

Supplemental Payroll Request

Company:	
Requester Name:	
Check Date/Pay Date:	Payroll Submission Date:

Note: Please consider the selected check date/pay date in relation to your normal scheduled payroll run. The amounts processed with this run will appear on the employee's check stub in the year-to-date earnings section for all subsequent payroll checks.

What tax method do you want to use? (Must check one box or provide specific instructions below) The bonus or supplemental rate is strongly suggested for amounts exceeding an employee's normal pay period wage.					
□ W4 Tax Tables	, <u>,</u>	□ Bonus Rate (Supplemental Flat Rate)	□ Other:		
If you choose to incl	What type of payroll are you p ude bonuses with your scheduled pa YE				
Bonus	Taxable Fringe	•	cription):		
Gross entry	e 1				
\Box Net – need to gro	□ Net – need to gross up processed with other earnings				
Do you want the net pay direct deposited? (Must check one)					
□ Yes , for employe	es setup on direct deposit	□ No, all employ	ee will receive a payroll check		
Do you want voluntary deductions taken? (Must check box)					
\Box Yes, all deduction		401K Only	□ Other:		
	except percentage of net	-			
	pay garnishments	Flat \$ Amount			
Special Processing	g Instructions:				
Special Delivery Instructions:					
Client Authorized	Signature:				
Email com	pleted form – <u>support@mh1s.cor</u>	<u>n</u>			
(M&H Internal Use	e) Earning Setup by:				