



**2018 YEAR END FRINGE FORM
(PLEASE COMPLETE ONE PER EMPLOYEE)**

Auto and Group Term Life

COMPANY: _____ COMPANY ID _____
 EMPLOYEE: _____ EMPLOYEE # _____
 CHECK DATE: _____

	AUTO		GROUP TERM LIFE
PUA AMOUNT	\$ _____	GTL AMOUNT	\$ _____
EXTRA GROSS (To cover taxes)	\$ _____	EXTRA GROSS (To cover taxes)	\$ _____
FICA 6.2% (128,700.00 Limit)	\$ Paytime will calculate	FICA 6.2%	\$ Paytime will calculate
MEDICARE 1.45% 2018 Wages up to \$200,000	\$ Paytime will calculate	MEDICARE 1.45% 2016 Wages up to \$200,000	\$ Paytime will calculate
Wages Over \$200,000 2.35% FEDERAL TAX	\$ _____	Wages Over \$200,000 2.35% FEDERAL TAX	\$ _____
STATE TAX	\$ _____	STATE TAX	\$ _____
CITY TAX (Work City)	\$ Paytime will calculate	CITY TAX (Work City)	\$ Paytime will calculate
PUA AMOUNT (Back out value of Auto)	\$ Same as above	GTL AMOUNT (Back out value of GTL)	\$ Same as above
NET	\$ -0-	NET	\$ -0-

REQUESTED BY _____ Date: _____
 (person completing the form)

Date to process this fringe: Last payroll of the year: Yes _____ No _____

Other date: _____

Remember: Personal Use of Auto and Life Insurance Premiums are taxable fringes