

A complete W-2 & 1095 electronic filing platform in CyberPay.

See how easy filing is through CyberPay in this walk-through.



The experts in wage and information reporting.

Secure E-Filing



Data is *protected* with the latest encryption methods.



Completely Compliant



Meet all guidelines, regulations, and deadlines for...

- FEDERAL e-filing
 STATE filing
- RECIPIENT delivery



How it Works

W-2 & 1095 filing complete in just a few steps.

- 1. Create account at https://cyberpay.nelcosolutions.com
- 2. Store Email Address and Password in CyberPay
- 3. Click 'Export to Nelco'

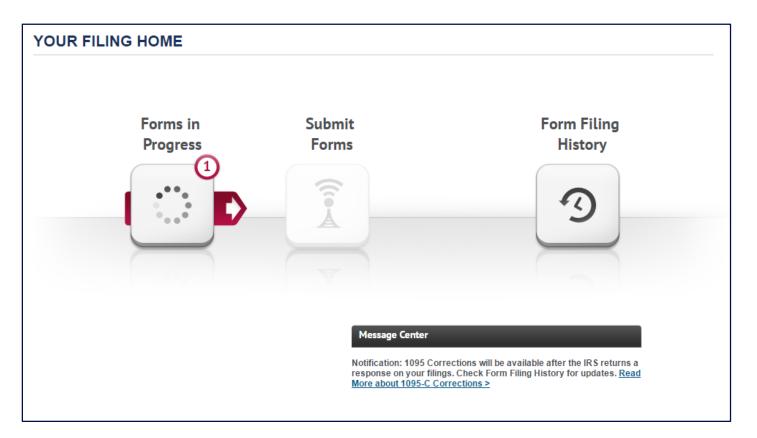


Set Up Account

ISER INFORM	ATION			
* Required Field				
* First Name		* Email Address]
* Last Name		* Confirm Email Address]
Company Name		* Password]
* Address Line 1		* Confirm Password]
Address Line 2]		
* City	* State]		
* Zip Code]		
* Phone Number	Ext.]		
Fax Number]		
			CANCEL × CONFIRM >	

<u>NELCO</u>°

Dashboard





Choose Filing Services

Choose one of the following filing bundles	FORMS IN PROGRESS Choose services (left) and affected Recipion	ent (below) to add to cart.			NEXT >
BUNDLES	COMPANY NAME				•
Federal & State E-filing, Recipient Mail, & Online Retrieval	W-2 (1 records)	Federal Filing	State Filing	Recipient Copy	
Federal E filing Desinient	Larry M Simpson SUFF	~	MI SC		
Mail, & Online Retrieval	UNSELECT ALL	1 record(s) selected	0 record(s) selected	0 record(s) selected	
A LA CARTE SERVICES	CLEAR SUBMISSION HISTORY				NEXT >
Federal E-filing					
State E-filing 3 Recipient Mail & Online 3 Retrieval 3					
SUBTOTAL: \$1.20 Price List					
LEGEND:					
Selected for Service					
Previously Filed					
Selected for Reprint					

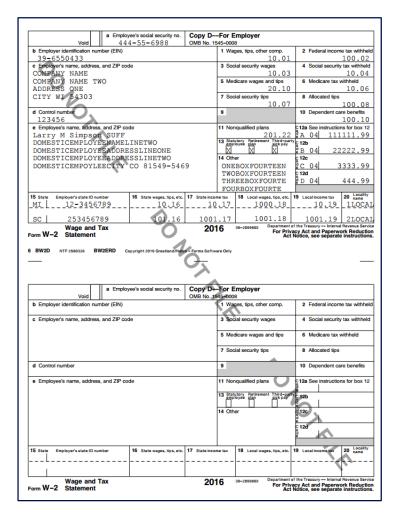


Complete Filing

SUBMIT FORMS				
Review Cart Payment Details Review & Confirm Complete				NEXT >
Review Gart Payment Details Review & Comment Complete				
	LEGEND 🗸 Select	ed for Service 👼 Se	lected for Reprint	Previously filed
COMPANY NAME	Federal	State	Recipient	C Subtotal
W-2	Filing	Filing	Сору	\$5.25
Larry M Simpson SUFF	~	✓MI ✓SC	~	\$5.25
				\$5.25
		REMOVE PAYER	C ADD/EC	DIT EMAILS 🖂
			SUBTO	TAL: \$5.25
		Promo Coo	le:	
			A	PPLY CODES
			то	TAL: \$5.25
				NEXT >



Preview Forms





Summary Report

Summary Report

These reports summarize all forms currently in your forms cart or in your submitted forms section. The reports are separated by Payer and Form Type.

