

Small Business
Payroll Services, LLC
**Professional *Personal *Reliable*

General Company Information:

Please write your corporate name (exactly as shown on your IRS correspondence):

Please write your D/B/A name if applicable:

Please list the authorized contact person(s) for payroll submission & information release:

Please write your address **as shown on IRS correspondence** :

Type of Business Entity _____

Payroll Frequency (X) Weekly, Bi-weekly, Semi-monthly, Monthly

Federal ID# _____

Federal tax deposit frequency _____

State withholding I.D. number(s) _____

State tax deposit frequency _____

State Unemployment (SUI) number(s) & rate(s) _____

Local Tax Jurisdiction(s) _____

I.D. number(s) _____

School District(s) _____

I.D. numbers: _____

Please provide your **delivery** and **mailing address**:

Phone _____ Fax _____
Email _____

Dates:

___/___/___ Date of first payroll transmission

___/___/___ First check date

___/___/___ First payroll check date of the current calendar year

Payroll History:

Please provide all year-to-date payroll data. This allows us to manage all your data including taxes paid, deductions and accrual records.

- ___ Copy of current year quarterly return(s)
- ___ All payroll tax deposits (including current period)
- ___ Previous quarter payroll totals (including terminated employees)
- ___ Current quarter payroll reports for each payroll
- ___ Master employee list (including terminated employees)

Corporate Bank Account Information:

Bank Name and City _____

Banking Contact _____ Phone # _____

Trans/Routing# _____ Account# _____

Account Type _____

Beginning Check # _____

Please Provide the Following Documents:

- IRS correspondence which includes legal name, address, and FEIN
- Tax payment books (federal, state, local, school district)
- Voided company check
- Verification of any Tax Exempt Status

Please Note any additional information that is relevant to your Payroll Needs:

Please check all that apply

- Payroll Processing*
- Full Payroll Tax Service**
- Direct Deposit
- New Hire Reporting
- Agency Checks
- BWC
- Business Insurance
- Health Insurance (Group or Individual)
- Financial Services (401K-SEP-IRA-Other)

**Would you like complete year end services (W2's & 1099s)? YES NO

Company: _____ **FEIN:** _____

Completed By: _____ **Title:** _____

Signature: _____ **Date:** _____

Contact Person (if different from above): _____

Phone Number _____

Business Address _____