

GP OPTIMIZER LIVE



How Dynamics GP Users Can Comply with COVID-19 FFCRA and CARES Act Legislation

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Quick Introductions



COVID-19 Legislation Overview



COVID-19 in Dynamics GP with Overview



Q&A + Available Resources



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- Cloud-based provider of payroll, HR, taxation and compliance solutions
- 15+ years of experience and expertise
- 4,000+ clients across North America
- Keeping pace with regulatory changes, Federal and local, is what we do



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- Expert Services
- Top-Notch Support

Original authors of:

- Core Payroll Extensions
- HRP Extended Pack

COVID-19 Legislation Overview

Families First Coronavirus Response Act (FFCRA)

- Emergency COVID-19 Paid Sick Leave
- Emergency Family and Medical Leave Expansion (E-FMLA)
- Tax Credits



Coronavirus Aid, Relief and Economic Security (CARES) Act

- Private employers with fewer than 500 employees and government employers are required to provide 80 hours of paid sick leave to full-time employees that are unable to work (or telework) because of certain COVID-19 related reasons (listed on next slide).
- For part-time employees, paid sick time amounts to the number of hours the employee would work, on average, over a two-week period.
- An employer cannot require an employee to use other employer-provided leave available to the employee before the employee uses paid leave available under the FFCRA.
- Eligible employees are entitled to the greater of minimum wage in your area or their regular hourly rate (2/3 pay rate while caring for others).
- If an employer has less than 50 employees and believes the viability of their business would be threatened by offering this sick leave, they could be exempt and would need to provide documentation as proof.

COVID-19 related reasons:

1. Subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine related to COVID-19.
3. Experiencing COVID-19 symptoms and is seeking a medical diagnosis.
4. Caring for an individual subject to an order described in reason 1 or self-quarantine as described in reason 2.
5. Caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.
6. Experiencing any other "substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

- Private employers with fewer than 500 employees and government employers are required to provide 10 weeks of FMLA to all employees that have been employed for at least 30 days and are unable to work (or telework) because their child's school or daycare was closed due to COVID-19.
- Eligible employees are entitled to two-thirds of their average earnings for up to 10 weeks, capped at \$200 per day and \$10,000 total per individual.
- Exceptions:
 - The U.S. Department of Labor has authority to issue regulations to exempt small employers with fewer than 50 employees.
 - Employers in the healthcare and emergency response fields may elect to exclude certain employees from these expanded family and medical leave provisions.



Tax Credits for Paid Sick, Paid Family and Medical Leave

- Employer payroll tax credits
- Income tax credits for certain Self-Employed individuals

Other Benefits

- Free COVID-19 testing
- Access to meals for school-aged children forced to stay home
- Extended unemployment insurance and other measures
- \$15 million to the IRS to carry out the tax-related provisions
- [Click here](#) to read our FFCRA summary blog

Managing COVID-19 Legislation in Dynamics GP

Paid Sick Leave

- For step-by-step instructions, read our blog, "[Microsoft Dynamics GP and Comprehensive Leave Manager Strategies for FFCRA Paid Sick Leave Act](#)"

E-FMLA

- For instructions read our blog, "[Expanded Family and Medical Leave Act \(E-FMLA\) and Microsoft Dynamics GP Tips Simplified](#)"

- [Integrity Data's COVID-19 Blogs](#)
- [Terry Heley's Blog](#)
- [Other Microsoft Dynamics GP Community Blogs](#)
- www.integrity-data.com

Employee's requesting for time off in GreenEmployee.

It is a best practice to encourage your employees to use the comment field (right) to provide sufficient reasoning for qualifying for this paid sick leave per the Department of Labor's [guidelines](#) and [temporary rule](#).

