

## 1099/W2 Express Service

- NO more AUDITS from incorrectly-reported income
- SOLVE your annual 1099 problems
- AVOID IRS penalties
- NO more IRS LETTERS



### 1099s:

- We help you avoid over-reporting on the new Forms 1099-NEC
- efile your 1099s directly with the IRS.
- Deliver completed 1099s to you via PDF, ready to email to vendors.
- Or have vendor fill out Form W9. Write amount paid on top.

### W2s:

- We accurately complete Forms W2 and W3
- Complete and mail employee copies to employees (just ask us to).
- efile the W2s directly with the IRS.

Note: We strongly recommend you provide us with copies of page 1 of all four quarterly Form 941s; we'll reconcile this information with your W2 data to avoid IRS and SSA letters.

## Send them NOW

Deadlines: **Please send us this information by Jan. 15 if possible**, since W2s and 1099-NEC are now due January 31.

Here's how:

1. Fill in church information section.
2. Complete minister's section(s).
3. Add other Non-Employees at bottom.

4. Enclose check payable to **Zephyr Associates, Inc.** for:

|                                 |            |       |            |
|---------------------------------|------------|-------|------------|
| First 1099 or W2.....           | \$ 45.00*  | 1     | \$ 45.00   |
| Each additional 1099 or W2..... | \$ 10.75 X | _____ | = \$ _____ |

5. email to office@clergy.tax

TOTAL..... \$ \_\_\_\_\_

**Note: If you paid vendors via credit card, do not add this amount to any W2 or 1099.**

# Zephyr Associates, Inc.

99073 Pinion Ridge Rd, Inyokern, CA 93527  
TEL: 559-850-4400 FAX 877-285-1055

office@clergy.tax

## 1099 EXPRESS SERVICE Data

### CHURCH /Employer INFORMATION

Church Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Church Phone: ( ) \_\_\_\_\_ Contact's phone: ( ) \_\_\_\_\_

Church FEIN (Federal Employer Tax ID): \_\_\_\_--\_\_\_\_ [Required]

Can't find your FEIN? We can run search/order new one. Cost for this service is \$50. Check here

### 1st SELF-EMPLOYED MINISTER

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Salary or Base Compensation  
(EXCLUDING allowances): \$ \_\_\_\_\_

Housing Allowance: \$ \_\_\_\_\_

Auto Allowance: \$ \_\_\_\_\_

Professional Expense Allowance: \$ \_\_\_\_\_

*(Do not include expense reimbursements.)*

Social Security Allowance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL COMPENSATION..... \$ \_\_\_\_\_

### 2nd SELF-EMPLOYED MINISTER

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_

Salary or Base Compensation  
(EXCLUDING allowances): \$ \_\_\_\_\_

Housing Allowance: \$ \_\_\_\_\_

Auto Allowance: \$ \_\_\_\_\_

Professional Expense Allowance: \$ \_\_\_\_\_

*(Do not include expense reimbursements.)*

Social Security Allowance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL COMPENSATION..... \$ \_\_\_\_\_

**Do not include the following NON-TAXABLE FRINGE BENEFITS:** Pension payments, TSA payments, Employer direct-paid medical insurance.

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### OTHER NON-EMPLOYEES (Any non-incorporated person/business you paid \$600 or more last year.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Social Security or Employer ID# \_\_\_\_\_

Amount you paid them: \$ \_\_\_\_\_

For what service did you pay them?  
\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Social Security or Employer ID# \_\_\_\_\_

Amount you paid them: \$ \_\_\_\_\_

For what service did you pay them? \_\_\_\_\_

# Zephyr Associates, Inc. *Your Clergy Tax Experts*

99073 Pinion Ridge Rd, Inyokern, CA 93527  
TEL: 559-850-4400 FAX 877-285-1055

E-Mail: office@clergy.tax

## W2 EXPRESS SERVICE Data

### CHURCH /Employer INFORMATION

Church Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Church Phone: ( ) \_\_\_\_\_ Contact's phone: ( ) \_\_\_\_\_

Church FEIN (Federal Employer Tax ID): \_\_\_\_--\_\_\_\_ [Required]

Can't find your FEIN? We can run search/order new one. Cost for this service is \$50. Check here

**\*For most non-clergy employees, only the first line (Salary or Base Compensation) is needed.**

### 1st Employee or Minister Employee

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

**Salary or Base Compensation\***

**(EXCLUDING allowances)**.....\$ \_\_\_\_\_

Housing Allowance:.....\$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Sec. 125 FLEX Plan..... \$ \_\_\_\_\_

Cost of Group Life Insurance over \$50K\$ \_\_\_\_\_

TOTAL COMPENSATION.....\$ \_\_\_\_\_

### 2nd Employee or Minister Employee

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

**Salary or Base Compensation\***

**(EXCLUDING allowances)**.....\$ \_\_\_\_\_

Housing Allowance:.....\$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Sec. 125 FLEX Plan..... \$ \_\_\_\_\_

Cost of Group Life Insurance over \$50K\$ \_\_\_\_\_

TOTAL COMPENSATION.....\$ \_\_\_\_\_

### 3rd Employee or Minister Employee

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

**Salary or Base Compensation\***

**(EXCLUDING allowances)**.....\$ \_\_\_\_\_

Housing Allowance:.....\$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Sec. 125 FLEX Plan..... \$ \_\_\_\_\_

Cost of Group Life Insurance over \$50K\$ \_\_\_\_\_

TOTAL COMPENSATION.....\$ \_\_\_\_\_

### 4th Employee or Minister Employee

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

**Salary or Base Compensation\***

**(EXCLUDING allowances)**.....\$ \_\_\_\_\_

Housing Allowance:.....\$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Sec. 125 FLEX Plan..... \$ \_\_\_\_\_

Cost of Group Life Insurance over \$50K\$ \_\_\_\_\_

TOTAL COMPENSATION.....\$ \_\_\_\_\_

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