

Completion Instructions

- Complete form to indicate various deductions from the employee’s wages or other compensation.
- Submitting Paperless: All employees follow system prompts to submit information to Insperity.
- Submitting Paper Forms: Submit completed, signed form to your Insperity payroll specialist.
- Client representative should provide employee with final copy of signed notice.

Note:

- **This form should be used for voluntary deductions made for the benefit of the employee.**
- This completed and signed authorization should be maintained for at least 6 years after the employee’s employment ends.

Employee Name	Last 4 Digits of Social Security No. OR →	Insperity Employee ID No.
Client Company Name		Client Number

POST-TAX DEDUCTIONS

- **Voluntary deductions for the benefit of the employee** include the following types of deductions or similar deductions: Health and welfare benefits, prepaid legal plans, fitness center dues, childcare and educational benefits, pension and retirement benefits, charitable contributions, union dues, transportation benefits such as discounted parking passes or bus tokens, and food and lodging.
- Recurring deduction – A fixed amount per paycheck. Mark the “Recurring” box and complete the “Effective Date” and “Amount or % per Check” fields. Complete either the “End Date” or “Number of Payments” field, if applicable.
- Declining deduction – A fixed balance is owed. The system will calculate the remaining balance due with each paycheck and terminate the deduction when the balance is paid. Mark the “Declining” box and complete the “Effective Date,” “Amount or % per Check” (enter the per check amount) and “Balance Due” fields.





Deduction Description					
Effective Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Choose One	Amount or % Per Check	Balance Due	No. Of Payments
		<input type="checkbox"/> Recurring	\$	\$	
		<input type="checkbox"/> Declining	%		
Deduction Description					
Effective Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Choose One	Amount or % Per Check	Balance Due	No. Of Payments
		<input type="checkbox"/> Recurring	\$	\$	
		<input type="checkbox"/> Declining	%		
Deduction Description					
Effective Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Choose One	Amount or % Per Check	Balance Due	No. Of Payments
		<input type="checkbox"/> Recurring	\$	\$	
		<input type="checkbox"/> Declining	%		
Deduction Description					
Effective Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Choose One	Amount or % Per Check	Balance Due	No. Of Payments
		<input type="checkbox"/> Recurring	\$	\$	
		<input type="checkbox"/> Declining	%		

I HEREBY AUTHORIZE INSPERITY TO MAKE THE ABOVE DESCRIBED DEDUCTION(S)/REDUCTION(S) FROM MY WAGES FOR EACH PAY PERIOD, SUBJECT TO MY RECEIVING MINIMUM WAGE. I authorize deductions of amounts shown in this form from any amounts due to me, including but not limited to wages, salary, commissions, bonuses, severance, separation pay, expense reimbursements, vacation, sick time, paid time off. The above deduction(s)/reduction(s) from my wages or other compensation shall commence on the next payday following the effective date of this authorization and continue each payday thereafter until the entire amount of the underlying obligation for which the deduction/reduction is being made shall have been paid in full, or the benefit or service for which the deduction/reduction is being made is terminated. I understand that any change to the deductions/reduction authorized above must be made in writing and delivered to the payroll contact who will in turn deliver to Insperty's client services payroll specialist at least three days prior to the effective date of the change. I understand that any cancellation or forgiveness of amount owed by me is considered compensation for tax purposes and must be reported as income and appropriate withholding must occur, which will affect the net amount of my check.

I acknowledge and agree that this deduction is for my benefit. I also acknowledge and understand that this deduction authorization is voluntary and I have been fully informed of the benefit for which the deduction is being made as well as the terms and conditions of the benefit.

Employee Signature		Date Signed (mm/dd/yyyy)
Onsite Supervisor Signature	Onsite Supervisor Name (Printed)	Date Signed (mm/dd/yyyy)

Additional Information

1. **General. New York** law requires that a deduction from an employee's wages/ compensation be authorized in writing by the employee unless the deduction is otherwise authorized or required by law (e.g., income tax withholding, FICA, etc.) or made pursuant to a court order (e.g., a child support garnishment). This form is intended to satisfy the written authorization requirement. A copy of any agreement upon which the deduction authorization is based **may be** attached to this deduction authorization form.
2. **Deductions from Exempt Pay.** There are limitations regarding deductions that can be taken from the pay of an exempt employee. Consult with your HR specialist prior to taking any deductions from an exempt employee's pay.
3. **Manual Payments of Declining Deductions.** If the employee provides the client company with manual payments (not recorded on a paycheck), report these amounts to your Insperity payroll specialist to ensure proper recordkeeping of the balance due.
4. **Cancellation or Forgiveness of Remaining Balance.** If any or all of the remaining balance due is cancelled or forgiven, promptly report this to your Insperity payroll specialist to avoid future deductions from pay. Debt forgiveness is generally considered "compensation" by taxing authorities and must be reported as income to the employee in the year the debt is forgiven. This income must be recorded with other wages and appropriate withholding must occur which will affect the net amount of the employee's check.
5. **Insperity Benefit Plans, Programs, etc.** If the deduction is for an Insperity sponsored or administered plan, service or program (e.g., the Insperity Benefit Plan, People's Trust Federal Credit Union or Insperity 401(k) Plan), it is not necessary to complete this form when the employee's enrollment in those plans or programs includes express authorization for Insperity to make a deduction from the employee's wages/compensation.
6. **Form Retention.** The form should be retained in the payroll records of the employee by the Insperity payroll contact at the Client Company for a **minimum of 6 years following the employee's termination of employment.**
7. **Form Not a Substitute.** This form is not a substitute for, and is not intended to be used in lieu of, any underlying agreement upon which the authorized deduction is based. A separate document may be used **when necessary** to define the terms of any agreement for which the payroll deduction is being made.

Special Instructions:

The employee must be given written notice of any substantial change in the benefits the employee receives as a result of this deduction or to the details of the deduction prior to such change being made. Any increase to the deduction amount is presumed to be a substantial change.

Deductions that are not for the benefit of the employee and not allowed under New York law include, but are not limited to:

- Repayment of loans, advances and overpayments, that are not in accordance with New York Code of Rules and Regulations Subpart 195-5 (see separate form for deductions for loans, pay advances or overpayments).
- Employee purchases of tools, equipment and attire required for work.
- Recoupment of unauthorized expenses.
- Repayment of employer losses, including for spoilage and breakage, cash shortages and fines or penalties incurred by the employer through the conduct of the employee.
- Fines or penalties for tardiness, excessive leave, misconduct, quitting without notice.
- Contribution to political actions committee, campaigns and similar payments.
- Fees, interest or the employer's administrative costs.