

Earning Code Setup Form

Company: _____

Earnings Code (Displays in Payroll Entry): _____

Earnings Name (Displays on Pay Statement - *Can be the same as Earnings Code*): _____

New Earning Code will be used for: Hours & Earnings Earnings Only

Is the Earning Code:	Yes	No or N/A
-----------------------------	------------	------------------

Exempt from SS or Medicare Tax?	<input type="checkbox"/>	<input type="checkbox"/>
---------------------------------	--------------------------	--------------------------

Exempt from Federal, State or Local Tax?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Exempt from FUTA Tax?	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------	--------------------------	--------------------------

Include in 401k Calculation?	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------	--------------------------	--------------------------

Include in Workers Comp Wages?	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------	--------------------------	--------------------------

Include in Net Pay?	<input type="checkbox"/>	<input type="checkbox"/>
---------------------	--------------------------	--------------------------

Apply Supplemental Tax Rates?	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------	--------------------------	--------------------------

Considered a Memo code?	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------	--------------------------	--------------------------

Earnings for paid time off?	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------	--------------------------	--------------------------

*(If yes, should earning reduce regular pay for salaried employees?)	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Earnings considered "worked" hours?	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Does this need to display in a special Box on form W2? (Box 12, 14?) _____

What is the GL Account # for this new earning code? _____

Client Authorized Signature: _____	Date: _____
---	--------------------

Email completed form to ibs@ibspayroll.com or fax to (877) 586-4303

Setup by: _____	Date: _____
------------------------	--------------------