TAX SERVICES

Reporting Requirements Related to Third Party Payments of Sick Pay

JANUARY 2026

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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 2025, you would have to begin withholding FICA tax in December 2025. A W-2 will be issued for 2025. Additional sick payments made in 2026 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 After six months, withholding on subsequent payments is no longer applicable.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 2026 will also be issued. The withholding rate for 2025 is 6.2% for the Social Security portion on a maximum wage base of $176,100 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
$184,500 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 2025 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, 2026. Also, the fund must submit Copy A of Form W-2 along with Form W-3 to the Social Security Administration by January 31, 2026. 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, 2026 (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, 2026.

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.

8888 ☐ CORRECTED

FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.	Filer is an (check one): ☐ Employer ☐ Insurer/Agent	OMB No. 1545-0029 Form **8922** (Rev. October 2024) For calendar year 2025
A	FILER'S employer identification number B	
OTHER PARTY'S name (see instructions before entering) C	1 Sick pay subject to federal income tax $ D	2 Federal income tax withheld from sick pay $ D
	3 Sick pay subject to social security tax $ D	4 Social security tax withheld from sick pay $ D
OTHER PARTY'S employer identification number (see instructions before entering)	5 Sick pay subject to Medicare tax $ D	6 Medicare tax withheld from sick pay $ D

Third-Party Sick Pay Recap

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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*.

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* 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 Dr
Wilkes-Barre, PA 18702-7997

AMOUNT TO BE WITHHELD **EXHIBIT 1**

Form **W-4S**

Department of the Treasury
Internal Revenue Service

Request for Federal Income Tax Withholding From Sick Pay

Give this form to the third-party payer of your sick pay.
Go to *www.irs.gov/FormW4S* for the latest information.

OMB No. 1545-0074

2025

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 **Worksheet** 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 2025	**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.) **Note:** There is no deduction for personal exemptions for 2025	**2**	
3	Subtract line 2 from line 1	**3**	
4	Tax. Figure your tax on line 3 by using the **2025** Tax Rate Schedule X, Y-1, Y-2, or Z on page 2. **Do not** use any tax tables, worksheets, or schedules in the 2024 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 2025 or paid or to be paid with 2025 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 *Amount to be withheld* 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** (2025)

AMOUNT TO BE WITHHELD **EXHIBIT 1 CONTINUED**

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 2025, the standard deduction amounts are:

Filing Status	Standard Deduction
Married filing jointly or qualifying surviving spouse	$30,000*
Head of household	$22,500*
Single or Married filing separately	$15,000*

*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 $1,600 is allowed for a married individual (filing jointly or separately) or a qualifying surviving spouse who is 65 or older or blind, $3,200 if 65 or older **and** blind. If both spouses are 65 or older or blind, an additional $3,200 is allowed on a joint return. If both spouses are 65 or older **and** blind, an additional $6,400 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 $2,000 is allowed for an unmarried individual (single or head of household) who is 65 or older or blind, $4,000 if 65 or older **and** blind. See the 2025 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) $1,350 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 their 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 2025 estimated tax payments. Include any federal income tax already withheld or to be withheld from wages and pensions.

2025 Tax Rate Schedules

Schedule X—Single

If line 3 is: Over—	But not over—	The tax is:	of the amount over—
$0	$11,925	**$0 + 10%**	**$0**
11,925	48,475	**1,192.50 + 12%**	**11,925**
48,475	103,350	**5,578.50 + 22%**	**48,475**
103,350	197,300	**17,651 + 24%**	**103,350**
197,300	250,525	**40,199 + 32%**	**197,300**
250,525	626,350	**57,231 + 35%**	**250,525**
626,350	and greater	**188,769.75 + 37%**	**626,350**

Schedule Z—Head of household

If line 3 is: Over—	But not over—	The tax is:	of the amount over—
$0	$17,000	**$0 + 10%**	**$0**
17,000	64,850	**1,700 + 12%**	**17,000**
64,850	103,350	**7,442 + 22%**	**64,850**
103,350	197,300	**15,912 + 24%**	**103,350**
197,300	250,500	**38,460 + 32%**	**197,300**
250,500	626,350	**55,484 + 35%**	**250,500**
626,350	and greater	**187,031.50 + 37%**	**626,350**

