

Payroll Adjustment Form

Email to: processing@flexchecks.com OR

Fax to: 616-791-7901

Use this form when submitting a payroll after your final regularly scheduled payroll has been processed.

Company Name:		Date you would like payroll dated:	
Client Code:		Date you submitted this form:	
Requested By:		Number of pages submitted:	

Adjustment Details: **Direct Deposit?** Hold direct deposits, all live checks Direct Deposit as normal

Delivery: Normal Method Special Method (please indicate): _____

Complete the table below, or attach sheets which include the same information:

Employee Name	Adjustment Type	Gross Adjustment Amount	Income Taxes <small>SS and Mcare will be automatically deducted R = Regular taxes S = Special Calculation</small>	Deductions to be taken <small>(please be specific and list the amount for each)</small>	Benefits to be calculated <small>(please be specific and list each benefit to be calculated)</small>

I authorize FlexChecks to adjust our payroll data as indicated on this and the attached pages. By initialing and signing below, I understand the following:

- FlexChecks will acknowledge receipt of this adjustment by completing the section below. If I do not receive it back with the FlexChecks Acknowledgement of Receipt completed, I understand that FlexChecks did not receive this form. I will resend this Form until I have received a FlexChecks Acknowledgement of Receipt. ____ Initials
- This adjustment may result in penalties by various taxing authorities, including the IRS. When/if I receive a penalty notice that relates to this adjustment, I agree to pay the balance due on the notice immediately, directly to the taxing authority. ____ Initials

Authorized Signature: _____ Title: _____ Date: _____

FlexChecks Acknowledgement of Receipt:

Date Received: _____ Received by: _____ Date Expected to Process: _____