox"/> CORRECTED		OMB No. 1545-0029 Form <b>8922</b> (Rev. October 2024) For calendar year <b>2024</b>		<b>Third-Party Sick Pay Recap</b>  For Privacy Act and Paperwork Reduction Act Notice, see page 2.
FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. <b>ACE CONSTRUCTION CO. 3 WEST THIRD AVE CHICAGO IL 60603</b>		Filer is an (check one): <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Insurer/Agent		
FILER'S employer identification number <b>36-1239875</b>				
OTHER PARTY'S name (see instructions before entering) <b>XYZ WELFARE FUND 2 SOUTH AVE CHICAGO IL 60602</b>		1 Sick pay subject to federal income tax <b>\$ 10000.00</b>	2 Federal income tax withheld from sick pay <b>\$ 1000.00</b>	
		3 Sick pay subject to social security tax <b>\$ 10000.00</b>	4 Social security tax withheld from sick pay <b>\$ 620.00</b>	
OTHER PARTY'S employer identification number (see instructions before entering) <b>36-9876543</b>		5 Sick pay subject to Medicare tax <b>\$ 10000.00</b>	6 Medicare tax withheld from sick pay <b>\$ 145.00</b>	

**Instructions for Form 8922**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future Developments**

For the latest information about developments related to Form 8922 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form8922](http://www.irs.gov/Form8922).

**What's New**

**Continuous-use form and instructions.** Form 8922 and these instructions have been converted from an annual revision to continuous use. Both the form and these instructions will be updated only as needed.

**General Instructions**

*Don't send this form to the Social Security Administration. This form is processed solely by the IRS for third-party sick pay reporting.*

**Purpose of Form**

Form 8922 is filed to reconcile employment tax returns (for example, Form 941) with Forms W-2 when third-party sick pay is paid. For more information, see Sick Pay Reporting in Pub. 15-A.

**Who Must File**

Generally, if the liability for the employer's share of social security tax and Medicare tax is reported on the employer's employment tax return, Form 8922 must be filed by:

- The employer, if sick pay is reported on Forms W-2 under the name and employer identification number (EIN) of the insurer or agent; or
- The insurer or agent, if sick pay is reported on Forms W-2 under the name and EIN of the employer.

For more information on who must file Form 8922, see Pub. 15-A.

**When To File**

File Form 8922 by the last day of February. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.

**Where To File**

Send Form 8922 to the following address.

If your principal business, office, or agency is located in	Use the following address
Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Georgia, Hawaii, Kansas, Louisiana, Mississippi, Missouri, Nevada, New Mexico, Oklahoma, Tennessee, Texas, Utah, Washington	Internal Revenue Service Memphis Service Center P.O. Box 87 Mail Stop 814 D6 Memphis, TN 38101-0087
California, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, West Virginia, Wisconsin, Wyoming	Internal Revenue Service IRS SSA CAWR Philadelphia, PA 19255-0533

If your principal place of business is outside the United States, file with the Internal Revenue Service, IRS SSA CAWR, Philadelphia, PA 19255-0533.

**Private delivery services.** Private delivery services can't deliver to the addresses shown above. If you choose to use a private delivery service, send Form 8922 to the address shown below based on the location of your principal business, office, or agency.

Internal Revenue Service  
5333 Getwell Rd Stop 814 D6  
Memphis, TN 38118  
Internal Revenue Service  
Mail Stop 4-G08 151  
2970 Market St  
Philadelphia, PA 19104

Go to [www.irs.gov/PDS](http://www.irs.gov/PDS) for the current list of designated services.

**Substitute Forms**

The IRS accepts quality substitute tax forms that are consistent with the official forms and have no adverse impact on our processing. The official Form 8922 is the standard for substitute forms. Because a substitute form is a variation from the official form, you should know the requirements of the official form for the year of use before you create a substitute version. For details on the requirements for substitute forms, see Pub. 1167.

**Specific Instructions**

**Calendar year.** Enter the four-digit calendar year (for example, 2024) for which you're filing Form 8922.

**Check box for employer or insurer/agent.** Check the appropriate box to state whether you're the employer or the insurer/agent filing Form 8922.

**Filer's name.** If the Employer box is checked, the employer for whom the sick pay was paid by the insurer or agent will complete the information with the employer's name, address, and phone number.

If the Insurer/Agent box is checked, the insurer or agent who paid the sick pay will complete the information with the insurer/agent's name, address, and phone number.

**Filer's EIN.** If the Employer box is checked, enter the EIN of the employer.

If the Insurer/Agent box is checked, enter the EIN of the insurer or agent.

**Other party's name and EIN.** If the Employer box is checked, the employer must provide the name and EIN of the insurer or agent. If the employer has contracts with more than one insurer or agent, the employer must file a separate Form 8922 for the wages and taxes related to each contract.

If the Insurer/Agent box is checked, the insurer or agent may, but isn't required to, provide the name and EIN of the employer. If it is providing this information, and if it has contracts with more than one employer, it must file a separate Form 8922 for the wages and taxes related to each employer. Alternatively, it may file a separate Form 8922 for the wages and taxes related to each employer for which it is

## EXHIBIT 9

THIRD-PARTY SICK PAY—NOT AS AN AGENT AND LIABILITY TRANSFERRED TO EMPLOYER		
	Employer Responsibilities	Third-Party Responsibilities
<b>Withhold Employee Taxes</b>		
Income	No	Yes, if Form W-4S is submitted
Social Security	No	Yes
Medicare	No	Yes
<b>Deposit Employee Taxes</b>		
Income	No	Yes — Using Third Party EIN
Social Security	No	Yes — Using Third Party EIN
Medicare	No	Yes — Using Third Party EIN
<b>Deposit Employer Taxes</b>		
Social Security	Yes — Using Employer EIN	No
Medicare	Yes — Using Employer EIN	No
FUTA	Yes — Using Employer EIN	No
<b>Report Employee Wages and Taxes on Form 941</b>		
Income	Report Taxable Wages	Report Tax Withheld
Social Security	Report Taxable Wages*	Report Taxable Wages*
Medicare	Report Taxable Wages*	Report Taxable Wages*
	<small>* Adjustment on line 8 for employee taxes deposited by third party.</small>	<small>* Adjustment on line 8 for employer taxes deposited by employer.</small>
<b>Report Employee Wages and Taxes on Form W-2<sup>1</sup></b>		
Income	Yes	No — File Form 8922
Social Security	Yes	No — File Form 8922
Medicare	Yes	No — File Form 8922

IRS PUBLICATION 15-A