Your independently owned

ADVANTAGE®

PAYROLL SERVICES

FRINGE BENEFIT PROCESSING FORM

Client Name:_____**Client #** _____

CODE	**Type of Fringe Benefit w/normal taxation noted**
PU	**Personal Use of Company Vehicle** *(Subject to all employment taxes)*
DC	**Dependent Care Assistance (not processed through S-125 plans)** *(Under $5,000-memo/Over $5,000-subject to all taxes)*
EE	**Employee Business Expense** *(Not accountable-subject to all taxes)*
GL	**Group Term Life Insurance over $50,000** *(Imputed income subject to all taxes-required FICA only)*
TP	**Third-Party Sick (Disability payments from Ins. Co.)** *(If more information is expected after year-end, inform us)*
ME	**Moving Expenses** *(Qualified expenses-memo/Non-qualified expenses-taxable)*
HI	**S-Corp Health Insurance** *(Subject to all taxes, FICA/FUTA tax depends on circumstances)*
PP	**Pension Plan (Check Box** if not through payroll process)
OH	**Other - Please explain briefly:** _____ _____

In the following chart, please place appropriate code (based on list above) and employee information as requested. **Photo copy if more space is needed.**

Please indicate with an "X" in the FICA, FIT, and/or SIT boxes if these taxes are to be collected from the employee (either now or by 4/1/2007 -(see example).

DD = Direct Deposit DED = Allow Deductions?

Code	Employee Number	Employee Name	$$ Amount	FICA	FIT	SIT	DD Y or N	DED Y or N
GL	*14*	*John Smith **example***	*14.50*	*x*				
HI	*100*	*Jack Frost **example***	*1200.00*					

FRINGE BENEFIT PROCESSING FORM – cont.

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