Payroll Request Form

Company Name:

Pay Period Dates:	ay Period Dates: To								
Check Date:									
Beginning Check #:	-			_					
				-					
			Salary	Other Pay			Other Deductions		Work
	Don	ОТ	Pay or	A +/1 In	Tura	1114-	A 4	Tura	Comp Code
Employee Name	Reg Hrs	OT Hrs	Rate of Pay	Amt/Hr s	Type	Health Ins	Amt	Туре	
	+								
	_								
Please note that all bonus check from the regular pa	yroll.								
you will be invoiced for								ou mano a motar	,
Please email to payroll@t	<u>taxnbook</u>	s.com	or fax to 5	41-318-710	00 a MINIMUM of two	o days (48 ho	ours) prior t	o check date (exc	cluding
weekends) to guarantee	checks	will be	complete	ed on time.	If you have Direct D	Deposit for y	our employ	es, we need 72 h	ours.
Note: Forms received le	ss than :	2 days	(48 hours	s) prior to	check date will recei	ve a rush/sa	me day fee	of \$45.00.	
Other information regar	ding pay	roll:							