Current Balances

Type	Current Balance	Upcoming Usage	Available Balance	YTD Accrued	YTD Used
PTO Balance	216.50	0.00	216.50	40.00	8.00

Request Time Off

Start Date: 6/10/2019
Start Time: 9:00 AM
End Date: 6/10/2019
Total Time Off: 0 Hours 0 Minutes
Time Off Type: COVID-19 Caregiver Time Off
Your Comments: COVID-19 Caregiver Time Off

Current Balances

Type	Current Balance	Upcoming Usage	Available Balance	YTD Accrued	YTD Used
PTO Balance	216.50	0.00	216.50	40.00	8.00

Request Time Off

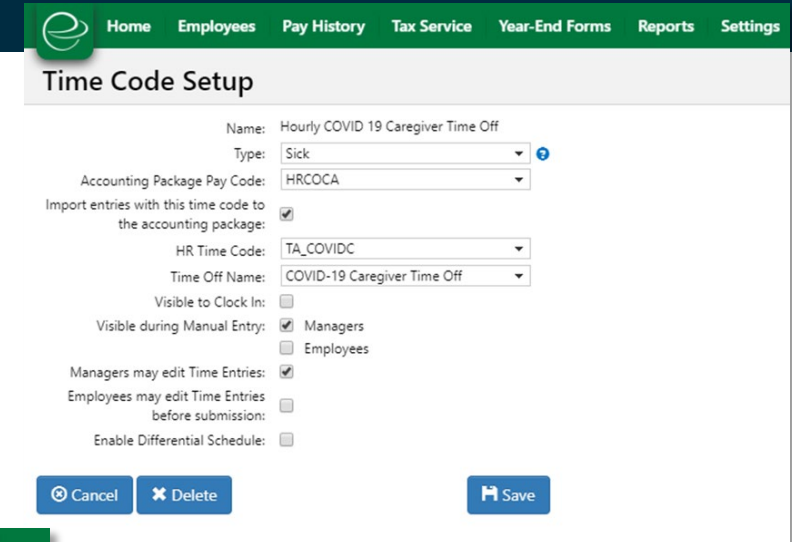
Start Date: 6/10/2019
Start Time: 9:00 AM
End Date: 6/10/2019
Total Time Off: 0 Hours 0 Minutes
Time Off Type: COVID-19 Caregiver Time Off
Your Comments: COVID-19 Caregiver Time Off

In the event that your organization chooses to NOT set your COVID-19 leave codes to be 'Trackable', as described in the section [Setting up Time Off Codes on Greenshades Online](#), employees will still be able to submit a Time Off request for these Time Off code types, however an available Sick Leave balance will NOT be displayed for the employee to see (left).

Using Greenshades Timesheets Module

Setup a new Time Code on Greenshades Online for each new Pay Code created within Dynamics GP. Map the 'HR Time Code' to the applicable GP HR Time Code [If using Time and Attendance module within Dynamics GP](#): Map each Greenshades Time Code to the applicable 'Time Off Name'. Once Timesheets are synchronized to Dynamics GP Payroll, the applicable Pay Code will be applied on the GP Payroll batch to ensure proper payment is made to the employee.

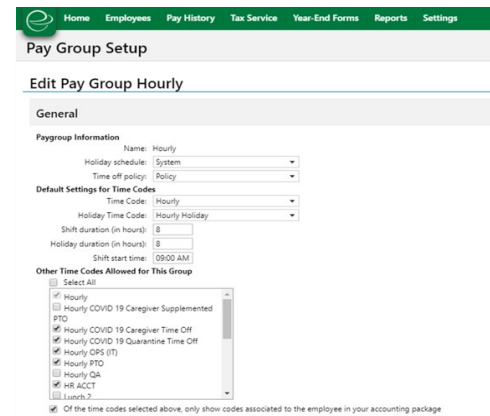
After Time Codes are configured, set each applicable Pay Group to be eligible for the correct Time Code, which will ensure the Time Codes can correctly be included on the employee's Greenshades timesheet after the Time Off request has been approved & taken.



