

PAYROLL SUPPLEMENTAL TAX RATE REQUEST FORM

NAME:	EMPLOYEE ID #:
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I request to have my supplemental wages taxed at the current supplemental rate (22% in 2018) for Federal Tax Withholding on the pay date of _____ only, when I expect to receive supplemental wages for _____ .

(Describe reason for extra pay)

Additional Information:

1. This rate will apply only to federal taxes calculated on the gross **supplemental** wage amount.
2. This rate will not affect the state tax or the FICA tax.

SIGNATURE:	DATE:
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