

Employer Name: _____

Contact: _____ Phone Number: _____

Employee Name: _____

(If submitting for multiple employees please submit similar form for each employee)

Check Date: _____ Termination Date: _____

Pay Type: _____ Hours/\$ Amount: _____

Pay Type: _____ Hours/\$ Amount: _____

Pay Type: _____ Hours/\$ Amount: _____

Separate Processing Run? Yes No

If No, do you want separate checks from scheduled payroll run? Yes No

If separate checks, do you want the following withheld?

Benefits Yes No

Garnishments Yes No

Deferred Compensation/401K Yes No

Other (explain below)

Taxation Options:

Normal Taxation Yes No

Apply Supplemental Tax Rate (25%) Yes No

Fixed Dollar Amount Yes \$ _____ No

Fixed Percentage Yes _____% No

Override Tax Frequency Weekly Bi-Weekly Monthly

Quarterly Semi-Monthly Annually

Delivery Instructions:

Delivery Instructions for Reports:

Courier Yes No Courier Yes No

Pick-up Yes No Pick-up Yes No

U.S. Mail Yes No U.S. Mail Yes No

Overnight Yes No Overnight Yes No

Type of Check:

Direct Deposit Yes No Live Check Yes No

Other Special Instructions: