

Supplemental/extra pay tax form



ONE Time tax change request form

This form is to be used when taxes are to be changed for one payroll only.

Federal Taxes

- Please adjust my taxes to remain the same amount as it is now. \$ 116.53
- Please make my taxes be % of my pay
- Please change my taxes to the following exemptions for this pay period _____

State Taxes

- Please adjust my taxes to remain the same amount as it is now. \$ 32.75
- Please make my taxes be % of my pay
- Please change my taxes to the following exemptions for this pay period _____

I give Eastwood Local Schools the ability to change my taxes for this payroll only and then to change the taxes back to what they were before this request.

Name: _____ Date: _____

Signature: _____

Office use only.	
Make change for the _____ payroll	
Change back on the _____ payroll	
Federal -- Exemptions _____	amount \$ _____
State -- Exemptions _____	amount \$ _____

** NOTIFICATION OF DIRECT DEPOSIT **

EASTWOOD LOCAL SCHOOLS
 4800 Sugar Ridge Rd
 Pemberville OH 43450

DATE 11/21/14 PAYROLL ACCOUNT

PAY TO THE ORDER OF NET PAY

402

THE FOLLOWING AMOUNTS HAVE BEEN DEPOSITED TO YOUR ACCOUNTS:

Checking
 Checking

JBN EMPLOYEE NAME	DISTR	END DATE	CK #
1	000000	11/09/14	520675

NAME	PAY		CURRENT DEDUCTIONS				YTD
	UNITS	AMOUNT	NAME	AMOUNT	NAME	AMOUNT	
Regular		Fed 116.53		2792.01	State 32.75		789.09
		BG 29.91		241.54	*SERS 225.20		5324.31
		Disabili 30.40		668.80	AF URMed 31.25		687.50
		Hosp/Den 31.56		634.44	ANSERS 160.85		3802.98
		Accident 19.95		438.90	Medicare 21.68		519.11
		*Medicar 21.68		519.11	BG SD 6.67		53.93

ADJUSTED GROSS
 GROSS Y-T-D

USE-SICK BAL USE-VAC BAL
 .000/4.000 .000/16.010

USE-PER BAL SERVICE DAYS
 .000/2.000 10/110

EX FED M 00 EX ST 00 *BOARD AMT. TOTAL DED.
 NET PAY