Payroll Request Form

Company Name: _____

Pay Period Dates: _____ To _____

Check Date: _____

Beginning Check #:

Employee Name	Reg Hrs	OT Hrs	Salary Pay or Rate of Pay	Other Pay		Health Ins	Other Deductions		Work Comp Code
				Amt/Hrs	Type		Amt	Type	

Please note that all bonus pay and draws need to be run through payroll.

Please note that all health insurance for any employee, must be reported per check on this form. Please send a copy of your insurance bill.

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: