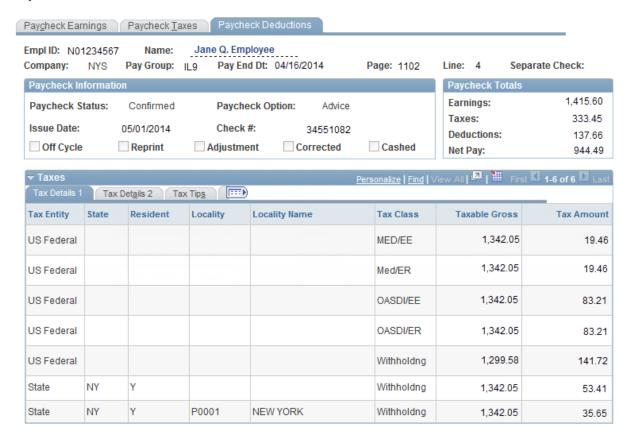
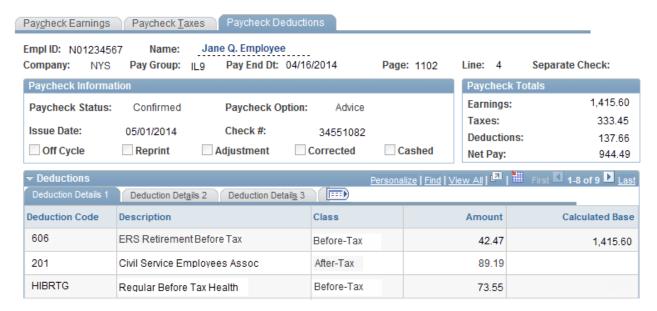
# Scenario 1 – Jane Q. Employee: A returned check for an employee who is not entitled to any of the paycheck.

#### **Paycheck Taxes**



## **Paycheck Deductions**

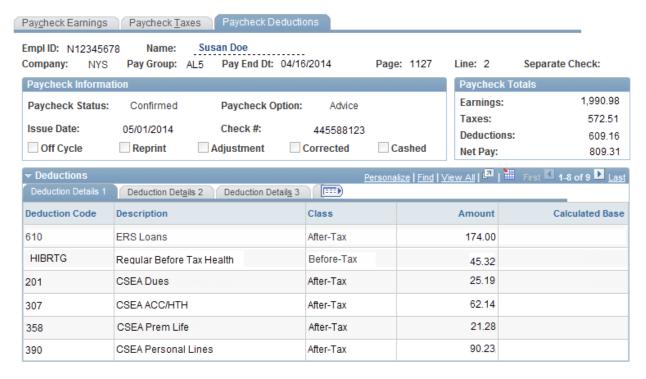


# STATE OF NEW YORK REPORT OF CHECK RETURNED FOR REFUND OR EXCHANGE OFFICE OF THE STATE COMPTROLLER

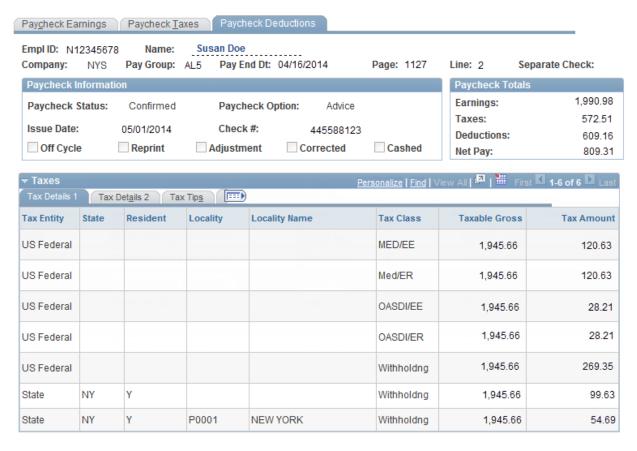
	De	pt ID	Dept. Name											AC 230 Numb	er	
1	01234 NYS Agency										2 3					
	Original Check Number Employee's Name (First Name, M.I., Li									st Nam	e, Suffix)	MPLID (not SSI	N)			
3	34551082 4 Jane Q. Employee															
*The entire form must be completed by Agency for all returned checks or will be returned to agency for correction.																
Plea	Please read and check appropriate boxes.  The employee is still <u>actively employed</u> by your agency or any other State agency.															
	The employee is due any regular and/or lump sum payments which are equal to or exceed the amount to be refunded.															
*DO N	*DO NOT return any payroll check to OSC for a partial refund if either of the above boxes is checked.															
*All for	All form information can be obtained from PayServ: Payroll for North America>Payroll Processing USA>Produce Payroll>Review Paycheck															
									,					ontitled to		
	Marrant Information												1,415.60			
6	X 05/01/14 Deduction Amounts (Difference between old and new of												eduction amounts if			
	Returned Time Information partial refund, or whole am															
7	Returned	Time	8	From Dat	•	D/YY)	9	_	(MM/DD/YY)		•					
•	1	0		04/03/1	4		04/16/14		6/14					Code	Amount	
10				ner Earnings /						19	Social Security Tax ( (2011 & 2012 Rate=.( (Prior to 2011 & Curre	042)	62)	OASDI	83.21	
	ings Code			Amount		nings Co	ae	F	Amount	20a	Medicare Tax (MED/	EE) (.0	145)	FICA	19.46	
	RGS			1,277.48		IPF			22.05	20b	Additional Medicare T		MED)	FICA		
	LOC			116.07						-	(.05 of arriodit over \$200,000)			= -		
				110.01						21	Withholding Tax - Federal				141.72	
									22	Withholding Tax - Sta	te			53.41		
11		NYS	mpany		12		Pay Group AL5			23	Withholding Tax - NY	С			35.65	
	Position #							Job Code #		24	Withholding Tax - You	nkers			0.00	
13		0013	2006	1	14										0.00	
-	Page	00139064 002445				npl Record	d #	25	Retirement - Normal Contribution			606	42.47			
15	1127 16 2 17 0								26	Retirement - Loan				0.00		
Agency Justification/Remarks (Include explanation in PayServ General Comments and attach AC230 Worksheet for partial check returns.)									h AC230	27	State Health Insurance				0.00	
Er	nploye			t work. F			•	s pay	with AC	28	State Health Insurance Taxable)		-	HIBTRG	73.55	
				5/1/201						29	Other Health Insurance				0.00	
											Enter other deduction letters:			be entered as r Paycheck page)	numeric digits or	
														Code	Amount	
										30	Description - Unio	n Due	3	201	21.64	
										31	Description					
				Ex	planation	1				⊢—	Description					
			For F	Payroll Agency	Use - Ce	rtified Co	mect			33	Description					
Prepare Name	r's									34	Description					
Title								Date		35				474.44		
E-Mail										36	Total of Deductions R		e thru 35)		471.11	
Phone I	lumber									37	Refund amount less deductions refunded (18 minus 36)				944.49	
Authorizing Signature								38	Net Amount of Check Returned	being			944.49			
For OSC Use Only										39	Balance Due to Employee				0.00	
		Date					Ву									
Entered									40	Name of Payee	Jane (	Jane Q. Employee				
Audited																

## Scenario 2 – Susan Doe: A returned check for an employee not entitled to any of the paycheck who has an unrecoverable deduction.

#### **Paycheck Taxes**



### **Paycheck Deductions**

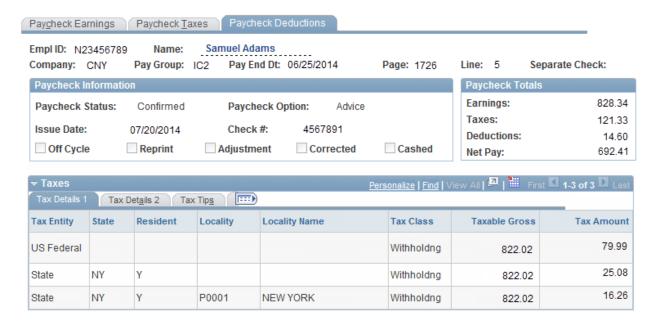


# STATE OF NEW YORK REPORT OF CHECK RETURNED FOR REFUND OR EXCHANGE OFFICE OF THE STATE COMPTROLLER

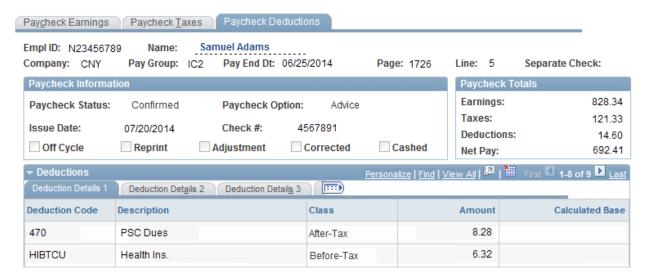
	Dept II	Dept ID Dept. Name											_	Agency	AC 230 Numb	er	
1	12345	NYS Agency									2 6			6	6		
	Original Check	l Check Number Employee's Name (First Name, M.I., L								sst Name, Suffix) RYS I					IYS EMPLID (not SSN)		
3										5 N12345678							
	*The entire form must be completed by Agency for all returned checks or will be returned to agency for correction.  Please read and check appropriate boxes.																
Plea	Please read and check appropriate boxes.  The employee is still <u>actively employed</u> by your agency or any other State agency.																
	Ih	e emplo	yee	is still <u>actively</u>	y emplo	yed by y	our ag	ency or any other S	tate agenc	у.							
	The employee is due any <u>regular and/or lump sum payments</u> which are equal to or exceed the amount to be refunded.																
*DO N	*DO NOT return any payroll check to OSC for a <u>partial refund</u> if either of the above boxes is checked.																
*All for	*All form information can be obtained from PayServ: Payroll for North America>Payroll Processing USA>Produce Payroll>Review Paycheck																
				Warrant Ir	nformat	ion			18	Q	Returned Amount (A			yee not	entitled to	1.784.16	
Admin. Inst. Paycheck Issue Date										_	minus Unrecoverable	amoun	its.)			1,704.10	
				X Returned Tim	ao Infor	mation	U	5/01/14	Dec	Deduction Amounts (Difference between old and new deduction amounts							
_	Returned Time		П	From Date			_	To Date (MM/DD	/YY)		partial refund	d, or w	hole a	amount	t if complete r	efund.)	
7	10	8	Ī	04/03/14	1		9	04/16/14							Code	Amount	
10		(	Other	r Earnings / F	PayServ	Review	Paych	neck	19	9	Social Security Tax (0 (2011 & 2012 Rate=.0	042)			OASDI	107.81	
Earr	nings Code	_	An	nount	Ear	nings Co	de	Amount	20	_	(Prior to 2011 & Curre				FIGA		
	LOC			116.07		IPF			.05		Medicare Tax (MED/E		(.014	•	FICA	25.21	
		+		110.01					20	b	Additional Medicare T (.09 of amount over \$				FICA		
									2	1	Withholding Tax - Federal					269.35	
									2	2	Withholding Tax - Sta	ite				99.63	
11	NI	Company NYS				Pay Group AL5			2	3	Withholding Tax - NY	C				54.69	
	Position #				14	Job Code #			24	4 Withholding Tax - Yonkers						0.00	
13	00	1390	164		17			2445	2	┪	Retirement - Normal	Contrib	ution				
	Page #	Ι	Ī	Line#	17	Empl Decord #				_	rearement - Norman	CONTRIB	ution			0.00	
15	1127	16		2			0		20	6	Retirement - Loan				610	174.00	
(Ir	nclude expl	anation		gency Justific PavServ Ge				nd attach AC230	2	7	State Health Insurance	e (A/T	= Taxa	able)			
,	•			heet for par					2	В	State Health Insuranc Taxable)	e (B/T=	Non-		HIBTRG	45.32	
E	mployee	did n	ot	work. Te	ermin	ated (	04/0	3/14.	29	9	Other Health Insurance	ce					
											L Enter other deduction	ns belo	w (cod	e must	be entered as r	numeric digits or	
											letters :	as shov	vn in R	leview F	Paycheck page) Code		
															Code	Amount	
									30	$\dashv$	Description CSEA			<b>T</b>	201	25.19	
									3	$\dashv$	Description CSE/				307	62.14	
									32	2	Description CSE/	\ PR	EM	LIF	358	21.28	
		Fo	r Pa	yroll Agency L	Jse - Ce	rtified Co	rect		3	3	Description CSE	\ PE	RS I	LIN	390	90.23	
Prepare Name	ers								34	4	Description						
Title								Date	3	5	Description						
E-Mail									3	6	Total of Deductions R		•	hru 35)		974.85	
Phone	Number								3	37 Refund amount less deductions refunded (18 minus 36)				809.31			
Authorizing Signature								38	В	Net Amount of Check Returned	being				809.31		
For OSC Use Only								39	9	Balance Due to Emple (38 minus 37)	oyee				0.00		
	Date	9					Ву			$\exists$							
Entered								40	0	Name of Payee	Sus	san l	Doe				
Audited	i																

# Scenario 3 – Samuel Adams: A returned check for an employee who is entitled to a portion of the paycheck.

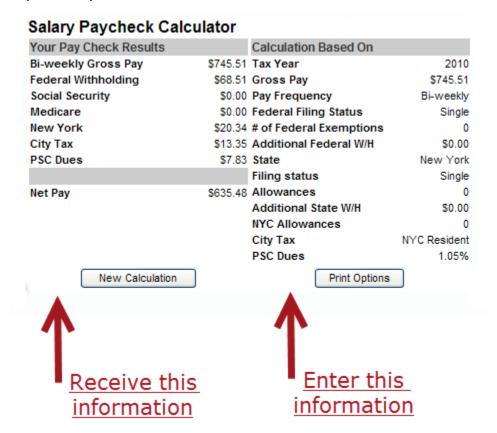
#### **Paycheck Taxes**



### **Paycheck Deductions**



### **PayCheck City Calculation**



### **Completed AC 230 Worksheet**

	ORIGINAL	SHOULD	
	CHECK	RECEIVE*	RETURN
GROSS	828.34	745.51	82.83
FED TAX	79.99	68.51	11.48
NYS TAX	25.08	20.34	4.74
NYC TAX	16.26	13.35	2.91
LOCAL TAX			0.00
SS TAX (FICA) 6.2%	0.00	0.00	0.00
MEDICARE 1.45%	0.00	0.00	0.00
RETIREMENT 3%			0.00
RETIREMENT LOAN			0.00
HEALTH INS. (A/T)			0.00
HEALTH INS. (B/T)			
HIBTCU	6.32	6.32	0.00
OTHER DED PSC Dues	8.28	7.83	0.45
OTHER DED			0.00
NET	692.41	629.16	63.25

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

	Dept	ID						Dept. N	Name			2	Agency	AC 230 Numb	er	
1	23456	23456 NYS Agency														
	Original Check Number				Employee's Name (First Name, M.I., Last Name, Suffix)								NYS E	MPLID (not SSI	N)	
3	3 4567891					Samuel Adams 5 N23								23456789		
	*The entire form must be completed by Agency for all returned checks or will be returned to agency for correction.  Please read and check appropriate boxes.  The employee is still <u>actively employed</u> by your agency or any other State agency.  The employee is due any <u>regular and/or lump sum payments</u> which are equal to or exceed the amount to be refunded.															
												De returide	u.			
*DO N	*DO NOT return any payroll check to OSC for a <u>partial refund</u> if either of the above boxes is checked.  All form information can be obtained from PayServ: Payroll for North America>Payroll Processing USA>Produce Payroll>Review Paycheck															
*All for	m informati	ion can	be ol	btained from	PaySer	v: Payroll	for No	rth Amer	ica>Payroll Pro	cessing	USA>Produce Payroll	Review Pay	check			
	A el			Warrant I	nformat	ion	Davish	a ale la acc	- Dete	18	Returned Amount (A		oyee not	entitled to	82.83	
6	Admin. Inst. Paycheck Issue Date  x 07/10/14										minus Unrecoverable		02.00			
				X Returned Tin	ne Infor	mation		// 10/	14	Dedu	ction Amounts (Dif					
	Returned Tir	(MM/DI			To Date	e (MWDD/YY)	1	partial refund, or whole amount if complete refund.)								
7	1	8	06/12/14	4		9	06/2	5/14					Code	Amount		
10			Othe	er Earnings / I	Pay <b>S</b> erv	PayServ Review Paycheck				19	Social Security Tax (C (2011 & 2012 Rate=.0 (Prior to 2011 & Curre	142)	OASDI			
Earn	ings Code		Aı	mount	Ear	nings Co	de		Amount	20a	Medicare Tax (MED/E			FICA		
										206	Additional Medicare T	ax (ADDL M	ED)	FICA		
										20b	(.09 of amount over \$	200,000)		FICA		
										21	Withholding Tax - Fed	leral			11.48	
										22	Withholding Tax - Stat	te			4.74	
11	CN		12	Pay Group IC2			р	23	Withholding Tax - NY	С			2.91			
Position# 4.4 Job Code #								lob Code	#	24	Withholding Tax - Yon	kers				
13	c	0969	563	3	'-	0	159				Retirement - Normal (	Contribution				
	Page #	Н.		Line#	17	Empl Record #				25	Retirement - Norman	Johnbullon				
15	1726	1	6 A	5 Agency Justifi		Remarks	0				Retirement - Loan					
(In	clude exp		n in	PayServ G	eneral	Comme		nd attac	ch AC230	27	State Health Insuranc State Health Insuranc		able)			
				Б. 1						29	Taxable) Other Health Insurance	e				
EEC	verpaid	i 1 tui	ı da	ay. Daily	rate	IS 82.8	33.				Enter other deduction	s below (co	de must	be entered as r	numeric digits or	
														Paycheck page)		
										30	Description PSCE	)ues(1.0	5%)	Code 470	Amount 0.45	
										31	Description					
										32	Description					
			D-	II AI	U 0-	4:E-10-				33	Description					
Prepare Name	er's	Г	Of Pa	ayroll Agency (	use - Ce	runea Co	rrect				Description					
Title								Date		35	Description					
E-Mail										36	Total of Deductions R	efunded (19	thru 35)		19.58	
	Number									37	Refund amount less deductions refunded (18 minus 36)			63.25		
Authoriz Signatu										38	8 Net Amount of Check being Returned			692.41		
For OSC Use Only										39	Balance Due to Emplo (38 minus 37)	oyee			629.16	
	Da	ite					Ву									
Entered	ntered								40	Name of Payee	Samue	l Ada	ıms			
Audited									1							