Business Payroll Withholding Form

Business Information

Business Name: [_____]

Employer Identification Number (EIN): [_____]

Business Address: [_____]

Employee Information

Employee Name: [_____]

Employee ID: [_____]

Payroll Withholding Details

Gross Pay: [_____]

Federal Tax Withheld: [_____]

State Tax Withheld: [_____]

Other Deductions: [_____]

Pay Date: [_____]

[Submit]