Radcliffe
PAYROLL SERVICES
Certified Payroll Professionals

YEAR-END BONUS FORM

TAX YEAR: _____

Co. name: _____ Phone number: _____

Sent by: _____ Date: _____

Company Number: _____

Pages: _____

Change tax frequency: Weekly Semi-Monthly Quarterly

(please circle one or leave unmarked if unchanged)

(If flat amount or percentage is preferred, please include in special instructions) Bi-Weekly Monthly Annually

Employee Name	Employee Number	Bonus Amount	Gross or Net?	Employee Name	Employee Number	Bonus Amount	Gross or Net?

Stop ACH? Yes No

Special Instructions:

Send to: Radcliffe Payroll Services Suite 1 - 870 High Street Chestertown MD 21620 tel: 410-778-1099 fax: 410-778-7988