

REPORT REQUEST FORM

Client start date: _____ To: _____

Co #: _____ Client Company: _____

Person Requesting Report: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Call First? Yes ___ No ___

And/or (____) _____ - _____ (____) _____ - _____ Attn: _____

Email: _____

Mail to: _____

TYPE OF REPORT(S) REQUESTING:

DATE RANGE:

____ Year-to-Date (Company / all employees) _____/____/____ - ____/____/____

____ Year-to-Date (per employee) _____/____/____ - ____/____/____

SSN: _____ - _____ - _____ SSN: _____ - _____ - _____ SSN: _____ - _____ - _____

Name: _____ Name: _____ Name: _____

____ Breakdown of Billing _____/____/____ - ____/____/____

____ Work Comp Report _____/____/____ - ____/____/____

____ General Liability Audit (includes ytd & w/c) _____/____/____ - ____/____/____

____ Invoice Register _____/____/____ - ____/____/____

____ UCT-6 (State Unemployment) ____ 941 (Fed) 1 - 2 - 3 - 4 Yr ____ 1 - 2 - 3 - 4 Yr ____

Reason for Uct6 and or 941:

____ Audit ____ Taxes purposes/requested by accountant ____ Health Ins Renewal ____ Other _____

____ Employee Census Year(s): _____

____ Other: _____

Payroll Technician: _____ Date: ____/____/____

Processed? ____ Yes ____ No **By:** _____ **Date:** ____/____/____

Emailed ____ Faxed ____ Mailed ____ **Date:** ____/____/____ **Time:** ____:____