

Example of notification of Third Party Sick Payment

as made to employees - These notifications will vary by company, the content will be the same regardless of appearance.

IMPORTANT TAX INFORMATION
 YEAR-TO-DATE THIRD PARTY SICK PAY DISABILITY REPORT PREPARED QUARTERLY
 PREPARED BY AMERICAN FIDELITY ASSURANCE COMPANY
 AMERICAN FIDELITY EDUCATION SERVICES
 PAGE 001

EMPLOYEE SOCIAL SECURITY NUMBER NAME AND ADDRESS	PLAN	GROSS DISABILITY BENEFIT PAID	FICA WITHHELD	BENEFITS PAID DURING 1ST 3 MOS OF DISABILITY OR FICA/MEDICARE WAGES (BASED UPON EMPLOYER %)	FICA WITHHELD	MEDICARE PREMIUMS WITHHELD
(A)	(B)	(C)	(D)	(E)	(F)	(G)
	808	3,000.00	0.00	3,000.00	0.00	0.00
	809	1,400.00	84.00	1,400.00	0.00	20.30
TOTAL		4,400.00	84.00	4,400.00	0.00	20.30

IF taxable, increase gross and taxable gross on Fed, Ohio, OSDI records by this amount

Amount should be entered in USPRC as for withheld by 3rd party

Increase medicare withheld for employee by this amount. Also must adjust 941.

IF taxable increase gross and taxable gross on Medicare (and FICA if it applies) by this amount

IF there is an amount here it should be there. Increase the FICA withheld for employee by this amount. This will be unusual.

PLEASE REVIEW THIS REPORT IMMEDIATELY !! A REFUND MAY BE DUE TO YOUR EMPLOYERS WHO PAID THEIR DISABILITY PREMIUMS WITH AFTER TAX DOLLARS. ALL REQUESTS FOR REFUND OF FICA MEDICARE AND/OR FIT TAXES WITHHELD IN ERROR MUST BE RECEIVED BEFORE THE W-2 DEADLINE. QUESTIONS? CALL VICKI WITT AT 1-800-862-1113 EXT. 5420.