

FAX: 251-243-0903		AIIN:	Linusey Slawson
Pages		Page	_ of
*** fax or email 48 hours before process	ing is expected this	s will give u	s time to verify your request
	BONUS PAYROL	<u>LL</u>	
Client Name:			
Contact Name:	Phone #	ex	t
Second check with payroll dated/_			
Separate payroll dated//		<u>'</u>	

Employee Number	Employee Name	\$\$ Gross Amount	Fica Only Y/N	R, \$, or	SIT R , \$ or %	Direct Deposit Y/N	Vol Deductions Y/N	\$\$ Net Amount

## \*\*Please note:

- If you want the bonus run to have a different date than your payroll then it must be processed separately.\*
- If you want the bonus checks to net a specific amount please make sure to use the correct column AND indicate with a Yes or No whether taxes should be included.
- The FICA percentage of 7.65% is controlled by the IRS and must be deducted from all income.
- FIT & SIT Columns: R= regular taxes based on tax tables %= give % of tax to be withheld \$= give flat amount to be withheld
- You can make copies of this form if you need more than one sheet but <u>please number the</u> pages before faxing

\*Regular payroll fees apply **Phone: 251.243.0902 Fax: 251.243.0903**