

REQUEST FOR PAYROLL PROPOSAL

Church or Business Name _____

Address _____

Number of Employees _____

Pay Frequency _____

Type of Business _____

Check any of the following that apply to your operation:

Tips Prevailing Scale Wages Commissions

Contact Person _____

Contact Phone Number _____

Contract Email Address _____

RETURN FORM TO:
Sonrise PayMaster\$ LLC
419 Cumberland St. Suite 1
Lebanon PA 17042

PHONE: 717-820-4156
FAX: 717-277-5021
EMAIL: info@PayMastersPA.com

