

COMMISSIONS/ADDITIONAL PAY WORKSHEET

Location

Date

Payee _____

Amount: _____

REASON: _____

Sales Volume: _____ % of Calculation : _____

A/R Cleared ? _____

DEDUCTION'S REQUESTED FOR THIS CHECK					
TAX FREQUENCY:	WEEKLY	BI-WEEKLY	SEMI-MONTHLY	MONTHLY	BONUS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL AMOUNT TO DEDUCT:	_____	FEDERAL	_____	STATE	

EMPLOYEE SIGNATURE:

MANAGERS SIGNATURE:

Entered in G-neil _____ Date: Check Number _____

Entered in Payroll _____ Date: