
Employer's Address

Employer's City, State & ZIP code

Date

Re: Calendar Year 2010

Entity Name

Entity Address

Entity City, State & ZIP code

Enclosed is \$ _____ in payment of reduced withholding donations, made on behalf of all employees noted below. Issue a receipt to each employee for the amount indicated.

	Employee 1	Employee 2	Employee 3
Employee's Name			
Employee's Street Address			
Employee's City, State & ZIP code			
Phone Number			
Amount Enclosed	\$	\$	\$

A check in this box indicates additional forms are attached.

Please contact me if you have any questions.

Thank you,

Payroll Department Representative

Date

Print Name

Title

Company Name

Phone Number

E-mail Address