

COVERSHEET

ATTENTION: Payroll Processing Department

This coversheet is to be completed by the **EMPLOYER**. Please send this coversheet along with Form W-4, Form I-9, and, if applicable, Direct Deposit Authorization to us by e-mail or fax.

E-mail PDF to: Payroll@TaxFormProcessing.com

OR

Fax to (407) 657-6388

From (Company Name):	
Employee's Name: (as shown on Social Security Card):	
Employee's Date of Birth & Gender:	D.O.B. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Employee's Date of HIRE:	
Employee's Date of Termination: (if applicable)	
Employee's Personal E-mail Address:	
Employee's Rate of Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other	\$
Other Information:	