

Miscellaneous Payroll Calculation

Facsimile Transmittal

Fax to: FlexChecks, Inc.
(616) 791-7901

Page _____ of _____

Company Name _____

Check Date: _____ Payroll needed by: _____

Delivery: _____ Courier _____ Regular Mail

| Employee Name | Total Misc. Gross Pay | Income Taxes <small>(SS and Mcare will be automatically deducted)</small> R = Regular taxes S - Special calculation | | Deductions to be taken <small>(please be specific and list the amount for each)</small> | Benefits to be paid <small>(please be specific and list the amount for each)</small> | Direct Deposit <small>(Indicate Yes or No)</small> |
|---------------|-----------------------|--|-------------|--|---|---|
| | | Code | Calculation | | | |
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Total Pay: _____ -

Signed _____ Date _____