

# DIJP, LLP

## Payroll Information Sheet

Company Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact

Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Payroll Start Date: \_\_\_\_\_

Payroll Ending Date: \_\_\_\_\_

S. No.	Employee Name	Rate	Hours	Overtime	Salary	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Any other specific information

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Please fax W4 for new employees  
Please fax payroll information 4 days in advance  
Please make copies of this form