

Request for Copies of Filed Payroll Tax Forms

Explanation of Fees

Type of Fee	Amount	Explanation
Document Fee	\$25.00 each	Fee for each document and filing period you request.
Historical Research Fee	\$100.00 for each year	This fee applies to each year prior to 2002 from which you request documents, and is in addition to the per-document fee listed above.
Shipping <ul style="list-style-type: none"> ◆ Fax or Email ◆ U.S. Postal Service 	No charge No charge	
Sales Tax	Your state's sales tax rate	Sales tax applies to all fees and shipping charges in Connecticut, District of Columbia, Hawaii, Ohio, South Dakota, Texas, and West Virginia.

Request for Copies of Filed Payroll Tax Forms 2002-Current

ACTIVE TERM

Company FEIN:

Company Name:

Date of Request:

Contact Name:

Phone Number:

Is this for amended returns?

YES

MUST MATCH PAYROLL CONTACT PERSON ON RECORD

Extension:

E-mail:

Federal Please check requested forms

940 ANNUAL	20					20						20								
941 QUARTER	20	1	2	3	4	20	1	2	3	4	20	1	2	3	4	20	1	2	3	4

W-3 ANNUAL 20 20 20 **W-2 Employer's Copy All Employees** 20 20 20

W-2 Social Security #	Year(s)	Social Security #	Year(s)	Social Security #	Year(s)
	20 20 20		20 20 20		20 20 20
	20 20 20		20 20 20		20 20 20

State	Quarter	1st	2nd	3rd	4th	YEAR	Quarter	1st	2nd	3rd	4th	YEAR
AL	UNEMPLOYMENT						MN	UNEMPLOYMENT AVIALABLE AT www.uimn.org				
	QUARTERLY WITH-HOLDING						MS	UNEMPLOYMENT				
	ANNUAL RECONCILIATION						MO	UNEMPLOYMENT				
AK	UNEMPLOYMENT						MT	UNEMPLOYMENT				
	UNEMPLOYMENT							UNEMPLOYMENT				
AZ	QUARTERLY WITH-HOLDING						NE	QUARTERLY WITH-HOLDING				
	ANNUAL RECONCILIATION							ANNUAL RECONCILIATION				
AR	UNEMPLOYMENT						NV	UNEMPLOYMENT				
	ANNUAL RECONCILIATION						NH	UNEMPLOYMENT				
CA	DE 6						NJ	COMBINED UIWH				
	DE 7							UNEMPLOYMENT				
CO	UNEMPLOYMENT						NM	ANNUAL RECONCILIATION				
	ANNUAL RECONCILIATION							COMBINED UIWH				
	UNEMPLOYMENT						NY	MTA-305				
CT*	QUARTERLY WITH-HOLDING							UNEMPLOYMENT				
	ANNUAL RECONCILIATION						NC	ANNUAL RECONCILIATION				
DE	UNEMPLOYMENT							UNEMPLOYMENT				
DC*	UNEMPLOYMENT						ND	QUARTERLY WITH-HOLDING				
FL	UNEMPLOYMENT							ANNUAL RECONCILIATION				
	UNEMPLOYMENT						OH*	UNEMPLOYMENT				
GA	QUARTERLY WITH-HOLDING							ANNUAL RECONCILIATION				
	ANNUAL RECONCILIATION						OK	UNEMPLOYMENT				
HI*	UNEMPLOYMENT						OR	COMBINED UIWH				
	HW-14 CLEARANCE ONLY							UNEMPLOYMENT				
ID	UNEMPLOYMENT						PA	QUARTERLY WITH-HOLDING				
	UNEMPLOYMENT							UNEMPLOYMENT				
IL	QUARTERLY WITH-HOLDING						RI	UNEMPLOYMENT				
	ANNUAL RECONCILIATION					Prior to 2008 only		UNEMPLOYMENT				
IN	UNEMPLOYMENT						SC	QUARTERLY WITH-HOLDING				
	UNEMPLOYMENT							ANNUAL RECONCILIATION				
IA	UNEMPLOYMENT						SD*	UNEMPLOYMENT				
	ANNUAL RECONCILIATION						TN	UNEMPLOYMENT				
KS	UNEMPLOYMENT						TX*	UNEMPLOYMENT				
	ANNUAL RECONCILIATION							UNEMPLOYMENT				
	UNEMPLOYMENT						UT	ANNUAL RECONCILIATION				
KY	QUARTERLY WITH-HOLDING							UNEMPLOYMENT				
	ANNUAL RECONCILIATION						VT	QUARTERLY WITH-HOLDING				
	UNEMPLOYMENT							ANNUAL RECONCILIATION				
LA	ANNUAL RECONCILIATION							UNEMPLOYMENT				
	UNEMPLOYMENT						VA	QUARTERLY WITH-HOLDING				
ME	QUARTERLY WITH-HOLDING							ANNUAL RECONCILIATION				
	ANNUAL RECONCILIATION						WA	UNEMPLOYMENT				
	UNEMPLOYMENT							UNEMPLOYMENT				
MD	ANNUAL RECONCILIATION						WV*	ANNUAL RECONCILIATION				
	UNEMPLOYMENT							UNEMPLOYMENT				
MA	QUARTERLY WITH-HOLDING						WI	ANNUAL RECONCILIATION				
	ANNUAL RECONCILIATION							UNEMPLOYMENT				
MI	UNEMPLOYMENT						WY	UNEMPLOYMENT				

SHIPPING INFORMATION

I prefer you send my copies:

E-MAIL

FAX#

Do you need a call before faxing? YES

U.S. MAIL

Address

FEE & PAYMENT INFORMATION

Document Fee (\$25 each form) +

Historical Research Fee
(if applicable: \$100 each year) +

SUBTOTAL =

Sales Tax* +

TOTAL DUE = \$

*Connecticut, District of Columbia, Hawaii, Ohio, South Dakota, Texas, and West Virginia Only

Payment for this request will be made by:

ACH (only available to current Tax clients)

MasterCard VISA

American Express Discover

Account #

Expiration Date (mmyy)

Name on Card

Auth. #

Notes

Please sign and fax this request to (866)293-2069

Intuit Payroll Services P.O. Box 30015 Reno, NV 89520

CUSTOMER AUTHORIZATION

I authorize the information listed above be delivered to me via the method I have checked above.
I accept responsibility for the confidentiality of this information and agree to pay the fee listed above.

SIGNATURE OF A PRINCIPLE OR DULY AUTHORIZED OFFICER OF THE COMPANY REQUIRED.

PRINT NAME OF AUTHORIZED REPRESENTATIVE

DATE

AUTHORIZED CUSTOMER SIGNATURE