

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: \_\_\_\_\_

Benefits  Yes  No

Garnishments  Yes  No

Deferred Compensation/401K  Yes  No

Other (explain below)

**Taxation Options:**

Normal Taxation  Yes  No

Apply Supplemental Tax Rate (22%)  Yes  No

Fixed Dollar Amount  Yes \$ \_\_\_\_\_  No

Fixed Percentage  Yes \_\_\_\_\_ %  No

Override Tax Frequency  Weekly  Bi-Weekly  Monthly

Quarterly  Semi-Monthly  Annually

**Delivery Instructions:**

Courier  Yes  No

Pick-up  Yes  No

U.S. Mail  Yes  No

FedEx  Yes  No

**Delivery Instructions for Reports:**

Courier  Yes  No

Pick-up  Yes  No

U.S. Mail  Yes  No

FedEx  Yes  No

**Type of Check:**

Direct Deposit  Yes  No

Live Check  Yes  No

Other Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_