7

WHAT TO DO WHEN A CHECK IS WRONG OR MISSING

Issuance of a timely paycheck is one of the payroll officer's main responsibilities. When a check is issued in error or when no check is generated at all, the appropriate steps should be taken to secure a correct check for the employee. As stated in Chapter 2, there are two types of supplemental payrolls. The first is the system supplemental, run on the night before payday. This is the method recommended for the issuance of a corrected check. However, should this payroll run not be timely enough, a manual payroll (SAS-27 payroll voucher) can be prepared. This chapter will provide instructions for the preparation of a System Supplemental and a SAS-27 and all the associated documents relating to check correction.

7.A. Preparing a System Supplemental

Revised 09-01-99

The System Supplemental, usually run on the night before payday, is a payroll run for generating checks for employees who were missed or paid in error on the regular payroll. Each employee to be paid on the System Supplemental must have either a 700 or a 900 transaction submitted. Payments which are to catch-up for pay missed in a prior pay period should be coded a retro pay. Payments for hours worked in the current pay period should be coded on a 700 transaction. Any appropriate leave transactions may be entered on the System Supplemental as well. Only employees who have a 700 or 900 transaction entered will be paid on the System Supplemental. These transactions may be submitted to the Payroll Branch, Room 535, 5th Floor, 200 Fair Oaks Lane, Frankfort on any of the days listed on the payroll schedule indicating "Updates for UPPS Supplemental".

In addition to submitting the pay transactions for each employee, a System Supplemental Notification Form is required. (A copy of this form is found on the following page.) This form indicates which agency is to be paid and whether the employees to be paid are P-1 employees, non P-1 employees or both. Without the notification, the pay transactions will not be processed. The notification must be received in Room 535, 5th Floor, 200 Fair Oaks Lane, Frankfort by 1:00 p.m. on the day payroll supplemental is run. Checks from the System Supplemental are written on payday, and are ready to be picked up in the State Treasurer's Office that afternoon.

SYSTEM SUPPLEMENTAL NOTIFICATION FORM

Although you are no longer required to send in Payroll Certification Forms, it is essential that we have prior written notification that you intend to pay an employee(s) on the System Supplemental Payroll. This form will be the only means of telling the Payroll Branch staff that you have people on the System Supplemental Payroll.

COMPANY NO.	P-1	NON P-1
XX-XXX	Y	Y

_____, _____

Pay Period Ending Date

_____

Signature of Employee Preparing Payroll

_____, _____

Date Submitted

Complete this form, sign and send to:

Personnel Cabinet
Division of Employee Records
Payroll Branch
Room 535, 5th Floor
200 Fair Oaks Lane
Frankfort, KY 40601

7/1/99

Finance and Administration Cabinet

Payroll Voucher

Agency Name (1)

Org. Name (2)

Date (3)

Page (4) Of

PA (5)

Fund	Agency	Org	Sub	PBU	Activity	Function	Object	Sub-Object	B/S	Job/Proj #	Report Cat	Termini
(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

Vendor Number

(19) ZZ FN PAYRL00

Period: (21)

Accounting Period (22)

Budget FY (23)

From To

Company Payroll Number (24)

Total Disbursement Amount (25)

Reference Number (26)

Payment Type. (X)

- ☐ P-1 Employee (20)
- ☐ Non P-1 Employee In UPPS
- ☐ Non P-1 Employee Other

Last Name and Initials (27)		Rate (28)	Hours With Pay (29)
Social Security Number (30)	Amount	State Pay	Memo
Gross	(31)	(31)	
Social Security @ 6.20%	(32)	(33)	Social Security Taxable = (34)
Medicare @ 1.45%	(35)	(36)	Medicare Taxable= (37)
Federal Tax	(38)		
State Tax	(39)		
Local Tax	(40)		Local Taxable (41) Name (42)
Local Tax			Local Taxable= Name
Retirement	(43)	* (44)	Name (45) Wages Subject= (46)
Health Insurance	(47)	* (48)	(49)
Bond	(50)		
State Paid Life Ins.		* (51)	(52)
Misc	(53)		(54)
Misc	(53)		(54)
Misc	(53)		(54)
Misc	(53)		(54)
Misc	(53)		(54)
Net Pay	* (55)	(56)	

Last Name and Initials		Rate	Hours With Pay
Social Security Number	Amount	State Pay	Memo
Gross			
Social Security @ 6.20%			Social Security Taxable =
Medicare @ 1.45%			Medicare Taxable=
Federal Tax			
State Tax			
Local Tax			Local Taxable= Name
Local Tax			Local Taxable= Name
Retirement		*	Name Wages Subject=
Health Insurance		*	
Bond			
State Paid Life Ins.		*	
Misc			
Misc			
Misc			
Misc			
Misc			
Net Pay	*		

Totals This Page	Gross Pay	Total Soc Sec	Total Medicare	Federal Tax	State Tax	Local Tax	EE Retirement	Saving Bonds	Health Insurance	Miscellaneous	*Total Net Pay
	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)
Grand Totals	(68)										

I certify that all persons listed in payroll files with the Personnel Cabinet were legally appointed and present on every working day during the pay period ending (69) except as indicated in the proper columns on this document and the amount set forth are legitimate claims against the Commonwealth of Kentucky. I hereby aprove for payment those persons identified by payroll number (70) as indicated in the Personnel Cabinet files.

I certify that the persons named on this document have been appointed in accordance with the provisions of KRS 18.110 to18.360 and the Rules, Regulations, and Orders thereunder.

Employee Prepar... Payroll — Date

(72) Authorized Agency Signature — Date

(73) Secretary, Personnel Cabinet — Date

Form SAS-27
7/1/99

Commonwealth of Kentucky
Finance and Administration Cabinet
Payroll Voucher

Agency Name: Personnel Cabinet
Date: 02/01/2000

Org. Name: Division of Employee Relations
Page 1 Of 1

PA

Fund	Agency	Org	Sub	PBU	Activity	Function	Object	Sub-Object	B/S	Job/Proj #	Report Cat	Terminl
1300	C47	D555		DAA0								

Vendor Number: **ZZ FN PAYRL00**

Period:
Accounting Period 07
Budget FY 00
From 01/01/200 To 01/15/2000
Company Payroll Number 45-555
Total Disbursement Amount $761.16
Reference Number

Payment Type: (X)
- [X] P-1 Employee
- [ ] Non P-1 Employee In UPPS
- [ ] Non P-1 Employee Other

Last Name and Initials		Rate	Hours With Pay
Smith J		7.588	87.00
Social Security Number	Amount	State Pay	Memo
123-45-6789			
Gross	$660.16	$660.16	
Social Security @ 6.20%	$38.89	$38.89	Social Security Taxable = 627.16
Medicare @ 1.45%	$9.10	$9.10	Medicare Taxable= 627.15
Federal Tax	$19.00		627.15
State Tax	$24.99		627.15
Local Tax	$11.56		Local Taxable= Name 660.16 Frankfort
Local Tax			Local Taxable= Name
Retirement	$33.01	* $53.01	Name Wages Subject=KERS 660.16
Health Insurance		*	
Bond			
State Paid Life Ins.		*	
Misc			
Misc			
Misc			
Misc			
Misc			
Net Pay	* $523.61	$761.16	

Last Name and Initials		Rate	Hours With Pay
Social Security Number	Amount	State Pay	Memo
Gross			
Social Security @ 6.20%			Social Security Taxable =
Medicare @ 1.45%			Medicare Taxable=
Federal Tax			
State Tax			
Local Tax			Local Taxable= Name
Local Tax			Local Taxable= Name
Retirement			Name Wages Subject=
Health Insurance		*	
Bond			
State Paid Life Ins.		*	
Misc			
Misc			
Misc			
Misc			
Misc			
Net Pay	*		

Training Use ONLY

RECEIVED
FEB 0 1 2000
Personnel Cabinet

Totals This Page	Gross Pay	Total Soc Sec	Total Medicare	Federal Tax	State Tax	Local Tax	EE Retirement	Saving Bonds	Health Insurance	Miscellaneous	*Total Net Pay
	$761.16	$77.78	$18.20	$19.00	$24.99	$11.56	$33.01				$576.62
Grand Totals											

I certify that all persons listed in payroll files with the Personnel Cabinet were legally appointed and present on every working day during the pay period ending 01/15/00 except as indicated in the proper columns on this document and the amount set forth are legitimate claims against the Commonwealth of Kentucky. I hereby aprove for payment those persons identified by payroll number 45-555 as indicated in the Personnel Cabinet files.

I certify that the persons named on this document have been appointed in accordance with the provisions of KRS 18.110 to18.360 and the Rules, Regulations, and Orders thereunder.

Original Signed in RED INK ONLY

Employee Preparing Payroll — Date — Authorized Agency Signature — Date — Secretary, Personnel Cabinet — Date

7.5

SAS-27 CERTIFICATION FORM

NAME_____ SSN _____

Pay Period	Semi-Monthly Salary	Gross Amount Due	Explanation

Manual Pay Transaction
☐ Attached
☐ Entered on CICS on _____
(DATE)

I certify that the person listed on this SAS-27 has not previously received this pay through UPPS.

_____
Signature

PAYROLL VOUCHER (SAS-27)

STATEMENT OF PURPOSE:

The Payroll Voucher is completed by a requesting agency and submitted through the Personnel Cabinet to the Division of Statewide Accounting Services for verification of data and the issuance of a warrant. These vouchers are used to process immediate salary payments such as: Block 50 overtime payments, termination of employment payments, or payments when the employee did not appear on the regular UPPS payroll, and to process payments to non-UPPS state employees who do not receive regular payroll checks or do not require Personnel Cabinet approval.

There is not a continuation sheet for the Payroll Voucher. A maximum of two employees may be paid on one payroll voucher. Upon prior approval from the Director of the Statewide Accounting Services, certain non P-1 employees may use an agreed to continuation sheet.

COMPLETION INSTRUCTIONS:

REF #	FIELD	DESCRIPTION
1	Agency name	Enter the name of the Agency for which this voucher is being produced.
2	Organization Name	Enter the name of the Organization for which this voucher is being produced.
3	Date	Enter the date the voucher is prepared (MM/DD/YY).
4	Page Number	Enter the consecutive number this page represents, e.g., Page 1, Page 1 of 4, Page 1 of 6, etc.
5	Document ID	Leave Blank. The eight - character number prefixed with PA will be entered by SAS.
6	Fund	Enter the four-digit fund number identifying the financial resources relating to this transaction. A valid Fund Code is required on a new document.
7	Agency	Enter the three - digit Agency number completing this document. A valid Agency Code is required on a new document
8	Org (anization)	A valid four - digit Organization Code is required on a new document. See Organization (ORG2) for valid values.
9	Sub-Org	Leave blank or enter a valid two - digit Sub Organization Code. See Sub-Organization (SORG) for valid values.
10	Appropriation Unit (PBU)	Required. A valid four - digit Program Budget Unit (PBU) is required on a new document. See Program Reference Table (PBFT) for valid values.
11	Activity	Leave blank or enter the four - digit valid Activity Code (default is inferred from ORG2 table).
12	Function Code	Leave blank or enter a valid four - digit Function Code.
13	Object	Required. A valid four - digit Object Code is required on a new document if using the Purchase Method (a 'N' on the WHS2 table). Otherwise leave blank.
14	Sub-Object	Leave blank or enter a valid two - digit Sub Object Code.
15	B/S (Balance Sheet)	Leave blank or enter a valid four - digit Balance Sheet Account.
16	Job/Project Number	Leave blank or enter a valid eight - digit Job Number Code.
17	Report Category	Leave blank or enter a valid four - digit Reporting Category Code.
18	Termini	Leave blank or enter a seven - digit Termini Code.

