



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

Client Name: _____ **Client #** _____

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

For your convenience, we have listed some of the most common reasons to adjust your files. Please feel free to copy this form and use it to report your fringe benefits and other special processing requests to your payroll specialist, who will work with you to properly post the benefits.

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**
(If over \$.55/mile or not accountable - subject to all taxes)
- GL Group Term Life Insurance over \$50,000**
(Imputed income subject to all taxes; FICA withholding required 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 Pension Box on Form W-2 if not through payroll process)
- HSA Employer Contribution to HSA**

In the following chart, list the appropriate code (based on the list above) and employee information as requested. Indicate with an 'X' in the FICA, FIT, and/or SIT boxes if these taxes are to be collected from the employee (EE) or paid by the employer (ER).

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