## **Option Form for Bonus and/or Lump Sum Payments**

For Rating Purposes Only

Choose either the deletion method or the apportion method, then provide the requested information in the appropriate columns.

■ Apportion Method

**□** Deletion Method

age 2 Form 07-1496-02					
Account No:	Account Name:	Date: Conta	act Person:	Phone Number	-
(1) Enter the quarter ending dates for the rating period.	(2) List the total wages as reported on your quarterly contribution report for the quarter(s) listed in Column 1.	(3) For both methods, list the amount of bonuses & lump sum payments.	(4) Quarter Ending D	SHADE	ed total D AREA FOR NTAL USE ONLY
quarter(s) in which the	ses or lump sum payments will hey were paid.	apportioned among equally. Service for bonuses and lump sum payments must have been performed over a period of more than three months to be apportioned equally among the calendar quarters.			
over a period of more than three months but reported in a single quarter. For rating			In Column 4, list the quarter ending dates that the annual bonuses or lump sum payments are to be		