	ECTED	
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):	OMB No. 1545-0123
	Employer	2014
	Insurer/Agent	Form <b>8922</b>
	FILER'S employer identification number	
OTHER PARTY'S name (see instructions before entering)	1 Sick pay subject to federal income tax	2 Federal income tax withheld from sick pay

\$

\$

3 Sick pay subject to social

security tax

5 Sick pay subject to

Medicare tax

# Third-Party Sick Pay Recap

# 2014 Instructions for Form 8922, Third-Party Sick Pay Recap

OTHER PARTY'S employer identification number (see instructions before

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*.

### **General Instructions**



entering)

Do not 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, Employer's Supplemental Tax Guide.

#### 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 EIN of the insurer or agent.

• 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, Employer's Supplemental Tax Guide (For use in 2015).

#### When To File

File Form 8922 by March 2, 2015.

#### Where To File

Send Form 8922 to the following:

If your principal business, office, or agency is located in Use the following address

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Kansas, Louisiana, Mississippi, Missouri, Nevada, New Mexico, Oklahoma, Oregon, Tennessee, Texas, Utah, Washington

Internal Revenue Service Memphis Service Center P.O. Box 87 Mail Stop 814D6 Memphis, TN 38101-0087 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, Pennsylvania, Rhode Island, South Carolina, South Dakota, Vermont, Virginia, West Virginia, Wisconsin, Wyoming

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\$

\$

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.

4 Social security tax withheld

6 Medicare tax withheld from

from sick pav

sick pay

#### 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, General Rules and Specifications for Substitute Forms and Schedules.

# **Specific Instructions**

**Check box for employer or insurer/agent.** Check the appropriate box to state whether you are 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 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. 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 is not 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 this form to carry out the Internal Revenue laws of the United States. We need it to figure and collect the right amount of tax. Section 6051 and its regulations require you to furnish wage and tax statements to employees, the Social Security Administration, and the Internal Revenue Service. Section 6109 requires you to provide your identification number. Failure to provide this information in a timely manner or providing false or fraudulent information may subject you to penalties.

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.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for business taxpayers filing this form is approved under OMB control number 1545-0123 and is included in the estimates shown in the instructions for their business income tax return.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8922 simpler, we would be happy to hear from you. You can send us comments from *www.irs. gov/formspubs.* Click on *More Information* and then click on *Give us feedback.* Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Avenue, NW, IR-6526, Washington, DC 20224. **Do not** send Form 8922 to this address. Instead, see *Where To File*, earlier.