



w2_create_submission_file

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w2_create_submission_file i

Payroll > Reports > Quarterly/Annual Reports > HRS5100 - W-2 Forms Report

☐ Set the **Validation Rpt (V); W2 Forms - Copy A (A), Non-preprinted 3 Up (N); or W2REPORT File (F)** parameter to F (W2REPORT File) and enter the necessary parameter data.

Quarterly/Annual Reports

- [HRS5000 - 941 Worksheet](#)
- [HRS5050 - TWC Wage List](#)
- [HRS5100 - W-2 Forms](#)
- [HRS5150 - FICA Annual Report](#)
- [HRS5200 - Third Party Sick Pay Report](#)

HRS5100 - W-2 Forms

Parameter Description	Value
Validation Rpt (V); W2 Forms - Copy A (A), Non-preprinted 3 Up (N); or W2REPORT File (F)	F
For Tax Year > 2018, Include instructions (Y/N) or Print instructions only (I)	N
Final Run - Create W-2 Historical Record? (Y/N)	N
Sort by Alpha (A), SSN (S), or Pay Campus (C)	A
Tax Year (####)	20XX
Select Frequency(ies), or blank for ALL	
Select Pay Campus(es), or blank for ALL	
Select Employee(s), or blank for ALL	
Company Name (up to 57 characters)	Company Name
Company Street (up to 22 characters)	Company Street
Company Location Address (up to 22 characters)	Company Location Address
Company City (up to 22 characters)	Company City
Company State : (2 characters)	Company State
Company Zip : #####-####	78108-4444
Resubmit W2 Indicator (0) or (1)	0
Resubmit WFID sent by SSA	
Problem Notification Code (1) or (2)	1
Preparer Code (A), (L), (S), (P) or (O)	L
User ID (8 characters)	TestUser
Contact Name (up to 27 characters)	Contact Name
Contact Phone Number (###-###-####)	210-855-5555
Contact Phone Extension (#####)	
Contact E-mail (up to 40 characters)	contact@info.com
Contact Fax (###-###-####)	210-855-5555
Business Terminated? (Y/N)	N
Kind of Employer (F), (S), (T), (Y), (N)	S
Use Consent for Terminated Employees? (Y/N)	

☐ Click **PDF**. The W-2 Processing report is displayed and the file is generated in a separate window. Save the file as a .txt or .csv file.

Business

Date Run:		W-2 Processing				Program: HRS5100		
Cnty Dist:		ISD				Page: 1 of 13		
Alphabetic Sequence		Tax Year: 20				Frequency: 5		
SSN	Employee Name	Withhold Gross Tax Fringe Bnft EPSLA Reg	Withhold Tax 3rd Wh Tax EPSLA 2/3	FICA Gross 457 Comp EFMLEA	FICA Tax Taxed Cont	Med Gross EIC	Med Tax Dep Care	Annuities HSA
		7,430.89	371.52	0.00	0.00	8,633.21	125.19	400.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00				
		17,108.67	1,590.22	0.00	0.00	18,535.94	268.78	0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00				
		4,891.17	0.00	0.00	0.00	5,299.20	76.85	0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00				
		14,819.68	1,197.06	0.00	0.00	16,681.04	241.86	0.00
		0.00	0.00	1,043.74	0.00	0.00	0.00	0.00