## 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                     | Secondary Contact Information                        |  |  |  |  |  |
| Full Name:                                      | Full Name:                                           |  |  |  |  |  |
| Work Phone:                                     | Work Phone:                                          |  |  |  |  |  |
| Cell Phone:                                     | Cell Phone:                                          |  |  |  |  |  |
| Fax Number:                                     | Fax Number:                                          |  |  |  |  |  |
| Email:                                          | Email:                                               |  |  |  |  |  |
| Tax Information                                 |                                                      |  |  |  |  |  |
| Federal EIN:                                    |                                                      |  |  |  |  |  |
| Federal Deposit Schedule (Circle): Monthly Se   | emi-Weekly Other:                                    |  |  |  |  |  |
| State Employer Account Number:                  |                                                      |  |  |  |  |  |
| State Deposit Schedule (Circle): Same as Fede   | ral 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!

## Payroll - Employer Information (ALL INFORMATION IS REQUIRED)

#### General Payroll Information

| Company                                                                             | / Type (c | circle):    | S-Corp     | C-Corp                | LLC L      | LP Partr    | nership                 | Sole-Pro               | prietor                 | 501c3                | Other       |
|-------------------------------------------------------------------------------------|-----------|-------------|------------|-----------------------|------------|-------------|-------------------------|------------------------|-------------------------|----------------------|-------------|
| Number                                                                              | of W-2 E  | mployee     | s:         |                       |            |             |                         |                        |                         |                      |             |
| Number                                                                              | of 1099 ( | Contract    | ors:       |                       |            |             |                         |                        |                         |                      |             |
| lf 10 or i                                                                          | nore em   | ployees     | / contra   | ctors ple             | ease fill  | in the nu   | ımber ol                | f employ               | ees for t               | the past             | year        |
| Month<br>1                                                                          | Month 2   | Month<br>3  | Month<br>4 | Month 5               | Month<br>6 | Month<br>7  | Month<br>8              | Month<br>9             | Month<br>10             | Month<br>11          | Month<br>12 |
| ,                                                                                   |           |             |            | 0                     |            | ,           | <u> </u>                | ,                      | 70                      | , ,                  | 12          |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| Payday D                                                                            | etails    |             |            |                       |            |             |                         |                        |                         |                      |             |
| Pay Frequency (circle): Every Week Every-Other Week Twice a Month Every Month Other |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| First Date to Run Payroll (minimum three weeks out):                                |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| Period Covered:                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     | (Ex. P    | Pay Date/Da | ays are 15 | <sup>th</sup> and End | of Month,  | Periods, 25 | 5 <sup>th</sup> through | 12 <sup>th</sup> and 1 | 3 <sup>th</sup> througi | h 24 <sup>th</sup> ) |             |
| 0.1. 5                                                                              |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| Other Requirements                                                                  |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| Historical Information (if starting after the first payroll of the year)            |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| ☐ Paystubs for all employees (Active, Paid-Leave, Terminated, etc.)                 |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| □ Dates and amounts of all payroll tax payments made this year.                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
| Notes                                                                               |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |
|                                                                                     |           |             |            |                       |            |             |                         |                        |                         |                      |             |