

OWNER/OFFICER YEAR-END PAYMENT REQUEST

Client Name _____

Employee Name _____

Desired Check Date _____

Total gross wages _____

How much federal income tax to withhold? _____

How much state income tax to withhold? _____

Do you want to zero out the net check? Y N

Are your wages SUTA exempt for 2018? Y N

Do you need an S-Corp shareholder insurance premium added? Y N

Amount _____

Do you have a 401K, Simple IRA, or other retirement plan that you need added? Y N

Type _____

Amount _____

Processing Instructions _____

