

Deceased Employee Reporting

OMES Form DER
01/2019

The information requested below is required to assist in the reporting of payments made after the date of death of an employee. The Social Security Administration and the Internal Revenue Service require accurate reporting on Form W-2 and Form 1099-MISC as applicable.

Section 1: Agency Information

AGENCY NAME: _____ AGENCY#: _____ DATE: _____
CONTACT NAME: _____ CONTACT PHONE: _____

Section 2: Employee Information

EMPLOYEE NAME: _____ EMPL ID: _____
DATE OF DEATH: _____

Section 3: Payroll Information: please list all payroll warrants processed after the date of death

PAYCHECK NUMBER: _____ ISSUE DATE: _____
PAYCHECK NUMBER: _____ ISSUE DATE: _____
PAYCHECK NUMBER: _____ ISSUE DATE: _____

For additional paychecks processed, please enclose a separate sheet listing the information

Section 4: Recipient Information: please list all individuals/entities who received proceeds from the above listed paychecks and the percentage allocated to each.

NAME: _____ VENDOR ID: _____ % ALLOCATED: _____
If no Vendor ID, please provide the following:

SSN/TIN: _____

Address: _____

For OMES use only:

Payment has been made to above named individual: Yes No If No, please list date payment will be made: _____

NAME: _____ VENDOR ID: _____ % ALLOCATED: _____
If no Vendor ID, please provide the following:

SSN/TIN: _____

Address: _____

For OMES use only:

Payment has been made to above named individual: Yes No If No, please list date payment will be made: _____

NAME: _____ VENDOR ID: _____ % ALLOCATED: _____
If no Vendor ID, please provide the following:

SSN/TIN: _____

Address: _____

For OMES use only:

Payment has been made to above named individual: Yes No If No, please list date payment will be made: _____

For amounts paid to additional individuals/entities, please enclose a separate sheet listing the information

Send original form to: OMES Payroll Accounting Division, 5005 N. Lincoln Blvd Suite, Oklahoma City, OK 73105-3324

Area to be completed by OMES Personnel

Date Received: _____ Date 1099 Info Entered: _____ Tax Year: _____

Date W-2 Reviewed: _____ OMES Audited By: _____