Tax Adjustment/Amendment Request

Company ID: _____ Company Name: _____

Date of Original Request: _____

Contact Name: _____ Phone: _____ Email: _____

Quarter(s) Affected: _____

Employee Name(s) and ID(s), if applicable:

Affected Check Number(s), if applicable: _____

Adjustment Details *(e.g. moving wages for new state, voiding check(s), adding wages)*:

Will this adjustment INCREASE wages? ◉ No ○ YES*

If yes, the* **ATTACHED *Waiver Letter must be placed on Client's letterhead, Signed, and returned to Pay-Net PRIOR to any work starting.*

ATTACH any relevant emails and/or documentation. *Please provide Attachment Details below:*

Submitted By: _____ Date: _____

**********INTERNAL PURPOSES ONLY**********

Check submission for completion and include any necessary clarifications before forwarding to tax.

Email completed form to tax@pay-net.net from Outlook, NOT from ZenDesk.

Clear Form Save Form Processed By: _____ Date: _____