REF #	FIELD	DESCRIPTION
19	Vendor Number	Vendor is pre-printed "**ZZFNPAYRL00**".
20	Payment Type	Check the appropriate payment type.
21	Period	Enter the first and last calendar dates of the pay period being reported.
22	Accounting Period	Inferred from the Date of Record. If you want these transactions recorded in another accounting period, enter the desired open period, using fiscal month and fiscal year. You cannot enter future periods.
23	Budget FY	Inferred from the current fiscal year. If you want these transactions recorded in another fiscal year, enter the desired open fiscal year. You cannot enter future budget fiscal years.
24	Company Payroll Number	Enter the assigned number representing the specific cabinet/department.
25	Total Disbursement Amount	Enter the total amount from the Gross Pay field.
26	Reference Number	Enter referenced document number for employee paid by payment voucher.
	Payroll Details:	
27	Employee's Name	Enter the employee's last name, the first name and middle initial.
28	Rate	Enter the individual employee's appropriate rate of pay.
29	Hours With Pay	Enter the hours worked, including authorized vacation and sick leave, by each employee.
30	Social Security Number	Enter the employee's social security number.
31	Gross Salary	Calculate the gross salary earned (using the appropriate Rate x Hours or Days = Gross Salary). Enter the same amount in both Gross Salary columns.
32	Soc. Sec. Tax @ 6.20%	Enter the employee's share of Social Security tax to be deducted from the gross salary.
33	Soc. Sec. Tax/ State Pay	Enter STATE'S SHARE OF SOCIAL SECURITY.
34	Soc. Sec. Taxable	Enter the gross wages subject to Social Security tax of 6.20%.
35	Medicare Tax	Enter the employee's share of Medicare Tax at 1.45% to be deducted from the gross salary.

REF #	FIELD	DESCRIPTION
36	Medicare Tax/State Pay	Enter the STATE'S SHARE OF MEDICARE TAX AT 1.45%.
37	Medicare Taxable	Enter the gross wages subject to Medicare Tax of 1.45%.
38	Federal Tax	Enter the amount of federal tax to be withheld from each employee's gross salary.
39	State Tax	Enter the amount of state tax to be withheld from each employee's gross salary.
40	Local Tax	Enter the amount of city tax to be withheld from each employee's gross salary, if applicable.
41	Local Taxable	Enter the gross wages subject to this local tax.
42	Local Tax/Name	Enter the city name and the local code.
43	Retirement	Enter the amount of the individual employee's retirement contribution.
44	Retirement/State Pay	Enter STATE'S SHARE OF RETIREMENT.
45	Retirement/Name	Enter the name of the retirement system.
46	Retirement/Wages Subject	Enter the gross wages subject to retirement.
47	Health Insurance	Enter the amount of the employee's health insurance premium to be deducted from gross salary, if applicable.
48	Health Insurance / State Pay	Enter STATE SHARE of health insurance.
49	Health Insurance / Memo	Enter the name of the health insurance carrier.
50	Bonds	Enter the total deduction from the individual employee's check for the purchase of U. S. Savings Bonds. This amount can be deducted each pay period or one pay period each month.
51	State Paid Life Insurance	Enter the STATE SHARE of life insurance.
52	Life Insurance / Memo	Enter the name of the life insurance carrier.
53	Miscellaneous	Enter the amount of any miscellaneous deductions the individual employee may be deducting, such as a credit union deposit or payment.

REF #	FIELD	DESCRIPTION
54	Miscellaneous / Memo	Enter the specific amount for each miscellaneous deduction (Credit Union, United Way, miscellaneous insurance).
55	*Net Pay (Amount)	Calculate and enter the amount that will appear on the employee's pay check (Gross Salary less deductions SS, Medicare, Fed Tax, St. Tax, KERS, Health Ins., Bonds, and Misc. = Net Pay).
56	Net Pay (State Pay)	Enter the sum total of fields Gross Salary, SS, Medicare Tax, KERS, Health Ins., and St. Pd. Life Ins. = Net Pay (State Pay).

Note: If two (2) employees are to be paid on this Payroll Voucher, include the totals of both employees in the following applicable fields:

REF #	FIELD	DESCRIPTION
	Totals This Page:	
57	Total Gross Pay	Enter the total gross salaries for all employees plus the State's share of Social Security, Medicare, retirement, health insurance, and State Paid Life Insurance.
58/59	Total Social Security and Medicare Tax (FICA)	Enter the total amount of Social Security plus State Pay and Medicare plus State Pay withheld from each employees' gross salaries (total of fields SS, SS/St. pay, and Medicare Tax, Fed. Tax). List Soc. Sec. and Medicare amounts separately.
60	Total Federal Tax	Enter the total amount of federal tax withheld from all employees' gross salaries.
61	Total State Tax	Enter the total amount of state tax withheld from all employees' gross salaries.
62	Total Local Tax	Enter the total amount of city tax withheld from all employees' gross salaries, if applicable.
63	Total Employee Retirement	Enter the total of all employees' retirement contributions.
64	Total Saving Bonds	Enter the total amount of deductions for bonds.
65	Total Health Insurance	Enter the total amount of all employees' health insurance premiums.
66	Total Miscellaneous	Enter additional life insurance and other miscellaneous deductions withheld from employees' gross salaries.
67	*Total Net Pay	Enter the total of all fields marked with asterisks(*).
68	Grand Totals Line	Leave this line blank. Reserved for future use. May be used at the agency's discretion.

REF #	FIELD	DESCRIPTION
69	Pay Period Ending	Enter the last calendar day of the pay period, as listed on the top of this document.
70	Payroll Number	Enter the payroll number as listed on the top of this document.
71	Employee Preparing Payroll/Date	Signature and date of signature of the employee who prepared this document.
72	Authorized Agency Signature/Date	Signature and date of the Authorized Agency personnel. Comparative Signature Cards (DOA-50) must be on file in the Division of Statewide Accounting Services.
73	Personnel Secretary	Signature and date of signature of the Personnel Secretary, Personnel Cabinet. Comparative Signature Cards (DOA-50) must be on file in the Division of Statewide Accounting Services.

Copies to:

Statewide Accounting Services
State Treasurer
Social Security
Personnel Cabinet
Agency (Pending)

7.C. Manual Pay Transactions

Revised 01-06-06

Manual Pay Transactions are used to update the employee's earning records of checks issued manually or checks which are redeposited. It is critical that these transactions be prepared properly, and submitted in a timely fashion. The importance relates to the need to produce an accurate W-2, reflecting only the money actually paid to the individual.

This section covers 9 types of Manual Pay Transactions. There may be other types of corrections needed. If a situation occurs that is not covered in this section, the Payroll Assistance Section should be consulted for assistance in preparation of the correct transactions.

1. **How to update a manually issued check (via SAS-27) for an employee subject to only one local tax.**

   Follow the example shown on the next page. Enter the appropriate amounts in each field. If the employee's pay is regular and leave time, enter the specific hours and amount of pay on the 400 (for regular pay) and the 6_ _ (for leave or special pay).

   Trans No 503: Be sure to include the check number (if it is an EFT you must include the leading 90) and the check date on the 503 Transaction. Enter period beginning date and period ending date. This must be a valid payperiod, you cannot use overlapping pay periods or partial payperiod dates. YQ Indicator use a Y.

   Trans No 400: Enter the appropriate amounts and hours in each field. If the employee's pay is regular hours and/or overtime, enter the specific hours and amount of pay. Enter Adjustment Indicator (+). YQ Indicator use a Y.

   Trans No 500: Enter the appropriate amounts for FIT, Social Security, SIT, Medicare, and Local Tax Withheld. The Net Pay and Overall Gross Pay (Regular Pay and Special Pay=Gross Pay). Adjustment Indicator (+). YQ Indicator use a Y.

   Trans No 550: Enter all Employee and Employer Deductions. Adjustment Indicator (+). YQ Indicator use a Y.

   Trans No 6_ _: Enter the appropriate Special Pay No., Special Pay Hours and Amount of Pay. Adjustment Indicator (+). YQ Indicator use a Y.

COMPANY NO (1–3)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	X	Person

▲ Change Indicator

This form contains transactions
503 Check Reconciliation
400 Update Standard Pay & Hours
500 Update Taxes
550 Update Deductions
600 Update Special Pays

UPPS 13-B
Manual Pay
(Revised 02-01-92)

TRANS NO. (17–19)	CHECK NUMBER (20–30)	CHECK DATE (31–36)	PERIOD BEGIN DATE (37–42)	PERIOD ENDING DATE (43–48)	YQ (49)
503	1234567	022897	020197	021597	Y

TRANS NO. (17–19)	SH (29)	REGULAR HOURS (43–47)	OVERTIME HOURS (48–51)	A REGULAR SALARY AMOUNT (52–58)	OT (59)	A OVERTIME AMOUNT (60–64)	+ OR (79)	YQ (80)
400		7500		111537			+	Y
400								

THE SUM OF "A" MUST EQUAL "C"
"C" MINUS THE SUM OF ALL "B" MUST EQUAL "D"

TRANS NO. (17–19)	STATE CODE (20–21)	LOCAL CODE (22–23)	B F.I.T. WITHHELD (27–33)	B SOCIAL SECURITY WITHHELD (34–39)	B S.I.T. WITHHELD (40–46)	B MEDICARE WITHHELD (47–51)	B LOCAL TAX WITHHELD (52–57)	D NET PAY (63–70)	C GROSS PAY (71–78)	+ OR (79)	YQ (80)
500			16300	6553	5454	1533	1115	74729	115375	+	Y
500											
500											

TRANS NO. (17–19)	DED. NO. (20–21)	B AMOUNT (22–26)	DED. NO. (27–28)	B AMOUNT (29–33)	DED. NO. (34–35)	B AMOUNT (36–40)	DED. NO. (41–42)	B AMOUNT (43–47)	DED. NO. (48–49)	B AMOUNT (50–54)	DED. NO. (55–56)	B AMOUNT (57–61)	DED. NO. (62–63)	B AMOUNT (64–68)	DED. NO. (69–70)	B AMOUNT (71–75)	+ OR (79)	YQ (80)
550	04	55776	9	85332	0	2766	3	14100	65	105							+	Y
550																		

TR CD (17)	SPL PAY NO (18–19)	SH (29)	SPECIAL PAY HOURS (43–47)	A SPECIAL PAY AMOUNT (52–58)	+ OR (79)	YQ (80)
6						
6						
6						
6						

(1) **YQ INDICATOR**
Y--Year to Date Only
Q--Year and Quarter to Date Only
C--YTD and PQ
Blank--Year, Quarter and Month to Date

(2) **SHIFT**
Blank or
1--First Shift
2--Second Shift
3--Third Shift

(3) **ADJUSTMENT INDICATOR**
Blank or
(+)--Positive Update
(-)--Negative Update

(4) **OVERTIME INDICATOR**
Blank or
0--Overtime One
9--Overtime Two

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	X	Person

▲ Change Indicator

This form contains transactions
503 Check Reconciliation
400 Update Standard Pay & Hours
500 Update Taxes
550 Update Deductions
600 Update Special Pays

UPPS 13-B
Manual Pay
(Revised 02-01-92)

TRANS NO. (17–19)	CHECK NUMBER (20–30)	CHECK DATE (31–36)	PERIOD BEGIN DATE (37–42)	PERIOD ENDING DATE (43–48)	YQ (49) ①
503	1234567	022897	020197	021597	Y

TRANS NO. (17–19)	SH (29) ②	REGULAR HOURS (43–47)	OVERTIME HOURS (48–51)	A REGULAR SALARY AMOUNT (52–58)	OT (59) ④	A OVERTIME AMOUNT (60–64)	+ OR - (79) ③	YQ (80) ①
400		6750		100383			+	Y
400								

THE SUM OF "A" MUST EQUAL "C"
"C" MINUS THE SUM OF ALL "B" MUST EQUAL "D"

TRANS NO. (17–19)	STATE CODE (20–21)	LOCAL CODE (22–23)	B F.I.T. WITHHELD (27–33)	B SOCIAL SECURITY WITHHELD (34–39)	B S.I.T. WITHHELD (40–46)	B MEDICARE WITHHELD (47–51)	B LOCAL TAX WITHHELD (52–57)	D NET PAY (63–70)	C GROSS PAY (71–78)	+ OR - (79) ③	YQ (80) ①
500			16300	6553	5454	1533	1115	74729	111537	+	Y
500											
500											

TRANS NO. (17–19)	DED. NO. (20–21)	B AMOUNT (22–26)	DED. NO. (27–28)	B AMOUNT (29–33)	DED. NO. (34–35)	B AMOUNT (36–40)	DED. NO. (41–42)	B AMOUNT (43–47)	DED. NO. (48–49)	B AMOUNT (50–54)	DED. NO. (55–56)	B AMOUNT (57–61)	DED. NO. (62–63)	B AMOUNT (64–68)	DED. NO. (69–70)	B AMOUNT (71–75)	+ OR - (79) ③	YQ (80) ①
550	04	55776	9	85332	20	2766	3	14100	65	105							+	Y
550																		

TR CD (17)	SPL PAY NO (18–19)	SH (29) ②	SPECIAL PAY HOURS (43–47)	A SPECIAL PAY AMOUNT (32–38)	+ OR - (79) ③	YQ (80) ①
6	20		750	11154	+	Y
6						
6						
6						

① **YQ INDICATOR**
Y--Year to Date Only
Q--Year and Quarter to Date Only
C--YTD and PQ
Blank--Year, Quarter and Month to Date

② **SHIFT**
Blank or
1--First Shift
2--Second Shift
3--Third Shift

③ **ADJUSTMENT INDICATOR**
Blank or
(+)--Positive Update
(-)--Negative Update

④ **OVERTIME INDICATOR**
Blank or
0--Overtime One
9--Overtime Two

2. How to update a manually issued check (via SAS-27) for an employee subject to more than one local tax.

Note that for this set of transactions, multiple 500 Transactions are required.

Trans No 503: Be sure to include the check number (if it is an EFT you must include the leading 90) and the check date on the 503 Transaction. Enter period beginning date and period ending date. This must be a valid payperiod, you cannot use overlapping pay periods or partial payperiod dates. YQ Indicator use a Y.

Trans No 400: Enter the appropriate amounts and hours in each field. If the employee's pay is regular hours and/or overtime, enter the specific hours and amount of pay. Enter Adjustment Indicator (+). YQ Indicator use a Y.

Trans No 500: Enter State and Local Code (Primary Tax Location), FIT, Social Security, SIT, Medicare, Net Pay & Gross. Adjustment Indicator (+). YQ Indicator use a Y.

Trans No 500: Enter State and Local Code (Secondary Tax Location) and Local Tax Withheld. Adjustment Indicator (+). YQ Indicator use a Y.

Trans No 550: Enter all Employee and Employer Deductions. Adjustment Indicator (+). YQ Indicator use a Y.

Trans No 6_ _: Enter the appropriate Special Pay No., Special Pay Hours and Amount of Pay. Adjustment Indicator (+). YQ Indicator use a Y.

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	x	Person

▲ Change Indicator

This form contains transactions
503 Check Reconciliation
400 Update Standard Pay & Hours
500 Update Taxes
550 Update Deductions
600 Update Special Pays

UPPS 13-B
Manual Pay
(Revised 02-01-92)

TRANS NO. (17–19)	CHECK NUMBER (20–30)	CHECK DATE (31–36)	PERIOD BEGIN DATE (37–42)	PERIOD ENDING DATE (43–48)	YQ (49) (1)
503	1234567	022897	020197	021597	Y

TRANS NO. (17–19)	S II (29) (2)	REGULAR HOURS (43–47)	OVERTIME HOURS (48–51)	A REGULAR SALARY AMOUNT (52–58)	OT (59) (4)	A OVERTIME AMOUNT (60–64)	+ OR - (79) (3)	YQ (80) (1)
400		7500		11537			+	Y
400								

THE SUM OF "A" MUST EQUAL "C"
"C" MINUS THE SUM OF ALL "B" MUST EQUAL "D"

TRANS NO. (17–19)	STATE CODE (20–21)	LOCAL CODE (22–23)	B F.I.T. WITHHELD (27–33)	B SOCIAL SECURITY WITHHELD (34–39)	B S.I.T. WITHHELD (40–46)	B MEDICARE WITHHELD (47–51)	B LOCAL TAX WITHHELD (52–57)	D NET PAY (63–70)	C GROSS PAY (71–78)	+ OR - (79) (3)	YQ (80) (1)
500	18	00	16300	6553	5454	1533		75287	111537	+	Y
500	18	13					557			+	Y
500											

TRANS NO. (17–19)	DED. NO (20–21)	B AMOUNT (22–26)	DED. NO. (27–28)	B AMOUNT (29–33)	DED. NO. (34–35)	B AMOUNT (36–40)	DED NO. (41–42)	B AMOUNT (43–47)	DED. NO. (48–49)	B AMOUNT (50–54)	DED. NO. (55–56)	B AMOUNT (57–61)	DED. NO. (62–63)	B AMOUNT (64–68)	DED. NO. (69–70)	B AMOUNT (71–75)	+ OR - (79) (3)	YQ (80) (1)
550	04	557769		853320		276631		410065		105							+	Y
550																		

TR CD (17)	SPL PAY NO (18–19)	SH (29) (2)	SPECIAL PAY HOURS (43–47)	A SPECIAL PAY AMOUNT (32–38)	+ OR - (79) (3)	YQ (80) (1)
6						
6						
6						
6						

(1) **YQ INDICATOR**
Y--Year to Date Only
Q--Year and Quarter to Date Only
C--YTD and PQ
Blank--Year, Quarter and Month to Date

(2) **SHIFT**
Blank or
1--First Shift
2--Second Shift
3--Third Shift

(3) **ADJUSTMENT INDICATOR**
Blank or
(+)--Positive Update
(-)--Negative Update

(4) **OVERTIME INDICATOR**
Blank or
0--Overtime One
9--Overtime Two

3. **How to reverse a check from this quarter that is being redeposited.**

Be sure to enter the entire check number (found on Report 10 or Report 15). Check Number is 7 digits, right-justified, no alpha letters. EFT is 9 digits, which includes the lead characters of '90', right-justified, no alpha letters. Also, be certain that the check date from Report 10 or 15 is entered, and not the date that the check or check stub was printed.

Trans No 450: Enter check number, check date, and period ending date.

Enter appropriate YQ Indicator. Enter "Q" to update year and quarter-to-date only. "Blank" will update year, quarter, and month-to-date. These are the only codes that will be accepted.

UPPS 13-A
Check Reversal

COMPANY NO	EMPLOYEE NO	TCD	EMPLOYEE NAME (For Reference Only)
1 5	6 15	16	
12345	040123456 7	X	Person

TRANS NO.	CHECK NUMBER	CHECK DATE	PERIOD ENDING DATE	YQ
17 19	20 30	31 36	37 42	43
450	091071 8	022897	021597	Q

YQ INDICATOR
Q--Year and Quarter to Date Only

4. **How to reverse a check from a prior quarter that is being redeposited.**

Be sure to allocate the regular pay and the leave pay according to the way the check was actually issued, if appropriate. Also, be certain that the check date from Report 10 or 15 is entered, and not the date the check stub was printed.

For an employee subject to more than one local tax, multiple 500 Transactions are required. When using multiple 500's, remember to enter State and Local Code.

Trans No 503: Enter check number (lead characters of "90" for an EFT check), check date, period beginning date and period ending date. YQ Indicator Q

Trans No 400: Enter the appropriate amounts and hours in each field. Enter Adjustment Indicator (-). YQ Indicator '

Trans No 500: Enter the appropriate amounts for FIT, Social Security, SIT, Medicare, and Local Tax Withheld. The Net Pay and Overall Gross Pay (Regular Pay and Special Pay=Gross Pay). Adjustment Indicator (-). YQ Indicator Q

Trans No 550: Enter all Employee and Employer Deductions. Adjustment Indicator (-). YQ Indicator Q

Trans No 6__: Enter the appropriate Special Pay No., Special Pay Hours and Amount of Pay. Adjustment Indicator (-). YQ Indicator Q

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	x	Person

▲ Change Indicator

This form contains transactions
503 Check Reconciliation
400 Update Standard Pay & Hours
500 Update Taxes
550 Update Deductions
600 Update Special Pays

UPPS 13-B
Manual Pay
(Revised 02-01-92)

TRANS NO. (17–19)	CHECK NUMBER (20–30)	CHECK DATE (31–36)	PERIOD BEGIN DATE (37–42)	PERIOD ENDING DATE (43–48)	YQ (49)
503	979987	022897	020197	021597	Y

TRANS NO. (17–19)	SH (29)	REGULAR HOURS (43–47)	OVERTIME HOURS (48–51)	A REGULAR SALARY AMOUNT (52–58)	OT (59)	A OVERTIME AMOUNT (60–64)	+ OR - (79)	YQ (80)
400		7500		111537			-	Y
400								

THE SUM OF "A" MUST EQUAL "C"
"C" MINUS THE SUM OF ALL "B" MUST EQUAL "D"

TRANS NO. (17–19)	STATE CODE (20 21)	LOCAL CODE (22 23)	B F.I.T. WITHHELD (27–33)	B SOCIAL SECURITY WITHHELD (34–39)	B S.I.T. WITHHELD (40–46)	B MEDICARE WITHHELD (47–51)	B LOCAL TAX WITHHELD (52–57)	D NET PAY (63–70)	C GROSS PAY (71–78)	+ OR - (79)	YQ (80)
500			16300	6553	5454	1533	1115	74729	111537	-	Y
500											
500											

TRANS NO. (17–19)	DED. NO. (20 21)	B AMOUNT (22–26)	DED. NO. (27 28)	B AMOUNT (29–33)	DED. NO (34 35)	B AMOUNT (36–40)	DED. NO. (41 42)	B AMOUNT (43–47)	DED. NO (48 49)	B AMOUNT (50–54)	DED. NO. (55 56)	B AMOUNT (57–61)	DED. NO. (62 63)	B AMOUNT (64–68)	DED. NO. (69 70)	B AMOUNT (71–75)	+ OR - (79)	YQ (80)
550	04	557769		853320		276631		410065		105							-	Y
550																		

TR CD (17)	SPL PAY NO (18–19)	SH (29)	SPECIAL PAY HOURS (43–47)	A SPECIAL PAY AMOUNT (52–58)	+ OR - (79)	YQ (80)
6						
6						
6						
6						

(1) **YQ INDICATOR**
Y--Year to Date Only
Q--Year and Quarter to Date Only
C--YTD and PQ
Blank--Year, Quarter and Month to Date

(2) **SHIFT**
Blank or
1--First Shift
2--Second Shift
3--Third Shift

(3) **ADJUSTMENT INDICATOR**
Blank or
(+)--Positive Update
(-)--Negative Update

(4) **OVERTIME INDICATOR**
Blank or
0--Overtime One
9--Overtime Two

5. **How to update for a Local Tax Refund when both tax and taxable amounts need to be adjusted.**

Note that the State and Local Code of the location where the tax was withheld must be entered. Also note that two 500 Transactions must be completed.

Trans No 500: Adjustment Indicator (-) for Local Tax, (+) for Net Pay.

Trans No 320: Adjustment for Local Taxable.

Trans No 365: State & Local Code adjustment to Local Taxable.

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	x	Person

▲ Change Indicator

This form contains transactions
503 Check Reconciliation
400 Update Standard Pay & Hours
500 Update Taxes
550 Update Deductions
600 Update Special Pays

UPPS 13-B
Manual Pay
(Revised 02-01-92)

TRANS NO. (17–19)	CHECK NUMBER (20–30)	CHECK DATE (31–36)	PERIOD BEGIN DATE (37–42)	PERIOD ENDING DATE (43–48)	YQ (49) (1)
503	99999999999	022897	020197	021597	

TRANS NO. (17–19)	SH (29) (2)	REGULAR HOURS (43–47)	OVERTIME HOURS (48–51)	A REGULAR SALARY AMOUNT (32–38)	OT (59) (4)	A OVERTIME AMOUNT (60–64)	+ OR - (79) (3)	YQ (80) (1)
400								
400								

THE SUM OF "A" MUST EQUAL "C"
"C" MINUS THE SUM OF ALL "B" MUST EQUAL "D"

TRANS NO. (17–19)	STATE CODE (20 21)	LOCAL CODE (22 23)	B F.I.T. WITHHELD (27–33)	B SOCIAL SECURITY WITHHELD (34–39)	B S.I.T. WITHHELD (40–46)	B MEDICARE WITHHELD (47–51)	B LOCAL TAX WITHHELD (52–57)	D NET PAY (63–70)	C GROSS PAY (71–78)	+ OR - (79) (3)	YQ (80) (1)
500	18	13					1115			-	
500	18	13						1115		+	
500											

TRANS NO. (17–19)	DED. NO. (20 21)	B AMOUNT (22–26)	DED. NO. (27 28)	B AMOUNT (29–33)	DED. NO. (34 35)	B AMOUNT (36–40)	DED. NO. (41 42)	B AMOUNT (43–47)	DED. NO. (48 49)	B AMOUNT (50–54)	DED. NO. (55 56)	B AMOUNT (57–61)	DED. NO. (62 63)	D AMOUNT (64–68)	DED. NO. (69 70)	B AMOUNT (71–75)	+ OR - (79) (3)	YQ (80) (1)
550																		
550																		

TR CD (17)	SPL PAY NO (18–19)	SH (29) (2)	SPECIAL PAY HOURS (43–47)	A SPECIAL PAY AMOUNT (32–38)	+ OR - (79) (3)	YQ (80) (1)
6						
6						
6						
6						

(1) **YQ INDICATOR**
Y--Year to Date Only
Q--Year and Quarter to Date Only
C--YTD and PQ
Blank--Year, Quarter and Month to Date

(2) **SHIFT**
Blank or
1--First Shift
2--Second Shift
3--Third Shift

(3) **ADJUSTMENT INDICATOR**
Blank or
(+)--Positive Update
(-)--Negative Update

(4) **OVERTIME INDICATOR**
Blank or
0--Overtime One
9--Overtime Two

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	x	Person

▲ Change Indicator

This form contains transactions:
300 Standard Pays
320 Gross Pay & Taxable Income
325 Other Taxables
330 Tax Withheld
335 Deductions

UPPS 1
Master File Accumulations No. 1
(Revised 04-16-92)

	TRANS NO. (17–19)	(20)	▲ (21)	REGULAR PAY (22–30)	▲ (31)	O. T. 1 PAY (32–38)	▲ (39)	O. T. 2 PAY (40–46)	▲ (47)	SHIFT 2 PAY (48–54)	▲ (55)	SHIFT 3 PAY (56–62)	▲ (63)	NET PAY (64–72)	▲ (73)	TOT VOL DED (74–80)
YTD	300	Y														
QTD	300	Q														
MTD	300	M														

TRANS NO. (17–19)	(20)	▲ (21)	GROSS PAY YTD (22–30)	▲ (31)	GROSS PAY QTD (32–40)	▲ (41)	GROSS PAY MTD (42–50)	▲ (51)	FIT TAXABLE YTD (52–60)	▲ (61)	SIT TAXABLE YTD (62–70)	▲ (71)	LOCAL TAXABLE YTD (72–80)
320												-	111537

TRANS NO. (17–19)	(20)	▲ (21)	SOCIAL SECURITY TAXABLE YTD (22–30)	▲ (31)	TOTAL FICA TAXABLE YTD (32–40)	▲ (41)	MEDICARE TAXABLE YTD (42–50)	▲ (51)	(52)	▲ (53)	(54–60)	▲ (61)	(62–68)	▲ (69)	(70–76)
325			-												

TRANS NO. (17–19)	(20)	▲ (21)	FIT WITHHELD YTD (22–30)	▲ (31)	SOCIAL SECURITY WITHHELD YTD (32–38)	▲ (39)	SIT WITHHELD YTD (40–48)	▲ (49)	LOCAL WITHHELD YTD (50–56)	▲ (57)	(58–64)	▲ (65)	TOTAL FICA WITHHELD YTD (66–72)	▲ (73)	MEDICARE WITHHELD YTD (74–80)
330								-	1115						

	TRANS NO. (17–19)	(20)	DEDUCTION AMOUNTS 1: NO. (21–22)	▲ (23)	(24–30)	2: NO. (31–32)	▲ (33)	(34–40)	3: NO. (41–42)	▲ (43)	(44–50)	4: NO. (51–52)	▲ (53)	(54–60)	5: NO. (61–62)	▲ (63)	(64–70)	6: NO. (71–72)	▲ (73)	(74–80)
YTD	335	Y																		
MTD	335	M																		

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	x	Person

▲ Change Indicator

This form contains transactions:
365 Taxable Amounts
370 Other Taxable Amounts
375 Tips

UPPS 4
Tax File Accumulations No. 2
(Revised 04-16-92)

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT TAXABLE (31–39)	▲ (40)	SIT TAXABLE (41–49)	▲ (50)	LOCAL TAXABLE (51–59)	▲ (60)	(61–69)	▲ (70)	(71–79)
YTD	365	Y			1813							−111537				
QTD	365	Q														
MTD	365	M														
PQ	365	P														

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	SOCIAL SECURITY TAXABLE (31–39)	▲ (40)	TOTAL FICA TAXABLE (41–49)	▲ (50)	MEDICARE TAXABLE (51–59)	▲ (60)	(61)	▲ (62)	(63–69)	▲ (70)	(71–77)
YTD	370	Y																
QTD	370	Q																
MTD	370	M																
PQ	370	P			−													

TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	TIPS COLLECTED TYD (31–37)	▲ (38)	TIPS UNCOLLECTED YTD (39–45)	▲ (46)	TIPS COLLECTED QTD (47–53)	▲ (54)	TIPS UNCOLLECTED QTD (55–61)	▲ (62)	TIPS COLLECTED PQ (63–69)	▲ (70)	TIPS UNCOLLECTED PQ (71–77)
375																	

6. **How to update for a Federal Tax Refund when an excess amount of tax was withheld but the taxable wages are correct.**

This example could be used for a State Tax Refund also, by entering the amount of the refund in the appropriate columns.

Adjustment Indicator (-) for FIT Tax Withheld and (+) Back to Net Pay

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
12345	0404628761	X	Person

▲ Change Indicator

This form contains transactions
503 Check Reconciliation
400 Update Standard Pay & Hours
500 Update Taxes
550 Update Deductions
600 Update Special Pays

UPPS 13-B
Manual Pay
(Revised 02-01-92)

TRANS NO. (17–19)	CHECK NUMBER (20–30)	CHECK DATE (31–36)	PERIOD BEGIN DATE (37–42)	PERIOD ENDING DATE (43–48)	YQ (49) (1)
503	969873	021597	011697	013197	

TRANS NO. (17–19)	S H (29) (2)	REGULAR HOURS (43–47)	OVERTIME HOURS (48–51)	A REGULAR SALARY AMOUNT (52–58)	OT (59) (4)	A OVERTIME AMOUNT (60–64)	+ OR - (79) (3)	YQ (80) (1)
400								
400								

THE SUM OF "A" MUST EQUAL "C"
"C" MINUS THE SUM OF ALL "B" MUST EQUAL "D"

TRANS NO. (17–19)	STATE CODE (20 21)	LOCAL CODE (22 23)	B F.I.T. WITHHELD (27–33)	B SOCIAL SECURITY WITHHELD (34–39)	B S.I.T. WITHHELD (40–46)	B MEDICARE WITHHELD (47–51)	B LOCAL TAX WITHHELD (52–57)	D NET PAY (63–70)	C GROSS PAY (71–78)	+ OR - (79) (3)	YQ (80) (1)
500			12700							-	
500								12700		+	
500											

TRANS NO. (17–19)	DED. NO. (20 21)	B AMOUNT (22–26)	DED. NO. (27 28)	B AMOUNT (29–33)	DED. NO. (34 35)	B AMOUNT (36–40)	DED. NO. (41 42)	B AMOUNT (43–47)	DED. NO. (48 49)	B AMOUNT (50–54)	DED. NO. (55 56)	B AMOUNT (57–61)	DED. NO. (62 63)	B AMOUNT (64–68)	DED. NO. (69 70)	B AMOUNT (71–75)	+ OR - (79) (3)	YQ (80) (1)
550																		
550																		

TR CD (17)	SPL PAY NO (18 19)	SH (29) (2)	SPECIAL PAY HOURS (43–47)	A SPECIAL PAY AMOUNT (52–58)	+ OR - (79) (3)	YQ (80) (1)
6						
6						
6						
6						

(1) **YQ INDICATOR**
Y--Year to Date Only
Q--Year and Quarter to Date Only
C--YTD and PQ
Blank--Year, Quarter and Month to Date

(2) **SHIFT**
Blank or
1--First Shift
2--Second Shift
3--Third Shift

(3) **ADJUSTMENT INDICATOR**
Blank or
(+)--Positive Update
(-)--Negative Update

(4) **OVERTIME INDICATOR**
Blank or
0--Overtime One
9--Overtime Two

7. **How to update for a Retirement Refund when the retirement was withheld on an ineligible employee.**

Note that this set of transactions does not include a Manual Pay form, but is still required to update the employee's records for a correct W-2.

Retirement Refund can only be updated with the 3_ _ Transactions. Follow the example on the next pages.

NOTE: For Premium Conversion Refund, follow the same examples except on the 335 Transaction, use correct employer and employee deduction numbers and amounts.

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
		X	

▲ Change Indicator

This form contains transactions:
300 Standard Pays
320 Gross Pay & Taxable Income
325 Other Taxables
330 Tax Withheld
335 Deductions

UPPS 1
Master File Accumulations No. 1
(Revised 04-16-92)

	TRANS NO. (17–19)	(20)	▲ (21)	REGULAR PAY (22–30)	▲ (31)	O. T. 1 PAY (32–38)	▲ (39)	O. T. 2 PAY (40–46)	▲ (47)	SHIFT 2 PAY (48–54)	▲ (55)	SHIFT 3 PAY (56–62)	▲ (63)	NET PAY (64–72)	▲ (73)	TOT VOL DED (74–80)
YTD	300	Y											+	5577	-	5577
QTD	300	Q														
MTD	300	M														

TRANS NO. (17–19)	(20)	▲ (21)	GROSS PAY YTD (22–30)	▲ (31)	GROSS PAY QTD (32–40)	▲ (41)	GROSS PAY MTD (42–50)	▲ (51)	FIT TAXABLE YTD (52–60)	▲ (61)	SIT TAXABLE YTD (62–70)	▲ (71)	LOCAL TAXABLE YTD (72–80)
320								+	5577	+	5577		

TRANS NO. (17–19)	(20)	▲ (21)	SOCIAL SECURITY TAXABLE YTD (22–30)	▲ (31)	TOTAL FICA TAXABLE YTD (32–40)	▲ (41)	MEDICARE TAXABLE YTD (42–50)	▲ (51)	(52)	▲ (53)	(54–60)	▲ (61)	(62–68)	▲ (69)	(70–76)
325		+	5577	+	5577	+	5577								

TRANS NO. (17–19)	(20)	▲ (21)	FIT WITHHELD YTD (22–30)	▲ (31)	SOCIAL SECURITY WITHHELD YTD (32–38)	▲ (39)	SIT WITHHELD YTD (40–48)	▲ (49)	LOCAL WITHHELD YTD (50–56)	▲ (57)	(58–64)	▲ (65)	TOTAL FICA WITHHELD YTD (66–72)	▲ (73)	MEDICARE WITHHELD YTD (74–80)
330															

	TRANS NO. (17–19)	(20)	DEDUCTION AMOUNTS: NO. (21–22)	▲ (23)	1 (24–30)	NO. (31–32)	▲ (33)	2 (34–40)	NO. (41–42)	▲ (43)	3 (44–50)	NO. (51–52)	▲ (53)	4 (54–60)	NO. (61–62)	▲ (63)	5 (64–70)	NO. (71–72)	▲ (73)	6 (74–80)
YTD	335	Y	04	-	5577	69	-	8533												
MTD	335	M																		

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
		X	

▲ Change Indicator

This form contains transactions:
355 Gross Pay
356 FIT Non-Taxable Pay
357 Tax Withheld
360 Company Taxes

UPPS 3
Tax File Accumulations No. 1
(Revised 04-16-92)

TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	GROSS PAY MTD (31–39)	▲ (40)	GROSS PAY QTD (41–49)	▲ (50)	GROSS PAY YTD (51–59)	▲ (60)	GROSS PAY PRIOR QTR (61–69)
355													

TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT NON-TAXABLE MTD (31–37)	▲ (38)	FIT NON-TAXABLE QTD (39–45)	▲ (46)	FIT NON-TAXABLE YTD (47–53)	▲ (54)	FIT NON-TAXABLE PRIOR QTR (55–61)
356				18	13					-	5577		

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT WITHHELD (31–39)	▲ (40)	SOCIAL SECURITY WITHHELD (41–47)	▲ (48)	SIT WITHHELD (49–55)	▲ (56)	LOCAL WITHHELD (57–63)
YTD	357	Y												
QTD	357	Q												
MTD	357	M												
PQ	357	P		-										

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	TOTAL FICA WITHHELD (31–37)	▲ (38)	(39–43)	▲ (44)	(45–49)	▲ (50)	MEDICARE WITHHELD (51–57)	▲ (58)	(59–65)
YTD	360	Y														
QTD	360	Q														
MTD	360	M														
PQ	360	P														

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
		X	

▲ Change Indicator

This form contains transactions:
365 Taxable Amounts
370 Other Taxable Amounts
375 Tips

UPPS 4
Tax File Accumulations No. 2
(Revised 04-16-92)

	TRANS NO (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT TAXABLE (31–39)	▲ (40)	SIT TAXABLE (41–49)	▲ (50)	LOCAL TAXABLE (51–59)	▲ (60)	(61–69)	▲ (70)	(71–79)
YTD	365	Y			1813		+	5577	+	5577						
QTD	365	Q														
MTD	365	M														
PQ	365	P														

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	SOCIAL SECURITY TAXABLE (31–39)	▲ (40)	TOTAL FICA TAXABLE (41–49)	▲ (50)	MEDICARE TAXABLE (51–59)	▲ (60)	(61)	▲ (62)	(63–69)	▲ (70)	(71–77)
YTD	370	Y			1813		+	5577	+	5577								
QTD	370	Q																
MTD	370	M																
PQ	370	P																

TRANS NO (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	TIPS COLLECTED YTD (31–37)	▲ (38)	TIPS UNCOLLECTED YTD (39–45)	▲ (46)	TIPS COLLECTED QTD (47–53)	▲ (54)	TIPS UNCOLLECTED QTD (55–61)	▲ (62)	TIPS COLLECTED PQ (63–69)	▲ (70)	TIPS UNCOLLECTED PQ (71–77)
375																	

8. How to do Workers' Compensation Adjustments.

The example below shows how to compute the amount of leave time to be restored. Retirement contributions must be requested on the Request for Refund and the appropriate pay periods must be shown for Retirement Systems to make the refund. The FIT Taxable, SIT Taxable, Social Security, and Medicare Taxable adjustments should be for the amount of the Workers' Compensation check minus Retirement. The only exception to the example would be if the agency does not request back the Federal and State Income Tax. The employee can recoup this overpayment on their individual tax refund. The adjustment would still be made to the FIT Taxable and SIT Taxable.

WORKERS COMP EXAMPLE

1. Employee A used 157.5 hours of sick leave for the month. He received $788.42 in Workers Comp, which he returned to the agency. His hourly rate is $7.636 (based on $1,237/mo.). To get the sick leave hours to restore, divide $788.42 by $7.636. RESULT=103.33 hours of sick leave bought back.

2. Employee A is single, 0 dependents. The local tax code is 18-13, Frankfort.

3. Prepare Request for Refund for:

   $46.44 Employee Social Security
   $10.86 Employee Medicare
   $46.44 State Social Security
   $10.86 State Medicare
   $96.00 Employee Federal Tax
   $35.04 Employee State Tax
   $39.43 Employee Retirement (Rate based on KERS Non Hazardous 5%)
   $46.44 State Retirement (Rate based on KERS Non Hazardous 5.89%)
   $13.80 Employee Local Tax

4. Prepare UPPS Transactions as follows:

   Note on 330 Transaction, Total Fica field is State Social Security & State Medicare amounts combined.

v. 8/1/93

DEPARTMENT OF TREASURY

REQUEST FOR REFUND ON P. OLL

OMPANY NUMBER / DEPARTMENT NAME 47792/Department for Personnel Administration

VISION NAME Employee Records

PAYMENT TYPE (X)	CHECKS MADE PAYABLE TO (X)	...UAL PAY TRANSACTION (X)
[X] P-1 EMPLOYEE	[ ] KY STATE TREASURER	[X] ATTACHED
[ ] NONP-1 EMPLOYEE IN UPPS	[X] EMPLOYEE AND KY STATE TREASURER	[ ] ENTERED ON CICS
[ ] NONP-1 EMPLOYEE	[ ] EMPLOYEE	

LAST NAME AND INITIALS	SOCIAL SECURITY NUMBER	PERIOD
Brown, James	123-45-6789	FROM: 2/1/97 TO: 2/15/97

GENCY INFORMATION

HECK #:	AMOUNT	STATE PAY	MEMO
ross	788.42		
ocial Security	46.44	46.44	Social Security Taxable = 748.99
edicare	10.86	10.86	Medicare Taxable = 748.99
ederal Tax	96.00		
tate Tax	35.04		
ocal Tax Code: 18-13	13.80		Local Taxable = 788.42
ocal Tax Code:			Local Taxable =
ocal Tax Code:			Local Taxable =
etirement	39.43	46.44	Name = KERS Wages Subject 788.42
ealth Insurance			
ond			
tate Paid Life Ins			
isc.			
isc.			
isc.			
isc.			
isc.			
et Pay			

LAST NAME AND INITIALS	SOCIAL SECURITY NUMBER	PERIOD
		FROM: TO:

AGENCY INFORMATION

CHECK #:	AMOUNT	STATE PAY	MEMO
Gross			
Social Security			Social Security Taxable =
Medicare			Medicare Taxable =
Federal Tax			
State Tax			
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Retirement			Name = Wages Subject
Health Insurance			
Bond			
State Paid Life Ins			
Misc.			
Misc.			
Misc.			
Misc.			
Misc.			
Net Pay			

TAL HIS GE	EMPLOYEE SOC SEC	EMPLOYER SOC SEC	EMPLOYEE MEDICARE	EMPLOYER MEDICARE	FEDERAL TAX	STATE TAX	LOCAL TAX	RETIREMENT	SAVINGS BONDS	HEALTH INSURANCE	[illegible]
	46.44	46.44	10.86	10.86	96.00	35.04	13.80	85.87			

...ee's Copy - White
...ner's - Blue
...'s Copy - Green

State Office for Social Security Copy - Yellow
Retirement's Copy - Pink
Treasury Check (Treasurer's Copy) - Gold

Signed _____ Date _____

Agency Head or Authorized Individual

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
47792	0123456789	x	Brown

▲ Change Indicator

This form contains transactions:
300 Standard Pays
320 Gross Pay & Taxable Income
325 Other Taxables
330 Tax Withheld
335 Deductions

UPPS 1
Master File Accumulations No. 1
(Revised 04-16-92)

	TRANS NO. (17–19)	(20)	▲ (21)	REGULAR PAY (22–30)	▲ (31)	O. T. 1 PAY (32–38)	▲ (39)	O. T. 2 PAY (40–46)	▲ (47)	SHIFT 2 PAY (48–54)	▲ (55)	SHIFT 3 PAY (56–62)	▲ (63)	NET PAY (64–72)	▲ (73)	TOT VOL DED (74–80)
YTD	300	Y													-	3943
QTD	300	Q														
MTD	300	M														

TRANS NO. (17–19)	(20)	▲ (21)	GROSS PAY YTD (22–30)	▲ (31)	GROSS PAY QTD (32–40)	▲ (41)	GROSS PAY MTD (42–50)	▲ (51)	FIT TAXABLE YTD (52–60)	▲ (61)	SIT TAXABLE YTD (62–70)	▲ (71)	LOCAL TAXABLE YTD (72–80)
320								-	74899	-	74899	-	78842

TRANS NO. (17–19)	(20)	▲ (21)	SOCIAL SECURITY TAXABLE YTD (22–30)	▲ (31)	TOTAL FICA TAXABLE YTD (32–40)	▲ (41)	MEDICARE TAXABLE YTD (42–50)	▲ (51)	(52)	▲ (53)	(54–60)	▲ (61)	(62–68)	▲ (69)	(70–76)
325		-	74899	-	74899	-	74899								

TRANS NO. (17–19)	(20)	▲ (21)	FIT WITHHELD YTD (22–30)	▲ (31)	SOCIAL SECURITY WITHHELD YTD (32–38)	▲ (39)	SIT WITHHELD YTD (40–48)	▲ (49)	LOCAL WITHHELD YTD (50–56)	▲ (57)	(58–64)	▲ (65)	TOTAL FICA WITHHELD YTD (66–72)	▲ (73)	MEDICARE WITHHELD YTD (74–80)
330		-	9600	-	4644	-	3504	-	1380			-	5730	-	1086

	TRANS NO. (17–19)	(20)	NO. (21–22)	▲ (23)	1 (24–30)	NO. (31–32)	▲ (33)	2 (34–40)	NO. (41–42)	▲ (43)	3 (44–50)	NO. (51–52)	▲ (53)	4 (54–60)	NO. (61–62)	▲ (63)	5 (64–70)	NO. (71–72)	▲ (73)	6 (74–80)
YTD	335	Y	04	-	394369	-		4641												
MTD	335	M																		

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
47792	0123456789	x	Brown

▲ Change Indicator

This form contains transactions:
355 Gross Pay
356 FIT Non-Taxable Pay
357 Tax Withheld
360 Company Taxes

UPPS 3
Tax File Accumulations No. 1
(Revised 04-16-92)

TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	GROSS PAY MTD (31–39)	▲ (40)	GROSS PAY QTD (41–49)	▲ (50)	GROSS PAY YTD (51–59)	▲ (60)	GROSS PAY PRIOR QTR (61–69)
355													

TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT NON-TAXABLE MTD (31–37)	▲ (38)	FIT NON-TAXABLE QTD (39–45)	▲ (46)	FIT NON-TAXABLE YTD (47–53)	▲ (54)	FIT NON-TAXABLE PRIOR QTR (55–61)
356				18	13					+	74899		

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT WITHHELD (31–39)	▲ (40)	SOCIAL SECURITY WITHHELD (41–47)	▲ (48)	SIT WITHHELD (49–55)	▲ (56)	LOCAL WITHHELD (57–63)
YTD	357	Y			18	13	-	9600	-	4644	-	3504		-788
QTD	357	Q												
MTD	357	M												
PQ	357	P												

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	TOTAL FICA WITHHELD (31–37)	▲ (38)	(39–43)	▲ (44)	(45–49)	▲ (50)	MEDICARE WITHHELD (51–57)	▲ (58)	(59–65)
YTD	360	Y			18	13	-	5730								
QTD	360	Q														
MTD	360	M														
PQ	360	P														

Revised 09-01-97

COMPANY NO (1–3)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
479	2012345678	9	Brown

▲ Change Indicator

This form contains transactions:
365 Taxable Amounts
370 Other Taxable Amounts
375 Tips

UPPS 4
Tax File Accumulations No. 2
(Revised 04-16-92)

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	FIT TAXABLE (31–39)	▲ (40)	SIT TAXABLE (41–49)	▲ (50)	LOCAL TAXABLE (51–59)	▲ (60)	(61–69)	▲ (70)	(71–79)
YTD	365	Y			1813		-	74899	-	74899	-	78842				
QTD	365	Q														
MTD	365	M														
PQ	365	P														

	TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	SOCIAL SECURITY TAXABLE (31–39)	▲ (40)	TOTAL FICA TAXABLE (41–49)	▲ (50)	MEDICARE TAXABLE (51–59)	▲ (60)	(61)	▲ (62)	(63–69)	▲ (70)	(71–77)
YTD	370	Y			1813		-	74899	-	74899								
QTD	370	Q																
MTD	370	M																
PQ	370	P																

TRANS NO. (17–19)	(20)	COUNTRY CODE (21–23)	TAX UNIT (24–25)	STATE CODE (26–27)	LOCAL CODE (28–29)	▲ (30)	TIPS COLLECTED YTD (31–37)	▲ (38)	TIPS UNCOLLECTED YTD (39–45)	▲ (46)	TIPS COLLECTED QTD (47–53)	▲ (54)	TIPS UNCOLLECTED QTD (55–61)	▲ (62)	TIPS COLLECTED PQ (63–69)	▲ (70)	TIPS UNCOLLECTED PQ (71–77)
375																	

COMPANY NO (1–5)	EMPLOYEE NO (6–15)	TCD (16)	EMPLOYEE NAME (For Reference)
47792	0123456789	x	Brown

▲ Change Indicator

This form contains transactions
255 Secondary Work States
240 Personnel Dates
275 Numeric Pay Constants & Eligibility Dates
315 Comp Hours
350 Vacation and Sick Leave Hours

UPPS 8-W
Employee Information
(Revised 6-89)

TRANS NO. (17–19)	▲ (24)	SECONDARY TAX CODES: ST 2 (25–28)	▲ (29)	ST 3 / LOC 3 (30–33)	▲ (34)	ST 4 / LOC 4 (35–38)	▲ (39)	ST 5 / LOC 5 (40–43)	▲ (44)	% OF PAY DISTRIBUTION FOR TAXES BETWEEN STATES: ST 1 (45–47)	▲ (48)	ST 2 (49–51)	▲ (52)	ST 3 (53–55)	▲ (56)	ST 4 (57–59)	▲ (60)	ST 5 (61–63)
255																		

TRANS NO. (17–19)	▲ (38)	START LEAVE DATE (39–44)	▲ (45)	RETURN FROM LEAVE DATE (46–51)
240				

TRANS NO. (17–19)	▲ (24)	NUMERIC EMPLOYEE PAY CONSTANTS (25–31)	▲ (32)	MONTHS SICK SERVICE (33–39)	▲ (40)	MONTHS SICK SERVICE (41–47)	▲ (55)	INSURANCE EFFECTIVE DATE (56–61)
275								

	TRANS NO. (17–19)	(20)	▲ (37)	COMP HOURS BALANCE (38–44)	▲ (45)	COMP HOURS USED (46–52)
YTD	315	Y				

TRANS NO. (17–19)	▲ (21)	VACATION HOURS: BALANCE (22–28)	▲ (29)	USED YTD (30–36)	▲ (37)	ACCUM YTD (38–44)	▲ (45)	SICK LEAVE HOURS: BALANCE (46–52)	▲ (53)	USED YTD (54–60)	▲ (61)	BALANCE (62–68)
350							+	10333				

DEPARTMENT OF TREASURY

REQUEST FOR REFUND ON PAYROLL

OMPANY NUMBER / DEPARTMENT NAME 1

VISION NAME 2

3 PAYMENT TYPE (X)	4 CHECKS MADE PAYABLE TO (X)	5 MANUAL PAY TRANSACTION (X)
☐ P-1 EMPLOYEE	☐ KY STATE TREASURER	☐ ATTACHED
☐ NONP-1 EMPLOYEE IN UPPS	☐ EMPLOYEE AND KY STATE TREASURER	☐ ENTERED ON CICS
☐ NONP-1 EMPLOYEE	☐ EMPLOYEE	

AST NAME AND INITIALS 6	SOCIAL SECURITY NUMBER 7	PERIOD FROM: TO: 8

GENCY INFORMATION

HECK #: 9	AMOUNT	STATE PAY	MEMO
oss	10	10	
cial Security	11	12	Social Security Taxable = 13
dicare	14	15	Medicare Taxable = 16
deral Tax	17		
te Tax	18		
al Tax Code: 19A	19B		Local Taxable = 20
al Tax Code:			Local Taxable =
al Tax Code:			Local Taxable =
rement	21	22	Name = Wages Subject 23
lth Insurance	24	25	
d	26		
e Paid Life Ins.		27	
	28		
ay	29		

LS	EMPLOYEE SOC SEC	EMPLOYER SOC SEC	EMPLOYEE MEDICARE	EMPLOYER MEDICARE	FEDERAL TAX	STATE TAX	LOCAL TAX	RETIREMENT	SAVINGS BONDS	HEALTH INSURANCE	MISCELLANEOUS
E	30	31	32	33	34	35	36	37	38	39	40

r's Copy - White
al's - Blue
s Copy - Green

Office for Social Security Copy - Yellow
rtment's Copy - Pink
Return with Check (Treasurer's Copy) - Gold

LAST NAME AND INITIALS	SOCIAL SECURITY NUMBER	PERIOD FROM: TO:

AGENCY INFORMATION

CHECK #:	AMOUNT	STATE PAY	MEMO
Gross			
Social Security			Social Security Taxable =
Medicare			Medicare Taxable =
Federal Tax			
State Tax			
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Retirement			Name = Wages Subject
Health Insurance			
Bond			
State Paid Life Ins.			
Misc.			
Misc.			
Misc.			
Misc.			
Misc.			
Net Pay			

How To Do A Request For Refund

Revised 08-01-00

The Request for Refund on Payroll is completed by a requesting agency and submitted through the State Treasurer's Office. These documents are used to request back monies withheld in error, including but not limited to Federal Tax, State Tax, Local Tax, and Retirement. Multiple employees can be processed on a single document.

COMPLETION INSTRUCTIONS:

REFERENCE NUMBER	FIELD NAME	INSTRUCTION
1	Company Number	Enter company number and department name for which this request is being made.
2	Division Name	Enter the division name for which this request is being made.
3	Payment Type	Check the type of payment of employee for which this request is being made.
4	Checks Made Payable	Check the appropriate box of who the check should be payable to from this request.
5	Manual Pay Transaction	Check the appropriate box for how the manual pay transactions were done for this request.
6	Last Name & Initials	Enter the employee's last name and first initial.
7	Social Security Number	Enter the employee's social security number.
8	Period	Enter "From" and "To" period covered by this request.
9	Check #	Enter check number of check being re-deposited.
10	Gross	Enter gross salary.
11	Social Security	Enter employee share of social security.
12	Social Security	Enter employer share of social security.
13	Social Security Taxable	Enter wages subject to social security. (Gross minus Retirement minus FSA minus Premium Conversion.)
14	Medicare	Enter employee share of medicare.
15	Medicare	Enter employer share of medicare.
16	Medicare Taxable	Enter wages subject to medicare. (Gross minus Retirement minus FSA minus Premium Conversion.)
17	Federal Tax	Enter amount of federal tax being requested.
18	State Tax	Enter amount of state income tax being requested.
19A	Local Tax Code	Enter local tax code.
19B	Local Tax	Enter amount of local tax being requested.
20	Local Taxable	Enter wages subject to local taxes.
21	Retirement	Enter employee share of retirement.

REFERENCE NUMBER	FIELD NAME	INSTRUCTION
22	Retirement	Enter employer share of retirement.
23	Retirement Wages	Enter wages subject to retirement.
24	Health Insurance	Enter the employee share of health insurance.
25	Health Insurance	Enter the employer share of health insurance.
26	Bond	Enter the amount of bonds withheld.
27	State Paid Life Insurance	Enter the amount of state paid life insurance.
28	Miscellaneous	Enter miscellaneous deductions, listed by company name and amounts.
29	Net Pay	Enter the net pay amount.
30	Employee Social Security	Enter the total amount of employee social security on this request.
31	Employer Social Security	Enter the total amount of employer social security on this request.
32	Employee Medicare	Enter the total amount of employee medicare of this request.
33	Employer Medicare	Enter the total amount of employer medicare of this request.
34	Federal Tax	Enter the total amount of Federal Income Tax on this request.
35	State Tax	Enter the total amount of State Income Tax on this request.
36	Local Tax	Enter the total amount of Local Tax on this request.
37	Retirement	Enter the total amount of retirement on this request, employee & employer
38	Savings Bond	Enter the total amount of savings bonds on this request.
39	Health Insurance	Enter the total amount of health insurance on this deduction, employee & employer.
40	Miscellaneous	Enter the total amount of miscellaneous deductions on this request.

ev. 8/1/93

DEPARTMENT OF TREASURY

REQUEST FOR REFUND ON PAYROLL

OMPANY NUMBER / DEPARTMENT NAME 31790 DEP. OF PERSONNEL

VISION NAME PAYROLL ADMINISTRATION

PAYMENT TYPE (X)	CHECKS MADE PAYABLE TO (X)	MANUAL PAY TRANSACTION (X)
[X] P-1 EMPLOYEE	[X] KY STATE TREASURER	[ ] ATTACHED
[ ] NONP-1 EMPLOYEE IN UPPS	[ ] EMPLOYEE AND KY STATE TREASURER	[X] ENTERED ON CICS
[ ] NONP-1 EMPLOYEE	[ ] EMPLOYEE	

LAST NAME AND INITIALS	SOCIAL SECURITY NUMBER	PERIOD FROM: TO:
BABY FACE	112 33 4455	1-1-94 1-15-94

AGENCY INFORMATION

CHECK #: 1065421	AMOUNT	STATE PAY	MEMO
Gross	1047.59	1047.59	
Social Security	60.11	60.11	Social Security Taxable = 969.50
Medicare	14.06	14.06	Medicare Taxable = 969.50
Federal Tax	92.98		
State Tax	43.11		
Local Tax Code: 1813	18.33		Local Taxable = 1047.59
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Retirement	52.37	57.10	Name = KERS Wages Subject 1047.59
Health Insurance	4.72	158.78	Healthwise of KY
Bond			
State Paid Life Ins.		1.18	Prudential
Misc. FSA	21.00		Hunt Dupree & Rhine
Misc.	85.00		Deferred Comp.
Misc.			
Misc.			
Misc.			
Net Pay	663.77		

LAST NAME AND INITIALS	SOCIAL SECURITY NUMBER	PERIOD FROM: TO:

AGENCY INFORMATION

CHECK #:	AMOUNT	STATE PAY	MEMO
Gross			
Social Security			Social Security Taxable =
Medicare			Medicare Taxable =
Federal Tax			
State Tax			
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Local Tax Code:			Local Taxable =
Retirement			Name = Wages Subject
Health Insurance			
Bond			
State Paid Life Ins.			
Misc.			
Misc.			
Misc.			
Misc.			
Misc.			
Net Pay			

TALS HIS AGE	EMPLOYEE SOC SEC	EMPLOYER SOC SEC	EMPLOYEE MEDICARE	EMPLOYER MEDICARE	FEDERAL TAX	STATE TAX	LOCAL TAX	RETIREMENT	SAVINGS BONDS	HEALTH INSURANCE	MISCELLANEOUS
	60.11	60.11	14.06	14.06	92.98	43.11	18.33	109.47		163.50	106.00

urer's Copy - White
onnel's - Blue
ce's Copy - Green

State Office for Social Security Copy - Yellow
Retirement's Copy - Pink
Return with Check (Treasurer's Copy) - Gold

Added 03-01-2000

☐ P-1 Employee
☐ Non P-1 Employee

CHECK LOG - TAX YEAR 20

REQUEST FOR REFUND ON PAYROLL

CO. # _____ ORG. # _____ CHECK # _____ CHECK DATE _____

EMPLOYEE: _____ SOC. SEC # _____
LAST FIRST MI

PAYPERIOD: _____ thru _____ REG ☐ SUPP ☐ SAS ☐

☐ CHECK REVERSAL ☐ PARTIAL REFUND ☐ WORKER'S COMP ADJUSTMENT

REFUND CHECKS (Check Applicable Refunds):	DATE RECEIVED CHECK(S)	REDEPOSIT DATE
☐ NET PAY		
☐ SOCIAL SECURITY (Employee Share)		
☐ SOCIAL SECURITY (Employer Share)		
☐ MEDICARE (Employee Share)		
☐ MEDICARE (Employer Share)		
☐ FEDERAL TAX		
☐ STATE TAX		
☐ LOCAL TAX		
☐ KERS (Employee Share)		
☐ KERS (Employer Share)		
☐ TEACHERS' RET. (Employee Share)	CR DATE:	
☐ TEACHERS' RET. (Employer Share)	CR DATE:	

DEDUCTION NAME / #	AMOUNT	DATE	DEDUCTION NAME / #	AMOUNT	DATE

7.D. On-Line Manual Pay Transactions

Revised 08-01-93

The Manual Pay On-Line System is a CICS application which has Add, Inquiry, Update and Delete capabilities. The security allows access control by company and down to any level of the organization. Access can be limited to inquiry only or update which allows the ability to delete.

At this time there are eight different types of manual pay transactions that can be created on-line. These sets of transactions correspond with the manual pay transactions outlined in this manual.

Each screen will prompt the user for the required information. If the information is required and is not supplied by the user, an asterisk will appear in the first position of that field. There will be minor editing done in the on-line process. Several of the screens which have gross and net pay will have balance edits performed.

The manual pay system may be accessed by using the Payroll Menu or by using the transaction code "MPT1" and bypassing the Payroll Menu.

The user must go through a security check. If in the "Add" mode, the user must enter an organizational code in order for security to work when the record has been completed. The organization is not required for inquiry, update or delete unless the user's security level goes past company level.

After successful completion of the security screen, the next screen will be a menu. This screen will allow the user to select the type of manual pay to be created. If the user is in add, delete or update mode the employee number must be entered. If when in inquiry mode, the employee number is not entered, the first employee available to the user's security level will appear. The mode (lower right corner) can be changed if the user is in one mode and wants to go to another while on this screen. The only exception to this rule is that if the user is in inquiry, update or delete and wants to go to the add mode, and has not logged on using organization security, a message will be displayed stating the user must go through organizational security in order for add to work.

In this system there is a "Help" feature. If the user is in doubt about any field, place a question mark (?) at the first position of the field and press enter. A help screen will appear and hopefully answer any questions. If the user needs to know information about the screen as a whole, press PF2 or PF14 and a help screen will appear, if available. To return to the manual pay screen, just press PF3 or PF15. If the user needs to know about several fields on the screen, they may use question marks in more than one place at a time and the help messages will appear one at a time.

At the end of each day prior to payroll, the information will be extracted and the appropriate transactions will be created.

