Payroll Request Form

Company Name: _____

Pay Period Dates: [redacted] To _____

Check Date: _____

Beginning Check #: _____

Employee Name	Reg Hrs	OT Hrs	Salary Pay	Other Pay Amt/Hrs	Other Pay Type	Health Ins	Other Deductions Amt/Hrs	Other Deductions Type	Work Comp Code
					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	
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					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	
					Select One.....			Select One.....	

Please note that all bonus pay and draws need to be run through payroll. Be sure to note if you want bonus checks run on a separate check from the regular payroll.

Please note that all health insurance for any employee, must be reported per check on this form. If you make a mistake on this, you will be invoiced for the time to fix this. You may send a copy of your insurance bill if you choose.

Please email to payroll@taxnbooks.com or fax to 541-318-7100 a **MINIMUM of two days (48 hours) prior to check date (excluding weekends) to guarantee checks will be completed on time. If you have Direct Deposit for your employees, we need 72 hours.**

Note: Forms received less than 2 days (48 hours) prior to check date will receive a rush/same day fee of $39.00.

Other information regarding payroll: