



We provide quality pharmacy professionals.

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Deferred Payment Program

Metro RPh is always striving for new ways to help you achieve career satisfaction. Several of you have come to us and asked us to withhold your taxes to help ease the load of paperwork that comes with working for yourself. We are pleased to announce that we have acquired the ability to withhold a portion of your income each week and disburse it to you at the end of the quarter or the end of the year. You would then submit that disbursement to the government to pay taxes. We have designed this program not as a substitute to a personal accountant, but in order to make your Metro RPh experience easier and ensure you have the funds to pay your income taxes on what you earn with us.

The way it works:

Metro RPh will defer/withhold a percentage of your weekly check specified by you at the onset of the program.

On the last pay date of the quarter or year (your choice), Metro RPh will issue a separate check to you containing all of the deferred income.

Guidelines:

Metro RPh will be unable to recalculate your percentage of deferred reimbursement until the next calendar year once you have signed up for the program.

Metro RPh will release the deferred payments in one lump sum at the end of each quarter or at the end of the year - this option will be changed only at the beginning of each calendar year.

We understand that this is not a service that everyone will want to participate in. All new pharmacists who do wish to participate must fill out the form on the back of this flyer and fax it back before their first check is issued.

Thank you for working with Metro RPh!

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Fax to 618.465.7221 Attn: Support Services Department

Employee Name: _____

Social Security Number: _____

Percentage of each check to be withheld: _____ I would like to receive payment (check one release option):

_____ Quarterly

_____ Annually

Please initial each of the following items:

___ I understand that Metro RPh will be unable to recalculate my percentage of deferred reimbursement until the next calendar year once I have signed up for this program.

___ I understand that Metro RPh will release the deferred payments in one lump sum at the end of each quarter or at the end of the year as specified above not prior to or after this release option.

___ I understand that I can change my percentage withholding and preferred release option can be changed in December of each year for the next calendar year.

___ I understand that it is my responsibility to resubmit this form with any changes in December of each year for the next calendar year. If I do not send in a new form, all information will remain the same.

Signed _____

Date _____

*Please retain a copy of this form for your records