

COBRA Credit request form

Complete this form to record COBRA healthcare coverage for tax reporting purposes.

Note: Upon confirmation that the former employee(s) completed the COBRA payment, the employer can take a credit of 65% of the cost of COBRA coverage. Employers are responsible for calculating the 65% COBRA credit amount. When recorded with a scheduled payroll, federal taxes are reduced by the credit amount. If the COBRA adjustment is not recorded with a payroll, it results in a tax refund on the employer 941 federal tax return and the IRS will issue a refund check directly to the employer.

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| Form Year | <input type="text"/> | | | This is page ___ of ___ | <input type="button" value="Reset"/> |
| Sent by | <input type="text"/> | Company Name | <input type="text"/> | Special Instructions | Current Date |
| Phone Number | <input type="text"/> | Company Code | <input type="text"/> | | <input type="text"/> |

After completing the request form, print and fax to your Sage Payroll Services office. Use as many pages as needed and use the Reset button at the top of the page to clear the fields and enter information for more employees.

| Employee First and Last Name | Employee Number | Social Security Number | COBRA Credit Amount For Single Coverage (FS) | COBRA Credit Amount For Family/Multiple Coverage (FM) |
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| Line Totals | | | | |

I authorize the information on this form and accept responsibility for its use in recording COBRA information.

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| Signature | <input style="width: 95%; height: 30px;" type="text"/> |
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| For internal use only | Received: __/__/__ Processed by: _____ |
| | Process Run Number: _____ |