



New Deduction Code Request

Please complete all items on this form and email to your Support Team for set up.

1. Company Name: _____

2. Deduction Name: _____

For display purposes, please limit to 15 characters if possible.

3. Attach to Check Frequency (e.g. Biweekly, Biweekly_Second, Semimonthly):

4. Annual Limit (if applicable): _____

5. Pre-tax? Check all that apply.	FIT	Medicare	FICA (Social Security)
	FUTA	SUTA	SUI
	SIT	Local	SDIS

6. Allow Arrears*? Yes No

*Arrears is a term for the amount of a deduction payment that is overdue after missing one or more payments. When a payment is missed, the account is said to be "in arrears." Allowing arrears for a deduction code will ensure that any overdue payments for that deduction are handled properly.

7. Does this deduction need to be tied to a Vendor? Yes No

If Yes: Vendor Name: _____

This is: An existing vendor A new* vendor

*If this is a new vendor, please fill out the New Vendor Setup form.

8. Does this have an Employer Match (ex: 401k)? Yes No

Employer Match Deduction Name: _____

9. Tied to GL? Yes No

If Yes: Account Name: _____

Account Number: _____

10. How many checks per month should this deduction come out on?

1 2 All

11. Are there any special W-2 implications? If yes, please specify.