The screenshot shows the 'Time Code Setup' form in the Greenshades application. The form includes the following fields and options:

- Name:** Hourly COVID 19 Caregiver Time Off
- Type:** Sick (dropdown menu)
- Accounting Package Pay Code:** HRCOCA (dropdown menu)
- Import entries with this time code to the accounting package:** ☒
- HR Time Code:** TA_COVIDC (dropdown menu)
- Time Off Name:** COVID-19 Caregiver Time Off (dropdown menu)
- Visible to Clock In:** ☐
- Visible during Manual Entry:** ☒ Managers, ☐ Employees
- Managers may edit Time Entries:** ☒
- Employees may edit Time Entries before submission:** ☐
- Enable Differential Schedule:** ☐

At the bottom of the form are three buttons: 'Cancel', 'Delete', and 'Save'.



The screenshot shows the 'Pay Group Setup' form in the Greenshades application, specifically the 'Edit Pay Group Hourly' section. The form includes the following fields and options:

- General**
 - Paygroup Information**
 - Name:** Hourly
 - Holiday schedule:** System (dropdown menu)
 - Time off policy:** Policy (dropdown menu)
 - Default Settings for Time Codes**
 - Time Code:** Hourly
 - Holiday Time Code:** Hourly Holiday
 - Shift duration (in hours):** 8
 - Holiday duration (in hours):** 8
 - Shift start time:** 09:00 AM
- Other Time Codes Allowed for This Group**
 - ☒ Hourly
 - ☐ Hourly COVID 19 Caregiver Supplemented
 - ☐ PTO
 - ☒ Hourly COVID 19 Caregiver Time Off
 - ☒ Hourly COVID 19 Quarantine Time Off
 - ☒ Hourly OPS (IT)
 - ☒ Hourly PTO
 - ☒ Hourly QA
 - ☒ HR ACCT
 - ☐ Lush...

At the bottom of the form is a checkbox: ☒ Of the time codes selected above, only show codes associated to the employee in your accounting package.

PAID SICK LEAVE CREDIT

For an employee who is unable to work because of Coronavirus quarantine or self-quarantine or has Coronavirus symptoms and is seeking a medical diagnosis, eligible employers may receive a refundable sick leave credit for sick leave at the employee's regular rate of pay, up to \$511 per day and \$5,110 in the aggregate, for a total of 10 days.

For an employee who is caring for someone with Coronavirus, or is caring for a child because the child's school or child care facility is closed, or the child care provider is unavailable due to the Coronavirus, eligible employers may claim a credit for two-thirds of the employee's regular rate of pay, up to \$200 per day and \$2,000 in the aggregate, for up to 10 days. Eligible employers are entitled to an additional tax credit determined based on costs to maintain health insurance coverage for the eligible employee during the leave period.

CHILD CARE LEAVE CREDIT

In addition to the sick leave credit, for an employee who is unable to work because of a need to care for a child whose school or childcare facility is closed or whose childcare provider is unavailable due to the Coronavirus, eligible employers may receive a refundable childcare leave credit. This credit is equal to two-thirds of the employee's regular pay, capped at \$200 per day or \$10,000 in the aggregate. Up to 10 weeks of qualifying leave can be counted towards the childcare leave credit. Eligible employers are entitled to an additional tax credit determined based on costs to maintain health insurance coverage for the eligible employee during the leave period.

Employee Retention Credit for Employers Subject to Closure Due to COVID-19 Crisis

The Coronavirus Aid, Relief, and Economic Security (CARES) Act supports certain employers that operate a business during 2020 and retain employees, despite experiencing economic hardship related to the COVID-19 crisis, with an employee retention credit. The refundable tax credit is equal to 50% of qualified wages paid to employees after March 12, 2020, and before January 1, 2021. If you paid any qualified wages between March 13, 2020, and March 31, 2020, inclusive, you will include 50% of those wages together with 50% of any qualified wages paid during the second quarter of 2020 on your second quarter Form 941, 941-SS, or 941-PR to claim the employee retention credit. Do not include the credit on your first quarter Form 941, 941-SS, or 941-PR.



