

Deceased Employee Outstanding Wages Settlement Sheet

Company Name:		Date Prepared:	
----------------------	--	-----------------------	--

DECEASED EMPLOYEE INFORMATION

Employee Name:		Employee ID:	
Department:		Job Title:	
Date of Death:		Social Security No:	

BENEFICIARY / ESTATE REPRESENTATIVE INFORMATION

Recipient Name:		Relationship:	
Mailing Address:			
Tax ID / SSN:		Phone Number:	

FINAL PAYROLL CALCULATION

Earnings Category	Hours / Days	Rate	Gross Amount
Outstanding Regular Wages			
Overtime Pay			
Accrued Vacation / PTO Cash-out			
Unpaid Commissions / Bonuses			
Other Earnings (Specify: _____)			
Total Gross Earnings			

Deductions / Tax Withholdings	Amount
Federal Income Tax (if applicable)	
FICA - Social Security (if applicable)	
FICA - Medicare (if applicable)	
State / Local Income Tax	
Other Deductions (Specify: _____)	
Total Deductions	

NET SETTLEMENT AMOUNT PAYABLE

PAYMENT DISTRIBUTION DETAILS

Payment Method:		Check / Reference No:	
------------------------	--	------------------------------	--

Issue Date:		Authorized By:	
--------------------	--	-----------------------	--

Prepared & Verified By:

Payroll Administrator Signature

Date: _____

Authorized Approval:

HR Director / CFO Signature

Date: _____

Acknowledgment of Receipt (Beneficiary / Estate Representative):

I hereby acknowledge receipt of the final settlement amount indicated above as full and final payment of all outstanding wages and benefits due to the deceased employee.

Recipient Signature

Date

Note: Tax withholding rules for payments made after the death of an employee vary based on local, state, and federal regulations depending on the calendar year of payment. Please consult current tax compliance guidelines before finalizing payments and issuing Form W-2 or Form 1099-MISC.