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

If line 3 is: Over—	But not over—	The tax is:	of the amount over—
$0	$23,850	**$0 + 10%**	**$0**
23,850	96,950	**2,385 + 12%**	**23,850**
96,950	206,700	**11,157 + 22%**	**96,950**
206,700	394,600	**35,302 + 24%**	**206,700**
394,600	501,050	**80,398 + 32%**	**394,600**
501,050	751,600	**114,462 + 35%**	**501,050**
751,600	and greater	**202,154.50 + 37%**	**751,600**

Schedule Y-2—Married filing separately

If line 3 is: Over—	But not over—	The tax is:	of the amount over—
$0	$11,925	**$0 + 10%**	**$0**
11,925	48,475	**1,192.50 + 12%**	**11,925**
48,475	103,350	**5,578.50 + 22%**	**48,475**
103,350	197,300	**17,651 + 24%**	**103,350**
197,300	250,525	**40,199 + 32%**	**197,300**
250,525	375,800	**57,231 + 35%**	**250,525**
375,800	and greater	**101,077.25 + 37%**	**375,800**

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 2025: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2025) 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 2025 (Check one.)

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

Go to *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	1000.00	× 0.124 =	1240.00	
5b	Taxable social security tips		× 0.124 =		
5c	Taxable Medicare wages & tips	1000.00	× 0.029 =	290.00	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =		
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d			5e	1530.00
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f			6	2530.00
7	Current quarter's adjustment for fractions of cents			7	
8	Current quarter's adjustment for sick pay			8	
9	Current quarter's adjustments for tips and group-term life insurance			9	
10	Total taxes after adjustments. Combine lines 6 through 9			10	2530.00
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			11	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10			12	
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			13	
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions			14	
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. 3-2025)

THIRD PARTY PAYS BOTH PARTS OF FICA TAX **EXHIBIT 2 CONTINUED**

950224

Name *(not your trade name)*	Employer identification number (EIN)
ABC WELFARE FUND	36 – 1234567

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 2025: Employer's QUARTERLY Federal Tax Return** 950124
(Rev. March 2025) Department of the Treasury — Internal Revenue Service 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 (City) IL (State) 60601 (ZIP code)

(Foreign country name) (Foreign province/county) (Foreign postal code)

Report for this Quarter of 2025 (Check one.)

- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [x] 4: October, November, December

Go to *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	1000.00	× 0.124 =	1240.00
5b	Taxable social security tips		× 0.124 =	
5c	Taxable Medicare wages & tips	1000.00	× 0.029 =	290.00
5d	Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	1530.00
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	2530.00
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	-765.00
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	1765.00
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	
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	13	
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
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. 3-2025)

THIRD PARTY DOES NOT PAY EMPLOYER'S SHARE OF FICA TAX **EXHIBIT 3 CONTINUED**

950224

Name *(not your trade name)*	Employer identification number (EIN)
XYZ WELFARE FUND	36 – 9876543

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**	588.33
	Month 2	588.33
	Month 3	588.33
Total liability for quarter		1765.00 **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

EMPLOYER PAYS EMPLOYER'S SHARE OF FICA TAX **EXHIBIT 4**

Form **941 for 2025: Employer's QUARTERLY Federal Tax Return**
(Rev. March 2025) Department of the Treasury — Internal Revenue Service

950124
OMB No. 1545-0029

Employer identification number (EIN): 36-1237895

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 2025 (Check one.)

- [ ] 1: January, February, March
- [ ] 2: April, May, June
- [ ] 3: July, August, September
- [x] 4: October, November, December

Go to *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**	1000.00	× 0.124 =	1240.00		
5b	**Taxable social security tips**		× 0.124 =			
5c	**Taxable Medicare wages & tips**	1000.00	× 0.029 =	290.00		
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**		× 0.009 =			
5e	**Total social security and Medicare taxes.** Add Column 2 from lines 5a, 5b, 5c, and 5d				5e	1530.00
5f	**Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions)				5f	
6	**Total taxes before adjustments.** Add lines 3, 5e, and 5f				6	1530.00
7	**Current quarter's adjustment for fractions of cents**				7	
8	**Current quarter's adjustment for sick pay**				8	-765.00
9	**Current quarter's adjustments for tips and group-term life insurance**				9	
10	**Total taxes after adjustments.** Combine lines 6 through 9				10	765.00
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974				11	
12	**Total taxes after adjustments and nonrefundable credits.** Subtract line 11 from line 10				12	
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**				13	
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions				14	
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. 3-2025)

EMPLOYER PAYS EMPLOYER'S SHARE OF FICA TAX **EXHIBIT 4 CONTINUED**

950224

Name *(not your trade name)*	Employer identification number (EIN)
ACE CONSTRUCTION	36 – 1239875

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**	255 . 00
	Month 2	255 . 00
	Month 3	255 . 00
Total liability for quarter		765 . 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

EXHIBIT 5 - ANNUAL LETTER TO EMPLOYER LISTING SICK BENEFITS PAID

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

January 12, 2026

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, 2025

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	TOTAL SICK PAY	FEDERAL INCOME TAX WITHHELD	SOCIAL SECURITY TAX WITHHELD	MEDICARE TAX WITHHELD
James Clark	123-45-6789	$ 4,000.00	$ 250.00	$ 248.00	$ 58.00
Joseph Smith	223-45-6789	10,500.00	2,000.00	651.00	152.25
Kathy Jackson	323-45-6789	7,800.00	700.00	483.60	113.10
	Total	$22,300.00	$ 2,950.00	$1,382.60	$ 323.35

EMPLOYER REPORTING REQUIREMENTS **EXHIBIT 6**

DO NOT STAPLE

33333	a Control number		For Official Use Only: OMB No. 1545-0029				
b Kind of Payer (Check one)	941 X	Military	943	944	Kind of Employer (Check one)	None apply X	501c non-govt.	Third-party sick pay (Check if applicable)
	CT-1	Hshld. emp.	Medicare govt. emp.			State/local non-501c	State/local 501c	Federal govt.	
c Total number of Forms W-2: 2	d Establishment number		1 Wages, tips, other compensation: 400000.00		2 Federal income tax withheld: 8000.00		
e Employer identification number (EIN): 36-1239875			3 Social security wages: 400000.00		4 Social security tax withheld: 2480.00		
f Employer's name: ACE CONSTRUCTION CO			5 Medicare wages and tips: 400000.00		6 Medicare tax withheld: 580.00		
3 WEST THIRD AVE CHICAGO IL 60603 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: IL	Employer's state ID number		14 Income tax withheld by payer of third-party sick pay: 1000.00				
16 State wages, tips, etc.: 400000.00	17 State income tax: 1485.00		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person: JOHN DOE, CONTROLLER			Employer's telephone number: (312) 222-3169		For Official Use Only		
Employer's fax number			Employer's email address				

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** **2025** 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 2025 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 at least 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 **February 02, 2026.** For more information, go to *www.SSA.gov/bso*.

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **February 02, 2026.**

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." Go to *www.irs.gov/PDS* for a list of IRS-approved private delivery services.

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

Cat. No. 10159Y

EMPLOYER REPORTING REQUIREMENTS; SEPARATE W-2s **EXHIBIT 6 CONTINUED**

22222 VOID ☐

a Employee's social security number: 777-88-9999

For Official Use Only
OMB No. 1545-0029

REGULAR WAGES

b Employer identification number (EIN): 36-123987

c Employer's name, address, and ZIP code:
ACE CONSTRUCGTION CO.
3 WEST THRID AVE
CHICAGO IL 60603

d Control number

e Employee's first name and initial: THOMAS
Last name: SMITH
Suff.

4 EAST FOURTH ST
CHICAGO IL 60603

f Employee's address and ZIP code

1 Wages, tips, other compensation	30000.00
2 Federal income tax withheld	7000.00
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	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
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
IL		30000.00	1485.00			

Form **W-2** Wage and Tax Statement 2025

Department of the Treasury—Internal Revenue Service

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

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

Cat. No. 10134D

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

22222 VOID ☐

a Employee's social security number: 777-88-9999

For Official Use Only
OMB No. 1545-0029

SICK WAGES

b Employer identification number (EIN): 36-123987

c Employer's name, address, and ZIP code:
ACE CONSTRUCGTION CO.
3 WEST THRID AVE
CHICAGO IL 60603

d Control number

e Employee's first name and initial: THOMAS
Last name: SMITH
Suff.

4 EAST FOURTH ST
CHICAGO IL 60603

f Employee's address and ZIP code

1 Wages, tips, other compensation	10000.00
2 Federal income tax withheld	1000.00
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	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
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
IL		10000.00				

Form **W-2** Wage and Tax Statement 2025

Department of the Treasury—Internal Revenue Service

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

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

Cat. No. 10134D

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

THIRD PARTY REPORTING REQUIREMENTS **EXHIBIT 7**

8888 ☐ CORRECTED

FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.	Filer is an (check one): ☐ Employer ☑ Insurer/Agent	OMB No. 1545-0029 Form **8922** (Rev. October 2024) For calendar year 2025
XYZ WELARE FUND 1 SOUTH SECOND AVE CHICAGO, IL 60602	FILER'S employer identification number: 36-9876543	
OTHER PARTY'S name (see instructions before entering)	1 Sick pay subject to federal income tax: $ 10000.00	2 Federal income tax withheld from sick pay: $ 1000.00
	3 Sick pay subject to social security tax: $ 10000.00	4 Social security tax withheld from sick pay: $ 620.00
OTHER PARTY'S employer identification number (see instructions before entering)	5 Sick pay subject to Medicare tax: $ 10000.00	6 Medicare tax withheld from sick pay: $ 145.00

Third-Party Sick Pay Recap

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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*.

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

CAUTION *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* 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 ☐ CORRECTED

FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.	Filer is an (check one): ☑ Employer ☐ Insurer/Agent	OMB No. 1545-0029 Form **8922** (Rev. October 2024) For calendar year 2025
ACE CONSTRUCTION CO. 3 WEST THIRD AVE CHICAGO, IL 60603	FILER'S employer identification number: 36-1239875	
OTHER PARTY'S name (see instructions before entering) XYZ WELARE FUND 1 SOUTH SECOND AVE CHICAGO, IL 60602	1 Sick pay subject to federal income tax: $ 10000.00	2 Federal income tax withheld from sick pay: $ 1000.00
	3 Sick pay subject to social security tax: $ 10000.00	4 Social security tax withheld from sick pay: $ 620.00
OTHER PARTY'S employer identification number (see instructions before entering) 36-9876543	5 Sick pay subject to Medicare tax: $ 10000.00	6 Medicare tax withheld from sick pay: $ 145.00

Third-Party Sick Pay Recap

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Instructions for Form 8922

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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.

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2970 Market St
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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

Form **8922** (Rev. 10-2024) Cat. No. 37734T *www.irs.gov/Form8922* Department of the Treasury - Internal Revenue Service

EXHIBIT 9

THIRD-PARTY SICK PAY—NOT AS AN AGENT AND LIABILITY TRANSFERRED TO EMPLOYER		
	Employer Responsibilities	**Third-Party Responsibilities**
Withhold Employee Taxes		
Income	No	Yes, if Form W-4S is submitted
Social Security	No	Yes
Medicare	No	Yes
Deposit Employee Taxes		
Income	No	Yes — Using Third Party EIN
Social Security	No	Yes — Using Third Party EIN
Medicare	No	Yes — Using Third Party EIN
Deposit Employer Taxes		
Social Security	Yes — Using Employer EIN	No
Medicare	Yes — Using Employer EIN	No
FUTA	Yes — Using Employer EIN	No
Report Employee Wages and Taxes on Form 941		
Income	Report Taxable Wages	Report Tax Withheld
Social Security	Report Taxable Wages*	Report Taxable Wages*
Medicare	Report Taxable Wages*	Report Taxable Wages*
	* Adjustment on line 8 for employee taxes deposited by third party.	* Adjustment on line 8 for employer taxes deposited by employer.
Report Employee Wages and Taxes on Form W-2[1]		
Income	Yes	No — File Form 8922
Social Security	Yes	No — File Form 8922
Medicare	Yes	No — File Form 8922
[1] See the instructions earlier if operating under the optional rule for form W-2.		

IRS PUBLICATION 15-A