**Payroll Pay Period Information**

***Appel & Company CPA***

1225 NW Murray Road, Suite 111 Portland, OR 97229

Office: 503-643-9000 Fax: 503-643-9355

# Payroll Period from: To:

 **Client: Contact No:**

# Pay Date:

|  |  |  |
| --- | --- | --- |
|  | **Hours** |  |
| No | Name | Rate(only if changed from last payroll) | Reg Hrs | O/T Hrs(OT rate assumed 1.5x of Rate) | Vac Hrs Used | Holiday Hrs Used | Total Hours | Salary $ | Commission $ | Draw(to reduce pay this period) | Other $ | Type | Notes(Term DT, Pay Incr DT, etc.) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Add new employees: full name, address, SSN, and withholding information** Blue cell = No change or entry required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Full Name** | **SSN** | **Address Cty ST Zip** | **Attached****W4** | **Completed I9** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |