



Company Name _____

Submitted By: _____

Date: _____

COBRA Premium Credit for 941

Term Date	SSN	Last Name	First Name	Amount of Credit	

Total # of COBRA Employees _____ Total Credit for 941 _____

Fax to: PayTime, Inc. 804-355-7347

Questions Call: PayTime, Inc. 804-355-6674

payrolls@paytimepay.com