7.D. On-Line Manual Pay Transactions

Added 07-01-93

Helpful Hints

1. Options 1, 2, and 4 have the balancing routines on these screens.

   A. Regular Salary/Amount + Overtime Amount + Special Pay Amount must = Gross.

   B. Gross - Taxes and Employee Deductions must = Net Pay.

2. Two of the same type of manual pays on the same employee cannot be entered on the same day.

3. Always use the EOF key when changing a field and then reenter the information.

4. All dates must be entered with the full six digits.

5. No decimal points are used in this system.

6. An "X" is not needed to mark a change.

```
                    MANUAL PAY SECURITY

ACCESS:    _                A = ADD NEW
                            I = INQUIRE
                            U = UPDATE
                            D = DELETE

COMPANY:  CC DDD      ORG CODES:  DD BB SS UU (OPTIONAL)

          __ ___                  __ __ __ __

PF1/15 = MENU    PF2/14 = HELP    PF3/15 = EXIT    ENTER = PROCEED
```

MANUAL PAY OPTIONS

OPTION: _ EMPLOYEE NO: _____

1 UPDATE A MANUALLY ISSUED CHECK FOR EMPLOYEE WITH ONLY ONE LOCAL

2 UPDATE A MANUALLY ISSUED CHECK FOR EMPLOYEE WITH MORE THAN ONE LOCAL

3 REVERSE A CHECK FROM THIS QUARTER THAT IS BEING REDEPOSITED

4 REVERSE A CHECK FROM A PRIOR QUARTER THAT IS BEING REDEPOSITED

5 UPDATE FOR A LOCAL TAX REFUND

6 UPDATE FOR FIT OR SIT TAX REFUND

7 UPDATE FOR A RETIREMENT, PREM CONVERSION, FSA, DEFERRED COMP AND ANNUITY REFUND

8 WORKERS COMPENSATION ADJUSTMENTS

PF1/13 = MENU PF2/14 = HELP PF3/15 = EXIT ENTER = PROCEED MODE: _

OPTION 1 - UPDATE EMPLOYEE WITH MANUAL CHECK (ONE LOCAL)

COMPANY : _____ EMPLOYEE NO: _____ NAME: (OPT). _____

CHECK NUMBER: _____ CHECK DATE: _____

PP BEGINING DATE: _____ PP END DATE: _____

SHIFT	REGULAR HRS	OVERTIME HRS	REG SAL/AMT	OT IND	OVERTIME AMOUNT
_	_____	____	_____	_	_____
_	_____	____	_____	_	_____

FIT WITHHELD	_____	SOC SEC WITHHELD	_____
SIT WITHHELD	_____	MEDICARE WITHHELD	_____
LIT WITHHELD	_____		
NET PAY	_____	GROSS PAY	_____

DED NO	DED AMOUNT	DED NO	DED AMOUNT	DED NO	DED AMOUNT	DED NO	DED AMOUNT
__	_____	__	_____	__	_____	__	_____
__	_____	__	_____	__	_____	__	_____
__	_____	__	_____	__	_____	__	_____
__	_____	__	_____	__	_____	__	_____

SP PAY NO	SHIFT	SP PAY HRS	SP PAY AMT	SP PAY NO	SHIFT	SP PAY HRS	SP PAY AMT
__	_	_____	_____	__	_	_____	_____
__	_	_____	_____	__	_	_____	_____

PF1/13 = MENU PF2/14 = HELP PF3/15 = EXIT ENTER = VALIDATE MODE: _

OPTION 2: UPDATE A MANUALLY ISSUED CHECK WITH TWO LOCALS

COMPANY : _____ EMPLOYEE NO: _____ NAME: (OPT). _____

CHECK NUMBER: _____ CHECK DATE: _____

PP BEGINING DATE: _____ PP END DATE: _____

SHIFT	REGULAR HRS	OVERTIME HRS	REG SAL/AMT	OT IND	OVERTIME AMOUNT
_	_____	____	_____	_	_____
_	_____	____	_____	_	_____

STATE: __ LOCAL: __
FIT W/H: _____ SS W/H: _____ SIT W/H: _____ MEDICARE W/H: _____
LIT W/H: _____ NET PAY: _____ GROSS PAY: _____

STATE: __ LOCAL: __
LIT W/H: _____

DED NO	DED AMOUNT	DED NO	DED AMOUNT	DED NO	DED AMOUNT	DED NO	DED AMOUNT
__	_____	__	_____	__	_____	__	_____
__	_____	__	_____	__	_____	__	_____
__	_____	__	_____	__	_____	__	_____
__	_____	__	_____	__	_____	__	_____

SP PAY NO	SHIFT	SP PAY HRS	SP PAY AMT	SP PAY NO	SHIFT	SP PAY HRS	SP PAY AMT
__	_	_____	_____	__	_	_____	_____
__	_	_____	_____	__	_	_____	_____

PF1/13=MENU PF2/14=HELP PF3/15=EXIT ENTER=VALIDATE MODE: _

OPTION 3 - REVERSE A CHECK FROM THIS QUARTER AND REDEPOSIT

COMPANY NO: _____ EMPLOYEE NO: _____ NAME: (OPT) _____

CHECK NUMBER: _____

CHECK DATE: _____

PERIOD ENDING DATE: _____

YQ INDICATOR Q

Note: The Indicator has been modified and the system will only take a Q.

PF1/13=MENU PF2/14=HELP PF3/15=EXIT ENTER=VALIDATE MODE: _

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          OPTION 4 - REVERSE A CHECK FROM PRIOR QUARTER AND REDEPOSIT

COMPANY : _____  EMPLOYEE NO: __________  NAME: (OPT). _____________
CHECK NUMBER: _____________              CHECK DATE: _______
PP BEGINING DATE: _______                PP END DATE: _______
  SHIFT  REGULAR HRS  OVERTIME HRS  REG SAL/AMT  OT IND  OVERTIME AMOUNT

   _      _____        _____        _______      _        _____
   _      _____        _____        _______      _        _____
STATE: __          LOCAL: __
FIT W/H: _________ SS W/H: _______  SIT W/H: _______  MEDICARE W/H: _______
LIT W/H: _______   NET PAY: _______ GROSS PAY: _________
STATE: __          LOCAL: __       LIT W/H: _______
STATE: __          LOCAL: __       LIT W/H: _______
STATE: __          LOCAL: __       LIT W/H: _______
STATE: __          LOCAL: __       LIT W/H: _______
DED NO  DED AMOUNT  DED NO  DED AMOUNT  DED NO  DED AMOUNT  DED NO  DED AMOUNT

 __      _____      __      _____      __      _____      __      _____
 __      _____      __      _____      __      _____      __      _____
 __      _____      __      _____      __      _____      __      _____
 __      _____      __      _____      __      _____      __      _____
SP PAY NO SHIFT SP PAY HRS  SP PAY AMT  SP PAY NO SHIFT SP PAY HRS SP PAY AMT

 __      _      _____      _______      __      _      _____      _______
 __      _      _____      _______      __      _      _____      _______

PF1/13=MENU  PF2/14=HELP  PF3/15=EXIT  ENTER=FORWARD                MODE: _
```

OPTION 5 - LOCAL TAX REFUND

COMPANY: _____ EMPLOYEE NO: _____ NAME: (OPT) _____

CHECK NUMBER: _____ CHECK DATE: _____
PP BEGIN DATE: _____ PP END DATE: _____

QTR (Q) OR YTD (Y): IND: _

STATE: __ LOCAL: __

LOCAL TAX WITHHELD: _____ NET PAY: _____
(AMOUNT OF REFUND) (AMOUNT OF REFUND)

LOCAL TAXABLE YTD: _____
(ZERO FILL WHEN TAXABLE NOT AFFECTED)

PF1/13=MENU PF2/14=HELP PF3/15=EXIT ENTER=VALIDATE MODE: _

OPTION 6 - FIT OR SIT TAX REFUND

COMPANY: _____ EMPLOYEE NO: _____ NAME: (OPT) _____

CHECK NUMBER: _____ CHECK DATE: _____
PP BEGIN DATE: _____ PP END DATE: _____

FIT WITHHELD: _____
(AMOUNT OF REFUND)

NET PAY: _____
(AMOUNT OF REFUND)

SIT WITHHELD: _____
(AMOUNT OF REFUND)

PF1/13=MENU PF2/14=HELP PF3/15=EXIT ENTER=VALIDATE MODE: _

```
OPTION 7 - RETIREMENT, PREM CONVERSION, FSA OR DEFERRED COMP REFUND

COMPANY: _____     EMPLOYEE NO: _________     NAME: (OPT) _________

MASTER FILE ACCUMULATIONS:

DED NO: __         DEDUCTION AMOUNT: _______     EMPLOYEE SHARE
DED NO: __         DEDUCTION AMOUNT  _______     STATE SHARE

ENTER CODE WHICH INDICATES EMPLOYEES COVERAGE: _
   A.  SOCIAL SECURITY AND MEDICARE
   B.  MEDICARE ONLY
   C.  NO SOCIAL SECURITY OR MEDICARE

TAX FILE ACCUMULATIONS:

STATE CODE: __     LOCAL CODE: __


PF1/13=MENU  PF2/14=HELP  PF3/15=EXIT  ENTER=VALIDATE          MODE: _
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NOTE: When doing Deferred Comp, use "C. No Social Security or Medicare" since these amounts have already been paid on amounts contributed to Deferred Comp.

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OPTION 8 - WORKERS COMPENSATION ADJUSTMENTS
 COMPANY:  47792    EMPLOYEE NO:  0123456789        NAME: (OPT) BROWN
 ENTER CODE INDICATING EMPLOYEES COVERAGE: A
(A) SOC SEC / MEDICARE  (B) MEDICARE ONLY  (C) NO SOC SEC OR MEDICARE
                                     QTR (Q) OR YTD (Y)   Y
MASTER FILE ACCUMULATIONS:
 RETIREMENT: DED NO:  04  DEDUCTION AMT: 03943    EMPLOYEE SHARE
             DED NO:  69  DEDUCTION AMT: 06331    STATE SHARE

 WORKERS COMP ADJUSTMENT:   078842      (THIS IS GROSS AMOUNT FROM
                                         REQUEST FOR REFUND)
 FIT WH :      09600      SOC SEC WH :    04644    SIT WH :        03504
 LIT WH :      0788       TOT FICA WH :   05730    MEDICARE WH :     01086

TAX FILE ACCUMULATIONS:                                  ** WHOLE PERCENT **
 STATE CODE:  18  LOCAL CODE:  13    LIT WH : 0788        PERCENT:  100

 STATE CODE:  __  LOCAL CODE:  __    LIT WH : _________   PERCENT:  ___

   *** IF MORE THAN TWO LOCALS ARE NECESSARY PLEASE DO PAPER TRANSACTIONS ***
             DO SICK LEAVE BALANCE CHANGE ON POPY SCREEN B
053 RECORD READY FOR UPDATE
 PF1/13=MENU  PF2/14=HELP  PF3/15=EXIT   ENTER=VALIDATE                MODE: A
```

HELPFUL HINTS: Upon receipt of the Workers' Compensation check, the payroll officer would determine if the employee was entitled to receive the check by the following guidelines:

1. If the employee utilized leave for the entire period, the Workers' Compensation check would be signed over to the State to reinstate leave. To determine the number of hours to reinstate, the payroll officer would divide the Workers' Compensation check by the employee's hourly wage rate and reinstate that number of hours to the employee's leave balance.

2. If the employee was placed on leave without pay for the entire period, the employee would be entitled to receive the entire Workers' Compensation check.

3. If the employee utilized leave and was also placed on leave without pay for a portion of the period, the Workers' Compensation check and the employee's payroll check would be added together to determine if the total would exceed the employee's normal salary.

   a. If the two checks do not exceed the employee's normal salary, the employee is entitled to receive both checks.

   b. If the two checks do exceed the employee's normal salary, the amount in excess of the normal salary must be paid back to the State to reinstate leave. The amount in excess is divided by the employee's hourly wage to obtain the number of hours of leave to reinstate to the employee's leave balance.