

PAYROLL ADJUSTMENT FORM

Additional Medicare Tax Withholding

Use this form to request and authorize payroll adjustments for the 0.9% Additional Medicare Tax withholding. Employers are required to withhold Additional Medicare Tax once an employee's compensation exceeds the \$200,000 threshold in a calendar year, regardless of filing status.

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

PAY PERIOD / CALENDAR YEAR

ADJUSTMENT CALCULATION

Description	Current Amount (\$)	Adjusted Amount (\$)	Adjustment Difference (\$)
Subject Medicare Wages (YTD)			
Wages Exceeding \$200,000 Threshold			
Additional Medicare Tax Withholding (0.9%)			

REASON FOR ADJUSTMENT

AUTHORIZATION & SIGNATURES

By signing below, the parties authorize the payroll department to make the adjustments detailed above to the employee's tax withholding in the specified payroll cycle.

EMPLOYEE SIGNATURE

DATE

PAYROLL ADMINISTRATOR SIGNATURE

DATE