

PAYROLL SETTLEMENT LEDGER

DECEASED EMPLOYEE FINAL ACCOUNT RESOLUTION

DECEASED EMPLOYEE INFORMATION

FULL NAME:

EMPLOYEE ID:

DEPARTMENT:

DATE OF DEATH:

DATE OF NOTIFICATION:

FINAL PAY PERIOD:

BENEFICIARY / ESTATE REPRESENTATIVE INFORMATION

PAYEE NAME:

RELATIONSHIP TO DECEASED:

TAX ID / SSN OF PAYEE:

MAILING ADDRESS:

CONTACT NUMBER:

LEGAL AUTHORITY DOC:

I. FINAL EARNINGS & ACCRUALS

DESCRIPTION OF EARNINGS	AMOUNT (\$)
Unpaid Regular Hours / Salary (up to Date of Death)	
Overtime / Premium Pay	
Accrued Unused Vacation Hours	
Accrued Sick Leave / PTO (company policy applicable)	
Earned Bonuses / Commissions	
Other:	
Gross Settlement Balance	

II. TAX & VOLUNTARY DEDUCTIONS

DESCRIPTION OF DEDUCTION	AMOUNT (\$)
FICA Social Security (if paid in calendar year of death)	
FICA Medicare (if paid in calendar year of death)	
Federal Income Tax (withholding rules applicable)	
State / Local Income Tax	
Company Property Deductions / Outstanding Loans	

DESCRIPTION OF DEDUCTION	AMOUNT (\$)
Other:	
Total Deductions	

III. NET PAY DISTRIBUTION SUMMARY

TOTAL NET PAYOUT TO BENEFICIARY/ESTATE (I MINUS II)

REQUIRED DOCUMENTATION CHECKLIST

- CERTIFIED DEATH CERTIFICATE
- LETTERS OF ADMINISTRATION / TESTAMENTARY
- FORM W-9 (FROM BENEFICIARY/ESTATE)
- IRS FORM 1099-MISC/W-2 ALLOCATION CHECK

PREPARED BY (PAYROLL) :

DATE:

AUTHORIZED SIGNATORY:

DATE: