

Office of State Uniform Payroll

Procedure Title: Deceased Employee Final Payment	Revision Date: 11/20/2015
Unit: Wage and Tax Administration Unit	Issue Date: 12/03/2013
Contact: _DOA-OSUP-WTA@la.gov	Page Number: 1 of 3

1. Notify OSUP upon the death of an employee as soon as possible.
2. Refer to [OSUP Direct Deposit \(EFT\) Bank Reversal Procedures](#), if a deceased employee has a payment sent via direct deposit (EFT) after their separation/date of death.
3. Follow LaGov HCM On-line Help [Deceased Employee's Final Payments \(YOD/YAD\)](#) for instructions on processing the final payment.
4. Change the payee's name. The final payment may be payable to the deceased employee's surviving spouse or major child. In the event the deceased employee leaves no surviving spouse or major child, the check should be payable to Estate of (deceased employee's name). Note: [Act 24](#) of the 2005 Legislative Session eliminated the \$6,000 gross limit to a single payee.
5. Change the payment method to check. Delimit active "Other Bank" records. If it is necessary to process an off-cycle payment, contact the LaGov HCM Help Desk for assistance in creating an IT9 bank details record for the pay period already processed.
6. Notify OSUP when the payment is entered into the LaGov HCM system. OSUP will pull the check, verify for correct taxing then forward the check to the agency.

Upon the release of a deceased employee's final check, the following forms must be completed. These forms, along with copy of the check, must be forwarded to OSUP. The agency must also notify the Louisiana Department of Revenue within 10 days of the release of funds payable to the surviving spouse or major child ([R.S.9:1515](#)).

Louisiana Department of Revenue
Inheritance, Gift, and Estate Transfer Taxes Section
P.O. Box 201
Baton Rouge, LA 70821-0201

See below for the forms needed by OSUP and Department of Revenue:

Payments made to the surviving spouse or major child:

All of the forms below must be completed with the payee's name and Social Security number to ensure correct reporting. (Links to the IRS and OSUP websites have been provided for Form W-9 and the Form 1099 Request. See exhibit A and exhibit B for samples of the affidavit and release forms.)

Forms:

[Form W-9](#) (Taxpayer Identification Number & Certification) OSUP
Form 1099 Request ([OSUP/F20](#)) OSUP
Affidavit (sample, exhibit A)

Copies Must Be Sent To:

OSUP & Revenue

Office of State Uniform Payroll

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Release (sample, exhibit B)

OSUP & Revenue

Payments made to the Estate of deceased employee:

All of the forms below must be completed with "Estate of (deceased employee's name)" and the deceased employee's Social Security number or the estate's tax identification number. (Links to IRS and OSUP websites have been provided for Form W-9 and the Form 1099 Request. See exhibit B for sample of the release form.)

Forms:

[Form W-9](#) (Taxpayer Identification Number & Certification) OSUP
Form 1099 Request ([OSUP/F20](#)) OSUP
Release (sample, exhibit B) OSUP

Copies Must Be Sent To:

See below for:

Affidavit (sample, exhibit A)
Release (sample, exhibit B)

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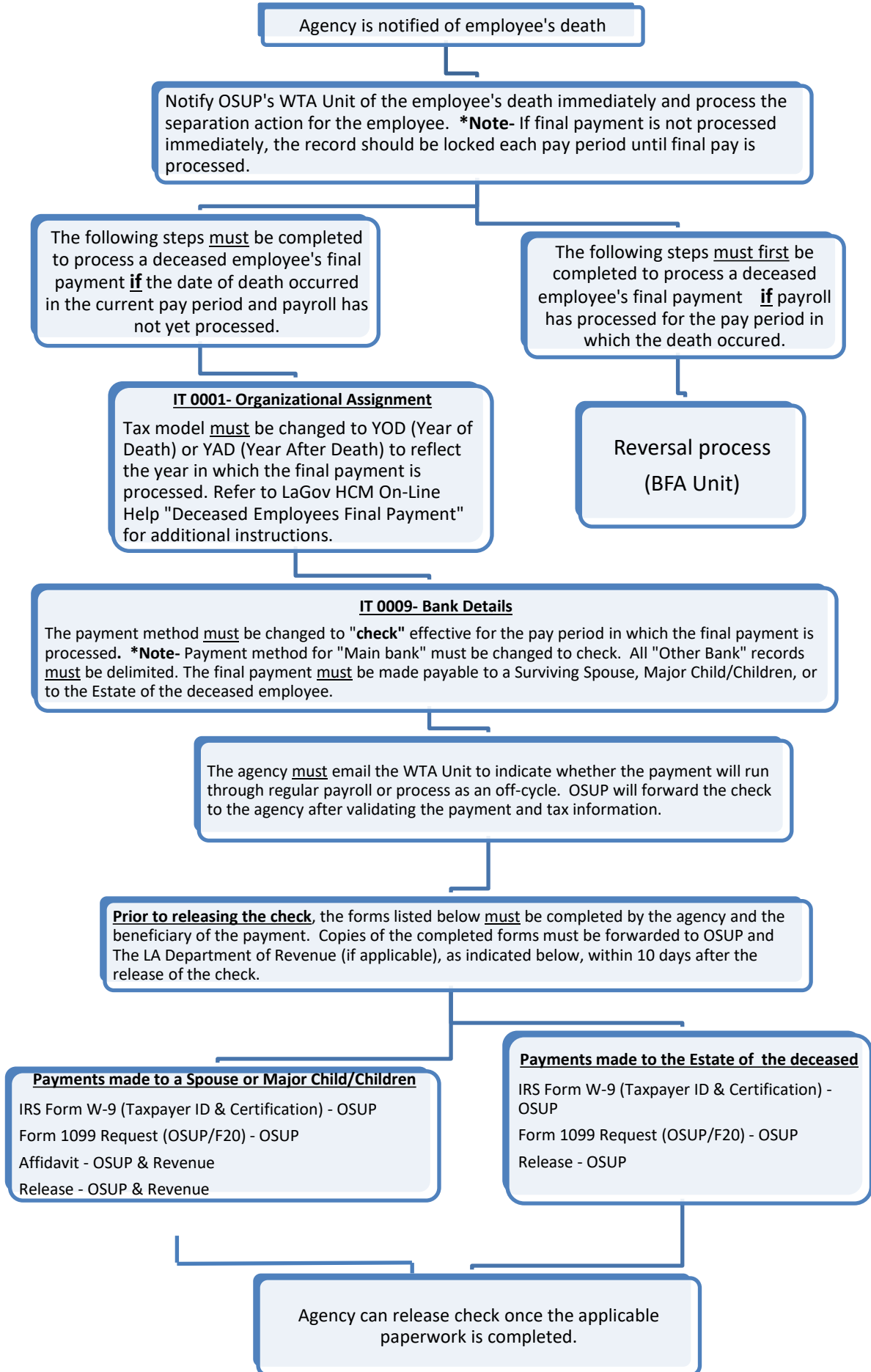


Exhibit A

**SAMPLE AFFIDAVIT FOR DECEASED WAGES
BEING PAID UNDER LA R.S. 9:1515**

Name of deceased employee: _____

Amount of check paid Gross: \$ _____ Net: \$ _____

Name of Payee: _____

*****FORWARD AFFIDAVIT AND A COPY OF THE RELEASE DOCUMENT TO THE
INHERITANCE SECTION OF THE DEPARTMENT OF REVENUE WITHIN TEN
CALENDAR DAYS OF THE RELEASE OF THE FUNDS**

Louisiana Department of Revenue
Inheritance, Gift, and Estate Transfer Taxes Section
P. O. Box 201
Baton Rouge, LA 70821-0201

Exhibit B

**SAMPLE RELEASE DOCUMENT FOR DECEASED WAGES
BEING PAID UNDER LA R.S. 9:1515**

Name of deceased employee: _____

Address of deceased employee: _____

Date and Place of death of deceased employee: _____
(Date) (Place of Death)

Relationship of payee to deceased employee: _____
(Surviving Spouse or if no Surviving Spouse, Adult child of deceased employee are the only acceptable payees under statute.)

Name and Address of surviving spouse, or children, if any, of deceased employee:
Add additional lines as needed.

_____	_____
(Name of Surviving Spouse or Child)	(Address of Surviving Spouse or Child)
_____	_____
(Name of Surviving Spouse or Child)	(Address of Surviving Spouse or Child)
_____	_____
(Name of Surviving Spouse or Child)	(Address of Surviving Spouse or Child)
_____	_____
(Name of Surviving Spouse or Child)	(Address of Surviving Spouse or Child)

(Witness 1) (Date) (Witness 2) (Date)

I, _____ have received check no. _____ in the gross amount of
(Name of Payee)
\$, net amount of \$ _____, on behalf of _____
(Deceased Employee)

On _____
(Date of Receipt)

(Signature of Payee) (Date)