## **Payroll Request Form**

Company Name:									
Pay Period Dates:	То								
Check Date:						_			
Beginning Check #:				•					
				•					
					Other Pay		Oth	er Deductions	Work
Frankria Nama	Reg	ОТ	Salary			Health			Comp
Employee Name	Hrs	Hrs	Pay	Amvars	Туре	Ins	Amunis	Туре	Code
									<del>                                     </del>
									+
									+
									+
									<u> </u>
lease note that all bonus neck from the regular pay		araws	need to b	e run throug	gn payroll. Be sure to r	note if you v	want bonus	checks run on a sepa	arate
lease note that all healtl	n insura	nce fo	r anv emi	olovee mus	st he renorted her che	eck on this	form If v	ou make a mistake (	on this
ou will be invoiced for the								ou make a mistake (	on uno,
lease email to payroll@ta	xnbooks	s.com o	or fax to 54	11-318-7100	a MINIMUM of two d	ays (48 ho	urs) prior t	o check date (exclu	ding
eekends) to guarantee (									
ote: Forms received les	s than 2	2 days	(48 hours	) prior to c	heck date will receive	a rush/sa	me day fee	of \$39.00.	
Other information regard	ing payr	oll:							