PAYROLL WORKSHEET

To set up your payroll, we need the following company information: Type of Company: Sole Prop. Partnership Corp. Other Legal Name: DBA Address (not a PO Box): _____ Mailing Address (If different from business): _____ Payroll Contact: Phone: Fax: Email: Do you have a Federal and/or State employer ID number? (If yes, enter them here and skip to the next page.) Federal ID: State ID: If you do not have both numbers we will need some additional information to get the number(s) for you: We need a description of your business. For sole proprietors or partnerships, we need: Date Business Started Operating: _____ Owners' Names, Social Security Numbers & Drivers License Numbers: are operating as a corporation, please attach a list of all of the officers, plus their titles, social security numbers, driver license numbers and percent of ownership. We also need: Incorporation Date (Date of Ownership): _____ Corporation Number:

We will need a voided check for the checking account that you will use for your payroll. How will you send us your payroll information?

11011 11	Fax	Email	Online	Other		_
How o	ften do you pa Weekly	•	ly Semi	-monthly	Monthly	
What o	day or date do	your pay per	iods end on? _			
What o	day or date do	oes payroll fall	on? _			
What i	s your estima	ted first check	date? _			
Are yo	u interested i	n direct depos	it? Yes	No		
Would you like your employees grouped in departments? If yes, please list the departments:						
How w	ould you like I will pick it	to receive you up M	ır payroll? ail Cour	ier E-	mail (Other
	you like us to on/sick policy.		n and/or sick ac	crual? If so, p	lease attach	a copy of your
Do you proces		employee ben	efits and/or dedu	uctions that ne	eed to be incl	luded in the payrol
	Insurance	Cafete	eria Plans	Simple IRA	401	K Plan
	Other :					