

Payroll - Employer Information
(ALL INFORMATION IS REQUIRED)
Employer Cover Sheet

Employer Name: _____

**LEAVE THIS PAGE ATTACHED
FOR EMPLOYER'S INFORMATION PRIVACY**

Payroll - Employer Information

(ALL INFORMATION IS REQUIRED)

General Information

Business Name (D.B.A.): _____

Address: _____

City, State, Zip & County: _____

IRS Filing Name (if different): _____

Filing Address (if different): _____

City, State, Zip & County: _____

Primary Contact Information

Full Name: _____

Work Phone: _____

Cell Phone: _____

Fax Number: _____

Email: _____

Secondary Contact Information

Full Name: _____

Work Phone: _____

Cell Phone: _____

Fax Number: _____

Email: _____

Tax Information

Federal EIN: _____

Federal Deposit Schedule (Circle): Monthly Semi-Weekly Other: _____

State Employer Account Number: _____

State Deposit Schedule (Circle): Same as Federal Other: _____

State Unemployment Number: _____

State Unemployment Rate (Please attach a copy of your "Unemployment Insurance Rate Notice" letter)

Base Rate: _____ %

Premium Surcharge Rate: _____ %

Solvency Surcharge Rate: _____ %

Electronic Services Information (Direct Deposit, E-Payment of Taxes)

I wish to utilize Electronic Services to pay my employees and taxes: Yes No

Bank Name: _____

Routing Number: _____ Account Number: _____

Primary Person on Account: _____

Primary's Social Security #: _____ Primary's Date of Birth: _____

PLEASE ATTACH A VOIDED CHECK FOR THIS ACCOUNT. E-SERVICES WILL NOT BE SETUP WITHOUT IT!

