

# DECEASED EMPLOYEE PAYROLL AND BENEFITS SETTLEMENT FORM

COMPANY NAME

DATE OF PROCESSING

## 1. DECEASED EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

DATE OF DEATH

DEPARTMENT

TERMINATION DATE (DATE OF DEATH)

## 2. PAYEE / BENEFICIARY / ESTATE INFORMATION

NAME OF BENEFICIARY, EXECUTOR, OR ADMINISTRATOR

RELATIONSHIP TO DECEASED

MAILING ADDRESS

TAXPAYER IDENTIFICATION NUMBER (TIN/SSN)

CONTACT PHONE

EMAIL ADDRESS

## 3. FINAL EARNINGS CALCULATION

Earnings Category	Hours / Days	Rate (\$)	Total Gross (\$)
Regular Payroll (Unpaid hours up to date of death)			
Overtime / Double Time			
Accrued PTO / Vacation Balance			
Accrued Sick Leave (if applicable per policy)			
Bonuses / Commissions / Incentives			
Other Earnings (Severance, retro pay, etc.)			
<b>Total Gross Earnings:</b>			

## 4. DEDUCTIONS AND TAX ADJUSTMENTS

Deduction Description	Pre-Tax / Post-Tax	Amount (\$)
Federal Income Tax (W-2 vs. 1099 rules applied)		

Deduction Description	Pre-Tax / Post-Tax	Amount (\$)
FICA - Social Security (if applicable)		
FICA - Medicare (if applicable)		
State / Local Taxes		
Outstanding Company Loans / Advances / Equipment Deductions		
Benefit Deductions (Medical, Dental, Vision)		
<b>Total Deductions:</b>		

## 5. NET SETTLEMENT SUMMARY

<b>Total Gross Earnings (Section 3)</b>	
<b>Less: Total Deductions (Section 4)</b>	
<b>Net Payable to Payee/Beneficiary</b>	

## 6. REQUIRED DOCUMENTATION & VERIFICATION

- Certified Copy of Death Certificate obtained
- Letters Testamentary / Letters of Administration obtained (if paying to Estate)
- Completed W-9 Form from Payee/Beneficiary (for Form 1099-MISC reporting)
- Company property/devices returned (or accounted for)

## 7. AUTHORIZATIONS AND SIGNATURES

\_\_\_\_\_  
Authorized HR Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Payroll Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payee / Beneficiary / Executor Signature

\_\_\_\_\_  
Date