Summary of Wage and Tax Statements - Do Not File

Payer's Name, Address and COMPANY NAME COMPANY NAME TWO ADDRESS ONE ADDRESS TWO CITY, WI 54303	Zip Code	Form W2 Reporting Year 2016				
FEIN: 39-6550433	Total Number of Forms: 1		Date of This Report 8/31/2016			
b. Kind of Payer		Regular (941)				
b. Kind of Employer		Not Specified				
1. Wages, Tips, Other Comp	ensation	\$10.01				
2. Federal Income Tax Withi	held	\$100.02				
3. Social Security Wages		\$10.03				
4. Social Security Tax Withh	eld	\$10.04				
5. Medicare Wages and Tips	5	\$20.10				
6. Medicare Tax Withheld		\$10.06				
7. Social Security Tips		\$10.07				
8. Allocated Tips		\$100.08				
10. Dependent Care Benefit	S	\$100.10				
11. Nonqualified Plans		\$201.22				
12.						
Deferred Compensation		\$444.99				
All Other Codes		\$136,668.97				
16. State Wages, Tips, Etc						
MI		\$10.16				
SC		\$101.16				
17. State Income Tax						
MI		\$10.17				
SC		\$1,001.17				
18. Local Wages, Tips, Etc						
1LOCAL		\$1,000.18				
2LOCAL		\$1,001.18				
19. Local Income Tax						
1LOCAL		\$10.19				
2LOCAL		\$1,001.19				





Pay for Services

<u> </u>	- (; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	-0		PREVIOUS	NEXT >
Review Cart	Payment Details Rev	iew & Confirm	Complete		
	Enter Payment Informatio	n *is a required fi	eld		
	Prepaid Filing Code:		APPLY CODE		
		-or-			
	Cardholder Name:* Card Number:*				
	Card Type:*				
	Expiration:*		<u>.</u>		Total: \$5.25
	Security Code:*				

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Confirm Filing

SUBMIT FORMS	i			
— ——				CONFIRM & SUBMIT >
Review Cart Pay	ment Details Re	eview & Confirm	Complete	
Cart				Payment Details
COMPANY NAME	W-2	\$5.25		Cardholder Joe Smith
EDIT CART	т	DTAL: \$5.25		Card Number **** **** 1111 Card Type Visa
				Expiration 04/2019
				EDIT PAYMENT DETAILS
Terms & Conditions				
By Clicking "Confirm & Subn	nit" below you agree to th	e following terms:		
Electronic Filing Terms & C	onditions			
License Agreement				
				PREVIOUS CONFIRM & SUBMIT >



Filing Confirmation

Review Cart Payment Det	ails Review & Confirm	Complete				
	ONGRATU					
Payer Name	Form Type	Confirmation #	Federal E-file	State E-file	Recipient Copy	
COMPANY NAME	W-2	180638	\checkmark	\checkmark	\checkmark	
Submitted: 8/31/2016 12:02:15 PM						
What We Do For You:		What You Are Responsible For:				
FEDERAL: E-file forms to SSA - More I MICHIGAN: E-file W-2 forms to State - I	More Info	 Track status of your returns from Your Filing Home W-2: SSA updates status 6-8 weeks after submission STATE S: Dependent upon state 				
SOUTH CAROLINA: E-file W-2 forms to	and the second	 Retain Payer Copies for 3 years Print Local Copies and mail to agency when applicable 				
RECIPIENT COPIES: Mail W-2 forms to RECIPIENT COPIES: Post forms to Onl PAYER COPIES: W-2 forms on PDF - N	ine Retrieval - More Info			an to agono, an		
SUMMARY REPORT: View / Print Now						



Email Confirmation

Order Confirmation-Your forms are being processed

If you are having difficulty viewing this e-mail, please click here.

Thank you for using Web Reporting Center! This is your order confirmation. We are currently processing your forms. Your confirmation number(s) are: 180638

To check the status of your forms:

- · Login to your account, which will automatically take you to Your Filing Home
- · Click on "Form Filing History" to track the progress of your returns

We will email you when there is additional activity pertaining to your submission.

Thank you, Web Reporting Center

Web Reporting Center | 2480 Walker Ave. NW | Grand Rapids, MI 49544 | United States



Check Filing Status

turn to Your Filing Home						
orm Filin	g History	1				
rch by TIN, Payer Name, Recipie	ent Name, or Confirmation #	Q				
GEND:						
	2016					
Check Status	COMPANY NAME					
View & Print Forms	Confirmation #:180638	Submitted:8/31/2016	W-2	C	∎ ∞	
Email Recipients						



Send Recipient Emails

Email Recipients

Enter new email addresses, or edit previously entered addresses, for recipients. Once complete, click "Send Email" to send the recipient notification with instructions for obtaining their form online.

COMPANY NAME							
Confirmation #: 180638	Submitted: 8/31/2016	Service: Federal & State E-	iiling, Recipient Mail, & Online Retrieval				
Name	Form Ty	pe	Email Address				
Larry M Simpson SUFF	W-2		SEND EMAIL				







More than **60 YEARS** of experience in wage & information reporting



SOC 2 Certified



Over **12 MILLION FORMS** processed in Tax Year 2018



The experts in wage and information reporting.

Questions?



Contact Nelco!



