



Payroll Adjustment Checklist

Please complete this form and return *prior* to your last scheduled payroll of the year. If any adjustments/changes are required after we run your last payroll of the year additional fees will apply.

Company Name: _____

Completed By: _____ **Date:** _____

What types of payroll adjustments does your business have at year end?

Group Term Life Insurance: _____ Federal Withholding

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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S-CORP Officer Health Insurance: _____ Federal Withholding

<input type="checkbox"/>	<input type="checkbox"/>
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Auto Allowances: _____ Federal Withholding

<input type="checkbox"/>	<input type="checkbox"/>
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Retirement plan adjustments: _____ Company Match: _____

Third-Party Sick Pay: _____

Manual paychecks written by you (unrecorded in payroll): _____

Voided paychecks (unrecorded in payroll): _____

Special Notes:
