

Off Cycle Check Transmittal Form

Employer Name: Contact: Employee Name: (If submitting for multiple employees please submit similar form for each employee) Check Date: Termination Date: Pay Type: Hours/\$ Amount: Pay Type: Hours/\$ Amount: Pay Type: Hours/\$ Amount: Benefits Garnishments Yes No Deferred Compensation/401K Yes No Other (explain below) Taxation Options: Normal Taxation Apply Supplemental Tax Rate (22%) Fixed Dollar Amount Yes No No No Phone Number: Pay Type: No No No No No No No No No N
Check Date: Termination Date:
Check Date:
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Benefits
Garnishments Deferred Compensation/401K Yes No Other (explain below) Taxation Options: Normal Taxation Apply Supplemental Tax Rate (22%) Fixed Dollar Amount Yes No No Yes No No Fixed Percentage
Deferred Compensation/401K Yes No Other (explain below) Taxation Options: Normal Taxation Yes No Apply Supplemental Tax Rate (22%) Yes No Fixed Dollar Amount Yes No Fixed Percentage Yes No
Taxation Options: Normal Taxation Apply Supplemental Tax Rate (22%) Fixed Dollar Amount Yes No Yes No No Yes No No Fixed Percentage
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Normal Taxation Apply Supplemental Tax Rate (22%) Fixed Dollar Amount Yes No Yes No No Fixed Percentage
Apply Supplemental Tax Rate (22%) Fixed Dollar Amount Yes No Yes No No Fixed Percentage
Fixed Dollar Amount Fixed Percentage Yes No No No
Fixed Percentage Yes% No
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NAC BONG 11 14 11
Override Tax Frequency Weekly Bi-Weekly Monthly
Quarterly Semi-Monthly Annually
Delivery Instructions: Delivery Instructions for Reports:
Courier Yes No Courier Yes No
Pick-up Yes No Pick-up Yes No
U.S. Mail Yes No U.S. Mail Yes No
FedEx Yes No FedEx Yes No
Type of Check:
Direct Deposit
Other Special Instructions: