



445 Route 304
 Bardonia, New York 10954
 Tel 845-624-8458 • Fax 845-624-8900

BONUS CHECK REQUEST FORM

Client Name: _____ Client ID: _____

Date of request: ____/____/____ Requestor: _____

Requested Check Date: ____/____/____ Next Payroll Run:

Employee Name: _____ Employee Number: _____

Check Details: Direct Deposit Check

Gross Pay \$ _____

FICA \$ _____

Medicare \$ _____

Federal Income Tax \$ _____

State Income Tax \$ _____ State: _____

Local Income Tax \$ _____ Locality: _____

Disability \$ _____

Other Deductions \$ _____ Description: _____

Net Pay \$ _____

Notes (Required for Processing): _____

For Office Use Only:

Preparer Initials: _____ Date Prepared: ____/____/____