



# COMPANY CHANGE FORM

**1020 James Dr. Suite O ♦ Hartland, WI 53029 ♦ 262-563-5200 ♦ Fax 262-369-2404**  
**5202 Eastpark Blvd. Suite 106 ♦ Madison, WI 53718 ♦ 608-249-5886 ♦ Fax 608-249-5967**

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client # \_\_\_\_\_

**New Payroll Contact:**

\_\_\_\_\_

**Company has Moved (Use address for legal address and delivery of payroll)**

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**New Delivery Address Only: (Use address for delivery of payroll only)**

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**New Services:** Tax Filing Service (complete **Tax Pay and File Agreement** and **Form 8821** and **Form 2678**)

Direct Deposit (complete **Direct Deposit Agreement** and **Employee Direct Deposit Forms**)

Check Signing/Stuffing (complete **Signature** form)

New Division/Branch/Department:					
Number (Div/BR/Dept)	Name	GL Code	Number (Div/BR/Dept)	Name	GL Code

**SUI Rate Changes:** (complete only if you don't have copy of rate change from state)

State: \_\_\_\_\_ Rate: \_\_\_\_\_ Add'l Rate name: \_\_\_\_\_ Add'l Rate: \_\_\_\_\_

State: \_\_\_\_\_ Rate: \_\_\_\_\_ Add'l Rate name: \_\_\_\_\_ Add'l Rate: \_\_\_\_\_

State: \_\_\_\_\_ Rate: \_\_\_\_\_ Add'l Rate name: \_\_\_\_\_ Add'l Rate: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_