



PAYROLL BALANCE ADJUSTMENT FORM
Mail To: Corporate Payroll Office, P.O. Box 9, Albany, NY 12201-0009

Today's Date: _____ Sender's Name: _____

Person Type: Salaried Hourly

Last Name: _____ First Name: _____ Assignment #: _____

Personal Check Received: Yes No

RF Check Number: _____ Payroll Date: _____ Gross Pay: \$ _____ Net Pay \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Earnings Element	Payroll Date #1	Payroll Date #2	Payroll Date #3	Payroll Date #4	Total
	\$	\$	\$	\$	\$
Deduction Elements					
FICA	\$	\$	\$	\$	\$
Medicare	\$	\$	\$	\$	\$
Federal Tax	\$	\$	\$	\$	\$
NYS Tax	\$	\$	\$	\$	\$
NYC Tax	\$	\$	\$	\$	\$
Yonkers Tax	\$	\$	\$	\$	\$
SRA	\$	\$	\$	\$	\$
TDA	\$	\$	\$	\$	\$
United Way	\$	\$	\$	\$	\$
*Health Insurance	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
**Misc. Deductions	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Net Pay	\$	\$	\$	\$	\$

**Please indicate the Health Insurance element to use.*

***Please indicate any other deductions the person may have that are not already listed.*

Dates:

Input to Spreadsheet _____
 Adj. Input & Review _____
 Personal Check Received: _____
 Journal Entry Completed _____
 G/L Account Number: _____

Initials: _____ **Date:** _____