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New 941

Form 941 for 2020: Employer's QUARTERLY Federal Tax Return 950120
(Rev. April 2020) Department of the Treasury — Internal Revenue Service OMB No. 1545-0029

Employer identification number (EIN) 12-34567890

Name (not your trade name) ABC COMPANY

Trade name (if any) XYZ TRADING

Address 123 Main St, Suite 100, City, State, ZIP code

Foreign country name Foreign province/state Foreign postal code Foreign postal code

Report for this quarter of 2020 (check one)
☐ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December
 Go to www.irs.gov/Form941 for instructions and the latest information.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1

2 Wages, tips, and other compensation 2

3 Federal income tax withheld from wages, tips, and other compensation 3

4 If no wages, tips, and other compensation are subject to social security or Medicare tax ☐ Check and go to line 5.

5a Taxable social security wages 5a $\times 0.124 =$ 5b

5b (i) Qualified sick leave wages 5b(i) $\times 0.062 =$ 5b(ii)

5b (ii) Qualified family leave wages 5b(ii) $\times 0.062 =$ 5b(iii)

5c Taxable social security tips 5c $\times 0.124 =$ 5d

5d Taxable Medicare wages & tips 5d $\times 0.029 =$ 5e

5e Taxable wages & tips subject to Additional Medicare Tax withholding 5e $\times 0.009 =$ 5f

5f Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b(i), 5b(ii), 5c, and 5d 5f

5g Section 3121(g) Notice and Demand—Tax due on unreported tips (see instructions) 5g

6 Total taxes before adjustments. Add lines 5, 5e, and 5f 6

7 Current quarter's adjustment for fractions of cents 7

8 Current quarter's adjustment for sick pay 8

9 Current quarter's adjustments for tips and group-term life insurance 9

10 Total taxes after adjustments. Combine lines 6 through 9 10

11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11a

11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1 11b

11c Nonrefundable portion of employee retention credit from Worksheet 1 11c

You MUST complete all three pages of Form 941 and SIGN it. Next
For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher. OMB No. 1545-0029 Form 941 (Rev. 4-2020)

Name (not your trade name) ABC COMPANY Employer identification number (EIN) 950220

Part 1: Answer these questions for this quarter. (continued)

11d Total nonrefundable credits. Add lines 11a, 11b, and 11c 11d

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11d from line 10 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SF) filed in the current quarter 13a

13b Deferred amount of the employer share of social security tax 13b

13c Refundable portion of credit for qualified sick and family leave wages from Worksheet 1 13c

13d Refundable portion of employee retention credit from Worksheet 1 13d

13e Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d 13e

13f Total advances received from filing Forms 7200 for the quarter 13f

13g Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e 13g

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions 14

15 Overpayment. If line 13g is more than line 12, enter the difference 15 Check one: ☐ Apply to next return. ☐ Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 1 Month 2 2 Month 3 3

Total liability for quarter 4 Total must equal line 12.

☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941). Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it. Next
Page 2 Form 941 (Rev. 4-2020)

Name (not your trade name) ABC COMPANY Employer identification number (EIN) 950120

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages 17; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

19 Qualified health plan expenses allocable to wages reported on Part 1, line 5a(i) 19

20 Qualified health plan expenses allocable to wages reported on Part 1, line 5a(ii) 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses allocable to wages reported on line 21 22

23 Credit from Form 5684-C, line 11, for this quarter 23

24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24

25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25

Part 4: May we speak with your third-party designee?
Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.
☐ Yes. Designee's name and phone number 4 5
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. 6 7 8 9 0

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here 1 2 3 4 5 6 7 8 9 0 1

FFCRA wages are entered into lines 5a(i) and 5a(ii)

