

PAYROLL REQUEST FORM FOR _____

PAY PERIOD DATES: _____

CHECK DATE: _____

**ENTER
NEW
EMPLOYEE**

LIST EMPLOYEES, ALPHA BY LAST NAME	REG HRS	OT HRS	SICK HRS	DRAW	RATE	OFFICER INS OR PAID INS	NOTES BONUS	1ST DAY OF WORK

PAYROLL TAX DEPOSITS WILL BE SETUP BY ELECTRONIC WITHDRAWAL FROM YOUR BANK FOR THE 15TH OF THE FOLLOWING MONTH. UNLESS YOU CHECK ONE OF THE BOXES, AND SIGN.

DO NOT SETUP TAX DEPOSITS THIS MONTH. I WILL PAY THEM LATER, WITH INTEREST AND PENALTY.

SET UP MY IRS TAX DEPOSITS FOR THE FOLLOWING DATE: _____

SET UP MY OREGON TAX DEPOSITS FOR THE FOLLOWING DATE: _____

SHOEBOX BOOKKEEPING INC

20965 LIMESTONE AVE

BEND OR 97703

CELL 541-771-4808

FAX 541-383-1482

SIGNATURE OF TAX MATTERS OWNER _____

PLEASE FAX AT LEAST 4 DAYS BEFORE PAY DATE
TO AVOID RUSH PAYROLL FEE OF \$25.00