

<u>AC230 WORKSHEET</u>			<u>ORIGINAL</u>	<u>SHOULD</u>	<u>RETURN</u>		
			<u>CHECK</u>	<u>RECEIVE*</u>	<u>TO NYS</u>	<u>TAX STATUS/ EXEMPTIONS</u>	
EMPL ID	N01234567	GROSS				Verify Withholding Status & Exemptions at Date Check Paid (see Employee Tax Data)	
EMPL NAME	Martha Washington	SS TAX (FICA) 6.2%					Fed= _____
		MEDICARE 1.45%					State= _____
RETURNED TIME (days)		FED TAX					NYC/ _____
FROM DATE		NYS TAX					Local _____
TO DATE		CITY TAX					
		LOCAL TAX					
		RETIREMENT					
		RETIREMENT LOAN					
		HEALTH INS. (A/T)					
		HEALTH INS. (B/T)					
<u>REMARKS:</u>		495					
		OTHER DED					
		OTHER DED					
		OTHER DED					
		OTHER DED					
		NET					

*Calculate the tax and deductions for the "Should Receive" column by using using PaycheckCity.com or a similar paycheck calculation tool.

Calculated by

(name)

E-mail

Telephone

Payroll for North America>Payroll Processing USA>Produce Payroll>Review Paycheck

Original Amount minus (-)Should Receive Amount equals (=) Return Amount

A COPY OF THE AC230 WORKSHEET SHOULD BE ATTACHED TO ALL PARTIAL PAYCHECK RETURNS AND EXCHANGES.

STATE OF NEW YORK
REPORT OF CHECK RETURNED FOR REFUND OR EXCHANGE
 OFFICE OF THE STATE COMPTROLLER

1	Dept ID	Dept. Name			2	Agency AC 230 Number						
	10000	PARTIAL REVERSAL				1						
3	Original Check Number	4	Employee's Name (First Name, M.I., Last Name, Suffix)		5	NYS EEMPLID (not SSN)						
	77788999		Martha Washington			N01234567						
<p>*The entire form must be completed by Agency for all returned checks or will be returned to agency for correction.</p> <p>Please read and check appropriate boxes.</p> <p><input type="checkbox"/> The employee is still actively employed by your agency or any other State agency.</p> <p><input type="checkbox"/> The employee is due any regular and/or lump sum payments which are equal to or exceed the amount to be refunded.</p> <p>*DO NOT return any payroll check to OSC for a partial refund if either of the above boxes is checked.</p> <p>*All form information can be obtained from PayServ: Payroll for North America>Payroll Processing USA>Produce Payroll>Review Paycheck</p>												
6	Warrant Information			18	Returned Amount (Amount employee not entitled to minus Unrecoverable amounts.)							
	Admin.	Inst.	Paycheck Issue Date									
7	Returned Time Information			8	9		Code					
	Returned Time	From Date (MM/DD/YY)	To Date (MM/DD/YY)					Amount				
10	Other Earnings / PayServ Review Paycheck			19	Social Security Tax (OASDI/EE) (2011 & 2012 Rate=.042) (Prior to 2011 & Current Rate=.062)							
	Earnings Code	Amount	Earnings Code		Amount	OASDI						
11	Company		12	Pay Group		20a	Medicare Tax (MED/EE) (.0145)					
	NYS			ALB			FICA					
13	Position #		14	Job Code #		20b	Additional Medicare Tax (ADDL MED) (.09 of amount over \$200,000)					
	00123456			001234			FICA					
15	Page #	16	Line #	17	Empl Record #		21	Withholding Tax - Federal				
	1244		2		0							
Agency Justification/Remarks				22	Withholding Tax - State							
SEE ATTACHED					23	Withholding Tax - NYC						
				24		Withholding Tax - Yonkers						
					25	Retirement - Normal Contribution						
				26		Retirement - Loan						
					27	State Health Insurance (A/T = Taxable)						
				28		State Health Insurance (B/T=Non-Taxable)						
					29	Other Health Insurance						
				Enter other deductions below (code must be entered as numeric digits or letters as shown in Review Paycheck page).								
								30			Code	Amount
									Description			
				31	Description							
					Description							
				32	Description							
					Description							
				33	Description							
					Description							
				34	Description							
					Description							
				35	Description							
					Description							
				36	Total of Deductions Refunded (19 thru 35)							
					Refund amount less deductions refunded (18 minus 36)							
				37	Refund amount less deductions refunded (18 minus 36)							
					Net Amount of Check being Returned							
				38	Net Amount of Check being Returned							
					Balance Due to Employee (38 minus 37)							
For OSC Use Only				39								
Date		By										
Entered				40	Name of Payee							
Audited												