



Payroll Services

Please fill out the following form, and send it to our office via our secure [ClientTrack Portal](#) or via fax to 250-832-3592.

Business Name:			
Employee Name:			
Pay period frequency:			
Hourly/Salary Rate:			
Vacation Pay Rate:			
Vacation Pay:	<input type="checkbox"/> Accrued	OR	<input type="checkbox"/> Included on Each Cheque
Start Date:			
Industry Type:			
Contact Name:			
Contact Number:			
Business Type:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. <input type="checkbox"/> Incorporation
Business Address:			
Business Phone Number:			
CRA Payroll Acct. No.:		WCB Registration No:	

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