



# Precision Payroll Change Form

(Attach Employee W-4 if changing taxes)

Fax (812) 401-6880

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_

Rate of Pay: Salary Per Pay Period \_\_\_\_\_  
or  
Hourly Rate: \_\_\_\_\_

Division Name (if applicable): \_\_\_\_\_

Department Name (if applicable): \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Company Contact