






## EXAMPLE : Third Party Sick Payment Notification

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

( A )	( D )	( E )	( G )	( H )	( I )	
EMPLOYEE SSN NAME & ADDRESS	PLAN	GROSS DISABILITY BENEFIT PAID	FIT WITHHELD	BENEFIT PAID DURING 1ST MOS OF DISABILITY OR  FICA/MEDICARE WAGES (BASED UPON EMPLOYER %)	FICA WITHHELD	MEDICARE WITHHELD
	809	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
<b>TOTAL</b>		<b>4,400.00</b>	<b>84.00</b>	<b>4,400.00</b>	<b>0.00</b>	<b>20.30</b>
		 <small>IF TAXABLE, INCREASE GROSS &amp; TAXABLE GROSS ON FED, OH &amp; OSDI RECORDS BY THIS AMOUNT</small>	 <small>AMOUNT SHOULD BE ENTERED IN W2PROC AS TAX WITHHELD BY 3RD PARTY</small>	 <small>IF TAXABLE, INCREASE GROSS &amp; TAXABLE GROSS ON MEDICARE &amp; FICA RECORDS BY THIS AMOUNT</small>	 <small>IF THERE IS AN AMOUNT HERE AND IT SHOULD BE THERE, INCREASE THE FICA WITHHELD FOR EMPLOYEE BY THIS AMOUNT. THIS IS UNUSUAL.</small>	 <small>INCREASE MEDICARE WITHHELD FOR EMPLOYEE BY THIS AMOUNT. YOU WILL ALSO NEED TO ADJUST YOUR QUARTERLY 941 REPORT.</small>

PLEASE REVIEW THIS REPORT IMMEDIATELY!!

A REFUND MAY BE DUE TO YOUR EMPLOYEES 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 @ 1-800-662-1113 EXT. 5420

**\*\* NOTE: THESE NOTIFICATIONS MAY VARY BY COMPANY BUT THE CONTENT WILL BE THE SAME REGARDLESS OF APPEARANCE \*\***