Autopaychecks HCM
Powered by isolved People Cloud

Authorization for Bonus Payroll Process

Company Legal Name:_____**Client Code:** _____

Authorizing Individuals Name: _____ **Date:** _____

Bonuses will be processed: ◯ With regularly scheduled payroll being processed on _____ ◯ As a separate, "Special" payroll

Funds will be: ◯ Direct Deposit
***Remember check date must be a minimum of 3 banking days away from process date if funds will be direct deposited*
◯ Live Checks Only

Payroll Process Date:
***Must be minimum 3 banking days **before** check date if funds will be direct deposited*
_____

Check Date: _____

Period Begin Date: _____

Period End Date: _____

Bonus Amounts should be: ◯ Gross
***If amounts are "gross" amounts, taxes will be deducted from the gross amount*
◯ Net
***If amounts are "net" amounts, taxes will be paid by the employer in addition to net bonus amount and net amount is received by employee. Usually taxed for Social Security and Medicare Only*

Taxation: ◯ Standard
***(Current Form W-4)*
◯ Social Security and Medicare Only
***Most common taxation for "net" bonuses is Social Security and Medicare only*
◯ Supplemental

Next Day Tax Payment: Do you reasonably expect your tax liability to exceed $100,000.00 for the check date:
***Remember this includes ALL payrolls dated for the check date*
◯ Yes
***Should Next Day tax payment occur, funds will have to be wired to Autopaychecks to ensure timely tax payment*
◯ No

Deductions:
Please list any deductions (and employer contributions) that **SHOULD** be included in this bonus payroll processing:

_____

_____

**If no deductions or employer contributions are listed above, no deductions or employer contributions will be included*
***Be sure to review ALL payroll reports for accurate earnings, deductions (including garnishments), employer contributions, and taxes PRIOR to processing*

Authorized Signature: _____Date: _____

***Please have authorized signer sign this form acknowledging that there may be a temporary ACH increase to cover the bonus funds needed – as per your ACH Origination Contract.*

Email: info@autopaychecks.com *Fax: 970-257-1872*