

COMPANY PAYROLL SETUP

Enter the basic information on your company and provide contact information for key company contacts

Contact Name		Email Address:
Company Type	<input type="checkbox"/> General Business	<input type="checkbox"/> Household
Have you paid any employees so far this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many employees will you be paying?		

Company Name (Legal Name)	
Company Name (Doing Business As)	

Company Type	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> General Partnership
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Non-Profit Corporation
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Other	
Main Address		

Payroll Schedule	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Two Weeks
	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Monthly
Pay Period	Start Date	
	End Date	
	First Check Date	

Do some employees have payroll deductions such as health insurance, retirement plans or garnishments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, List Company Deduction Type Below:	Desired Abbreviation	Pre / Post Tax?

Do Some Employees have Additional Earning Types such as Auto Allowance, Meals, Tips etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, List Earnings Type Below:	Desired Abbreviation	Taxable?

Federal Tax Information		
Federal Employer Identification Number		
Federal Unemployment Tax Status	<input type="checkbox"/> Subject	<input type="checkbox"/> Exempt
Are You an Agricultural Business Required to File Form 943?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State Tax Information *		
State Income Tax ID	#	State:
	#	State:
State Unemployment Tax ID	#	SUI Rate:
	#	SUI Rate:

*If more states are needed, please contact your sales representative to ensure that all state tax information is correct. If you do not have your state tax ID numbers type "Applied For" in the State Income Tax ID # section, or leave it blank.

Bank Information	
Bank Name	
Routing Number	
Checking Account Number	

Household Payroll ONLY		
What is your income tax filing status on Form 1040	<input type="checkbox"/> Single / Head of Household	
	<input type="checkbox"/> Joint	
Primary Tax Filer	Name	SSN
Other Tax Filer	Name	SSN