	Column 1		Column 2
5a Taxable social security wages . . .	<input type="text"/>	$\times 0.124 =$	<input type="text"/>
5a (i) Qualified sick leave wages . . .	<input type="text"/>	$\times 0.062 =$	<input type="text"/>
5a (ii) Qualified family leave wages . . .	<input type="text"/>	$\times 0.062 =$	<input type="text"/>
5b Taxable social security tips . . .	<input type="text"/>	$\times 0.124 =$	<input type="text"/>
5c Taxable Medicare wages & tips. . .	<input type="text"/>	$\times 0.029 =$	<input type="text"/>
5d Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/>	$\times 0.009 =$	<input type="text"/>
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d			<input type="text"/>
5f Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			<input type="text"/>

Waiting on "worksheet" 1

11a Qualified small business payroll tax credit for increasing research activities. Attach Form 8974

11a



11b Nonrefundable portion of credit for qualified sick and family leave wages from Worksheet 1

11b



11c Nonrefundable portion of employee retention credit from Worksheet 1

11c



Social Security Deferment and Tax Credits taken this quarter

13a	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter	13a	<div><div></div></div>
13b	Deferred amount of the employer share of social security tax	13b	<div><div></div></div>
13c	Refundable portion of credit for qualified sick and family leave wages from Worksheet 1	13c	<div><div></div></div>
13d	Refundable portion of employee retention credit from Worksheet 1	13d	<div><div></div></div>
13e	Total deposits, deferrals, and refundable credits. Add lines 13a, 13b, 13c, and 13d	13e	<div><div></div></div>
13f	Total advances received from filing Form(s) 7200 for the quarter	13f	<div><div></div></div>
13g	Total deposits, deferrals, and refundable credits less advances. Subtract line 13f from line 13e	13g	<div><div></div></div>

Additional information for Employee Retention credit

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages ☐ Check here, and enter the final date you paid wages / / ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year ☐ Check here.

19 Qualified health plan expenses allocable to wages reported on Part 1, line 5a(i) 19

20 Qualified health plan expenses allocable to wages reported on Part 1, line 5a(ii) 20

21 Qualified wages for the employee retention credit 21

22 Qualified health plan expenses allocable to wages reported on line 21 22

23 Credit from Form 5884-C, line 11, for this quarter 23

24 Qualified wages paid March 13 through March 31, 2020, for the employee retention credit (use this line only for the second quarter filing of Form 941) 24

25 Qualified health plan expenses allocable to wages reported on line 24 (use this line only for the second quarter filing of Form 941) 25

The screenshot displays the 'Pay United States Federal Payroll Tax Liability' page on the IRS.gov portal. The page includes a navigation bar with links like Home, Employees, Pay History, Tax Service, Year-End Forms, Reports, and Settings. The main content area shows the IRS logo and a message stating the user owes \$386,592.51 for payroll run through 3/1/19. Below this, there are input fields for various taxes: Federal Income Tax (\$270,097.42), Employer Social Security (\$41,048.58), Social Security (\$41,048.58), Medicare (\$18,998.74), and Employer Medicare (\$15,399.19). The total payment is calculated as \$386,592.51. The page also features a 'Useful Links' section, a 'Year-To-Date Reconciliation' section for the 2019 calendar year, and a 'Submit Payment' button.

Greenshades will be adding three new fields which will allow users to input the value of the tax credit they intend to apply. After the values are inputted, an updated tax liability will be calculated.

The new fields are:

1. Total employee retention credit
2. Total qualified sick leave wages eligible for the credit
3. Total qualified family leave wages eligible for the credit



Online Tax Filing Service

Even if you are making your tax liability payments outside of Greenshades, directly to the IRS via EFPTS, it's very important that you track any tax reductions/credits that you apply VERY closely.

While we're still unsure exactly how the IRS will be reconciling this, it's very likely that the IRS will be requiring this detailed information to be included on the quarterly Form 941, if not an additional/supplemental form.

Tracking this information closely now will make reconciliation and reporting at a later date much more manageable.



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<https://www.greenshades.com/covid-19-resources/>

- Software Solutions
- Webinar Series
- FFCRA FAQ
- FFCRA Flow Chart
- Security Awareness
- COVID-19 Related Blogs

Questions?

GP OPTIMIZER LIVE



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