



Client Company Name \_\_\_\_\_  
 FEIN# (optional) \_\_\_\_\_  
 Payroll Account # \_\_\_\_\_

**Deduction Change Form With Taxation Defaults**

You have requested either a Deduction or Reimbursement be added to your payroll or some other taxation exception. These include Health Insurance, Investments Plans and AFLAC® type accident plans, etc. For other taxation exceptions, this might be an employee on a work Visa, etc.

We request specific direction, so that you have the taxation set up as per the IRS and State rules. If you are unsure about the choices, you may give us a call and you may need to call your Benefits Broker, CPA or Accountant for clarification. We take direction, but do not make decisions on your taxation as we do not have access to the information you may have when purchasing health or investment plans, or viewing employment docs.

Note: we have another form without deduction names listed or boxes checked. Please download from our website or ask your processor for the link.

\*\*Please email or fax back completed form to your dedicated processor\*\*

Thank you, Pink Payroll Processing

**\*\*BY CHECKING THE FOLLOWING BOX(ES) YOU INSTRUCT US REPORT WAGES BUT NOT SUBJECT THE WAGE TO TAXATION ON THESE TAX TYPES\*\***

Deduction Name	Taxation	SocSec	Medic	FUTA	FedWH	StateWH	CA-SDI	CA-SUTA	CA-ETT	COMMENTS
401k	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specify CU EEs
S125 (Medical)	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
AFLAC (Varies)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HSA EE in S125?	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ER Contr_____
EE Contr to HSA	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependent Care	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Other Taxation Types		FOR TAXABLE FRINGE BENEFITS, THESE TAXES ARE INCLUDED (NOT EXCLUDED)								
Name	Taxation	SocSec	Medic	FUTA	FedWH	StateWH	CA-SDI	CA-SUTA	CA-ETT	COMMENTS
2%+ SH SCorp Health	TFB_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Use Co Car	TFB_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Authorized signature below acknowledges that facsimile or photocopy of the above instructions is valid as original. Please email or fax to your completed & signed document back to

The above taxation request has been requested and approved by authorized company representative as follows:

\_\_\_\_\_  
 Signature Printed Name Title Date