



FAX TO: 516-931-8500 * fax 48 hours before processing is expected**
ATTN: Year End Help Desk

Client Name: _____ **Client #** _____

Contact Name: _____ **Phone #** _____ **ext** _____

CODE TVD of Fringe Benefit w/normal taxation noted

- PU Personal Use of Company Vehicle**
(Subject to all employment taxes)
- DC Dependent Care Assistance (not processed through S-125 plans)**
(Under \$5,000-memo/Over \$5,000-subject to all taxes)
- EE Employee Business Expense**
(0.51/mile- 1/1/11-6/30/11; 0.555/mile 7/1/11-12/31/11- subject to all taxes)
- GL Group Term Life Insurance over \$50,000**
(Imputed income subject to all taxes-required FICA only)
- ME Moving Expenses**
(Qualified expenses-memo/Non-qualified expenses-taxable)
- HI S-Corp Health Insurance**
(Subject to all taxes, FICA/FUTA tax depends on circumstances)
- PP Pension Plan (Check Box if not through payroll process)**
- HSA Employer Contribution to HSA**
- OH Other - Please explain briefly:** _____

In the following chart, please place appropriate code (based on list above) and employee information as requested. Please indicate with an "X" in the FICA, FIT, and/or SIT boxes if these taxes are to be collected from the employee or paid by the employer (as example shows).

DD = Direct Deposit DED = Allow Deductions?

Code	Employee #	Employee Name	\$\$ Amount	FICA	FIT	SIT	DD	DED	EE/ER
GL	14	John Smith***example***	14.50	X			Y	N	EE
HI	102	Jack Frost***example***	1200.00				N	Y	ER