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Earning Code Request

I. Company Section

Date:	Company Code:	Requested by:
Company:		

II. Basic Information

Code: (6 characters or less)	Short Desc: (Shows on pay stub)
Description:	

III. Earning Type

<input type="checkbox"/> Reg	<input type="checkbox"/> OT	<input type="checkbox"/> Memo
<input type="checkbox"/> Memo ER Match	<input type="checkbox"/> GTL	<input type="checkbox"/> Cash Tips
<input type="checkbox"/> Charged Tips	<input type="checkbox"/> Banquet Tips	<input type="checkbox"/> Tip Allocation
<input type="checkbox"/> Fringe Benefit	<input type="checkbox"/> Other:	

Rate (if any):	Agency Code:	GL Acct:
Calc Code: <input type="checkbox"/> % <input type="checkbox"/> Flat Amount <input type="checkbox"/> Other		
Hours are: <input type="checkbox"/> Worked <input type="checkbox"/> Benefit <input type="checkbox"/> Other:		
Taxation: <input type="checkbox"/> Regular <input type="checkbox"/> Taxable but exempt from FITW and SITW		
Exempt from <input type="checkbox"/> FITW <input type="checkbox"/> FUTA <input type="checkbox"/> FICA <input type="checkbox"/> SITW <input type="checkbox"/> SUI <input type="checkbox"/> WC		

Frequency:	W-2 Box
<input type="checkbox"/> Every Payroll <input type="checkbox"/> Other:	<input type="checkbox"/> Box 12 <input type="checkbox"/> Box 14 <input type="checkbox"/> Do not show on W2
Include in the following code groups:	

Authorized Signature:

IV. Internal Use Only

Input by:	Verified by:
IT Review:	Tax Review: