

Accountant: _____ Client Name: _____ Client Code: _____ Firm Code: _____

PAYROLL CHANGE FORM

Use this form to make any employer or employee changes.

EMPLOYER CHANGES

(Contacts, SUI Rates, Deductions, Electronic Services, PayTypes, Departments, Bank Accounts)

Description	New Information	Old Information	Effective Date

NEW HIRES

For all new hires please attach an Employee Setup Form

Description	New Information	Old Information	Effective Date

CHANGES FOR CURRENT EMPLOYEES

(Address, Salary, Employment History, Job Title, Department, Taxes, Deductions, Accruals)

Name	New Information	Old Information	Effective Date

BONUS OR COMMISSION CHECKS

Employee	Bonus or Commission?	Amount	Other Information (2 nd check, aggregate)

Deduct retirement contributions (y/n)? _____ (Answer Y if the summary plan description allows this deduction.)

ADDITIONAL CHECKS

(Manual, 3rd party sick pay, HI 2% shareholder, non-cash benefits. Please attach copies of any checks)

Description	New Information	Old Information	Effective Date

ADDITIONAL INFORMATION

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