

Payroll Wisconsin Reporting

Banyon's Payroll Software generates the following reports.

WI Quarterly Wages Report: Software prints report and data

Wisconsin Quarterly Wages

U.C. Acct	2344	Qtr/Yr	1st / 01	<input type="checkbox"/> Health Insurance Plan.	Jan	Feb	Mar
Federal ID	41-45655	Due		Total Covered Employees	4	2	0

Employee Name	QTD Gross	Total Wages			
Johnson, William	\$6,875.01	\$999,999		\$10,935.01	
KELLY, CHAD	\$760.00	Taxable Payroll		\$10,935.01	
SMITH, TOM	\$920.00	Tax Rate		0.00%	
WILSON, NICOLE	\$2,380.00	Contribution Tax Due		\$0.00	
		Interest Due		\$0.00	
		Late Filing Fee		\$0.00	
		Other Outstanding Amounts		\$0.00	
		Less Credit Available		\$0.00	
		Total Amount Remitted		\$0.00	

Preparer Title:

Wage Report
Contribution Report
Quarterly Diskette

QUARTERLY WAGE REPORT

Required Under Chapter 108, Wis. Stats.

Wisconsin Department of Industry, Labor
and Human Relations
Unemployment Compensation Division

(608) 266-6877

1. U.C. ACCOUNT NUMBER 2344	2. QUARTER 1st	3. YEAR 01			
4. REPORT DUE DATE		5. FEIN 41-45655	6. EMPLOYER NAME DEMONSTRATION DATA		
PLEASE TYPE ALL ENTRIES		PLEASE TYPE ALL ENTRIES		PLEASE TYPE ALL ENTRIES	
7. LINE NUMBER	8. SOCIAL SECURITY NUMBER	9. EMPLOYEES SOCIAL SECURITY NUMBER	10. EMPLOYEES LAST NAME	11. EMPLOYEES FIRST NAME	12. EMPLOYEES QUARTERLY WAGES
1.		123-45-6789	Johnson	William	\$6,875.01
2.		456-12-3789	KELLY	CHAD	\$760.00
3.		987-65-4321	SMITH	TOM	\$920.00
4.		147-25-8369	WILSON	NICOLE	\$2,380.00
13. TOTAL WAGES ALL PAGES (Mistagreed with Item 8 on Tax Report)		4	14. TOTAL WAGES THIS PAGE		\$10,935.01

WI Quarterly Contribution Report

QUARTERLY CONTRIBUTION REPORT

TO BE FILED WITH QUARTERLY WAGE RPT.

required under Wisconsin's Unemployment Compensation Law Chapter 108, Wis. Stats.

1. U.C. ACCOUNT NUMBER 2. QUARTER YEAR
 2344 1st 01

3. REPORT AND PAYMENT DUE

4. FEIN
 41-45655

5. EMPLOYER TELEPHONE NO.
 999-999-9999

6. EMPLOYER NAME AND ADDRESS

DEMONSTRATION DATA
 5341 MAYWOOD ROAD
 Your City WI, 55364

18. DO ANY OF YOUR EMPLOYEES HAVE ACCESS TO A HEALTH INSURANCE PLAN SPONSORED BY YOU, A UNION, OR A TRADE/PROFESSIONAL ASSOCIATION?

YES NO

19. I CERTIFY THE TAX AND WAGE REPORTS ARE CORRECT.

SIGNATURE

TITLE

DATE

ITEM 7. MUST BE COMPLETED

7. MONTHLY DATA SHOULD COUNT ALL FULL-TIME AND PART-TIME WORKERS IN COVERED EMPLOYMENT THAT WORKED DURING OR RECEIVED PAY FOR THE PAYROLL PERIOD WHICH INCLUDES THE 15TH OF THE MONTH. IF NONE, ENTER -0-

1ST MONTH	2ND MONTH	3RD MONTH
4	2	0
8. TOTAL COVERED WAGES Must agree with total wages on Wage Report		10,935.01
9. LESS EXCLUSIONS FOR WAGES OVER \$10,500		0.00
10. DEFINED (TAXABLE) PAYROLL Item 8 minus Item 9 THIS LINE MUST BE COMPLETED		10,935.01
11. Multiply Item 10. By:		0.00
12. CONTRIBUTION TAX DUE		0.00
13. IF FILED AFTER DUE DATE, ADD THE GREST OF 1% PER MONTH OF ITEM 12, ABOVE.		0.00
14. IF WAGE RPT. (Form UC-7823) FILED AFTER DUE DATE, ADD LATE FILING FEE.		0.00
15. OTHER OUTSTANDING AMOUNTS DUE		0.00
16. LESS CREDIT AVAILABLE		0.00
17. TOTAL AMOUNT REMITTED		0.00

RETURN THIS FORM AND PAYMENT IN THE ENCLOSED ENVELOPE. MAKE CHECK OR MONEY ORDER PAYABLE TO DIVISION OF UNEMPLOYMENT INSURANCE. FOR INFORMATION CALL (608)296-

GENERAL INFORMATION

This report is required from all employers covered under Wisconsin's Unemployment Compensation (UC) law. A completed Quarterly Wage Report (Form UC-7823) must be submitted in addition to this report.

Two mailing addresses have been provided. Submit the report WITH a check or money order for contributions due to:

Department of Workforce Development
 Division of Unemployment Insurance
 P.O. Box 78960
 Milwaukee, Wisconsin 53278-0960

Mail reimbursable employer reports and reports WITHOUT payment to:

Department of Workforce Development
 Division of Unemployment Insurance
 P.O. Box 7945
 Madison, Wisconsin 53707-7945

Send Wage Reporting magnetized to:

Wage Reporting
 P.O. Box 7962
 Madison, Wisconsin 53707

Do not make any adjustments for prior calendar quarters on this report. Request an adjustment form from the UI Division, Employer Accounts Unit, P.O. Box 7942, Madison, Wisconsin 53707 or telephone (608) 296-0934.

Wisconsin Retirement Reporting

Wisconsin Retirement Reporting

Employer No. Report Date Monthly Contribution Annual Wage Reporting

District Code

Employee Name	Transaction Type & Date	Emp. Cat.	MTD Hours	MTD Earnings	Employer Contributions	
					Fixed	Variable
<input type="checkbox"/> Doe, John						
<input type="checkbox"/> Johnson, William			72.00	\$541.65		
<input type="checkbox"/> KELLY, CHAD	005	00	80.00	\$5,000.00		
<input type="checkbox"/> SMITH, TOM			80.00	\$1,623.34		
<input type="checkbox"/> WILSON, NICOLE			127.00	\$1,405.16		
* <input checked="" type="checkbox"/>						

Total

File can then be transferred via Internet

Enter file name

Monthly Remittance Summary

Use information on this screen to fill out your Monthly Retirement Remittance Report

Employment Category	Earnings	Rate	Contributions
00 01	\$0.00	12	\$0.00
02 05 06 07 08 09 11	\$0.00	17.6	\$0.00
03	\$0.00	17.5	\$0.00
04	\$0.00	23.4	\$0.00
10	\$0.00	0	\$0.00
Total Earnings	\$0.00		\$0.00

Invoice Detail	

1. Over-/Underpayment	\$0.00
2. Additional Contributions	\$0.00
3. Total Invoiced Items	\$0.00
4. Other Payments	\$0.00
5. Total Remittance	\$0.00

Prepared By Phone

to Diskette Monthly Remittance Magnetic Transmittal Distribut

MONTHLY RETIREMENT REMITTANCE REPORT

Wisconsin Retirement System
 Department of Employee Trust Funds
 Drawer 901
 Milwaukee, WI 53293-0901

Employer Name DEMONSTRATION DATA	Employer Identification Number	34556
	Due Date	3/14/2007
	Reporting Month	March

Employment Category Title (Code)	Employee Earnings	Total Rate	Total Contributions
00 01	\$0.00	12	\$0.00
02 05 06 07 08 09 11	\$0.00	17.6	\$0.00
03	\$0.00	17.5	\$0.00
04	\$0.00	23.4	\$0.00
10	\$0.00	0	\$0.00
Total Earnings	\$0.00		\$0.00

Invoice Detail	

1. Over-/Underpayment	\$0.00
2. Additional Contributions	\$0.00
3. Total Invoiced Items	\$0.00
4. Other Payments	\$0.00
5. Total Remittance	\$0.00

Prepared By

Phone