OWNER / OFFICER
ANNUAL PAYROLL REQUEST
2026

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(208) 854-1900
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Complete all applicable fields and return by Monday, December 14, 2026.
Please consult your accountant or tax advisor regarding appropriate payroll amounts and treatment.

01 CLIENT & PAYROLL INFORMATION

Client / Company Name

Owner / Officer (Employee) Name

Requested Check Date (MM/DD/YYYY)

Total Gross Wages ($)

02 TAX WITHHOLDING

Federal Income Tax to Withhold ($)

State Income Tax to Withhold ($)

Zero out the net paycheck (if applicable)? ☐ Yes ☐ No

03 OWNER / OFFICER PAYROLL DETAILS

Are these wages exempt from SUTA for 2026? ☐ Yes ☐ No

Add S-Corporation shareholder health insurance premium? ☐ Yes ☐ No

S-Corp Insurance Premium Amount ($)

Include a 401(k), SIMPLE IRA, or other retirement plan? ☐ Yes ☐ No

Retirement Plan Type

Retirement Contribution Amount ($)

04 PROCESSING INSTRUCTIONS

Include any additional processing details. Send sensitive banking instructions securely.

Western Idaho Employee Services | pes-wies
231 S. Wooddale Ave., Eagle, ID 83616 | (208) 854-1900 | www.pes-wies.com

For questions, contact our office. Please verify tax treatment and withholding with your accountant.