

COVERSHEET

ATTENTION: Payroll Processing Department

Send this coversheet along with Form W-9 and Direct Deposit

Authorization to us by e-mail or fax.

E-mail PDF to: Payroll@TaxFormProcessing.com

OR

Fax to (407) 657-6388

From (Your Company Name):	
Subcontractor's Name:	
Subcontractor's Date of Contract:	
Subcontractor's Date of Termination: (if applicable)	
Subcontractor's E-mail Address:	
Subcontractor's Pay Schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Other Information:	