

BONUS PAYROLL REQUEST

Please submit to ProService Hawaii at least 3 business days prior to the pay date.

Client #: (if known)	Company Name:
----------------------	---------------

Employee Name (please attach a list for multiple employees):

A. Gross Bonus Amount

Gross Bonus Amount: \$ _____

This gross amount is the amount paid prior to any taxes or other deductions. For example, if you request a payment amount of \$1000, the net payment to the employees would be approximately \$650 after federal and state taxes are deducted.

B. Processing Options (please make the appropriate selections below)

I wish to process my bonuses with my regular payroll scheduled for: _____ (pay date)

Include bonuses on regular checks

Separate bonus amount from regular checks

I wish to process my bonuses on a separate payroll on: _____ (pay date)

C. Tax Options (check one)

Withhold federal supplemental taxes (22%) and applicable state, and FICA taxes

Withhold regular taxes*

Other tax options*: _____

**These options may create a tax liability for your employee when they file their tax returns.*

D. Payment Options (check one)

Issue live checks Continue Direct Deposit (If currently enrolled)**

**Bonus payments that are to be directly deposited into employee accounts must be processed at least 2 banking days prior to expected pay date.

E. Delivery Options for this Bonus Payroll (check one)

Regular Mail Delivery <input type="checkbox"/> Client worksite <input type="checkbox"/> Employee's home	Special Tracking Mail <i>(additional costs apply)</i> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other	Check pick-up at ProService office <input type="checkbox"/> Honolulu <input type="checkbox"/> Kahului <input type="checkbox"/> Kona <input type="checkbox"/> Kapaa
--	---	---

If you require the bonus checks to be in separate envelopes from the regular payroll please check here

F. Deduction (if applicable)

Deduct Medical 1.5%: Yes No Deduct employee loan/advance: Yes No

G. Additional Notes

Authorized Client Contact Name:	Phone #:
---------------------------------	----------

Client Authorized Signature	Date
-----------------------------	------

FAX COMPLETED FORM TO: 808-394-6592 or 888-783-8333