

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: _____

Bureau of Workers Compensation policy number:

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

Corporate Bank Account Information:

Bank Name and City _____

Banking Contact _____ Phone # _____

Trans/Routing# _____ Account# _____

Account Type _____

Beginning Check # _____

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)

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 _____