



PAYROLL CLIENT START-UP

EMPLOYER INFORMATION SHEET

General Information

Business Name _____	Contact Name _____
Business Address _____	Phone _____
City, State, Zip _____	Fax _____
Filing Name (if different) _____	Email _____
Filing Address (if different) _____	
City, State, Zip _____	

Company Type S-Corp C-Corp LLC LLP Partnership
 Sole Proprietor 501c3 Other _____

Payroll Information

No. of W-2 employees _____	Federal Deposit Schedule
No. of 1099 contractors to be paid through payroll _____	
First Date To Run Payroll MM____/ DD____/ YY ____	<input type="checkbox"/> Monthly
Federal EIN _____ <input type="checkbox"/> Applied For	<input type="checkbox"/> Semi-Weekly
State Employer Account No. _____ <input type="checkbox"/> Applied For	<input type="checkbox"/> Other _____
State Unemployment No. _____ <input type="checkbox"/> Applied For	State Deposit Schedule
State Unemployment Insurance Rate _____% (if known)	<i>Only applicable to states with income tax</i>
Other state tax rates, if applicable:	<input type="checkbox"/> Same as federal
_____	<input type="checkbox"/> Other _____

Attach any historical payroll information from this calendar year for all active and terminated employees

We have not run any payroll yet this year

If you will begin using our service at the start of the 2nd, 3rd or 4th calendar quarter (April 1, July 1, or October 1), please include:

Year-to-date wages, taxes, and deductions for each employee

Dates and amounts of all payroll tax payments made to date for current year tax liabilities

If you will begin using our service in the middle of a calendar quarter, please include:

Year-to-date wages, taxes, and deductions for each employee as of the most recent payroll

Year-to-date wages, taxes, and deductions for each employee as of the end of the most recent calendar quarter *(not applicable if you're starting in the middle of the first calendar quarter)*

Payroll register or other summary for each payroll date in the current quarter, including total amounts for each wage item, tax, and voluntary deduction on that date.

Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Important: Please attach your company's voided check.

Notes:

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____	Birth Date MM____/DD____/YY____
Address _____	Hire Date MM____/DD____/YY____
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender <input type="radio"/> Female <input type="radio"/> Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit Yes No

If yes, attach completed Authorization of Direct Deposit form and voided personal check(s)

Tax Information

Please attach or specify the following information for this employee:

Attach completed federal Form W-4

Attach completed state withholding form

Only applicable if state income tax and filing status/allowances are different from federal

Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

Specify any local taxes that need to be withheld from this employee's paycheck: _____

Notes:

Pay Information

How often will this employee be paid?

Pay Frequency

- Every Week
 Every Other Week
 Twice a Month
 Every Month
 Other _____

Payday details

Date(s) or day(s) employees paid _____
(e.g. 1st and 15th of the month)

Period Covered _____
(e.g. Paycheck on the 1st covers the 16th to the end of the prior month)

Which types of pay does this employee receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____ | <input type="checkbox"/> Bonus | <input type="checkbox"/> Clergy Housing (Cash) |
| <input type="checkbox"/> Hourly _____ per hour | <input type="checkbox"/> Commission | <input type="checkbox"/> Clergy Housing (In-Kind) |
| <input type="checkbox"/> 2 nd hourly rate _____ per hour | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Allowance | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Cash Tips | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Paycheck Tips | <input type="checkbox"/> Other: |

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck

Deduction	\$ Amount or % of Gross	Deduction	\$ Amount or % of Gross
<input type="checkbox"/> Pre-tax medical <input type="checkbox"/> Pre-tax vision <input type="checkbox"/> Pre-tax dental <input type="checkbox"/> Taxable medical <input type="checkbox"/> Taxable vision <input type="checkbox"/> Taxable dental <input type="checkbox"/> 401K <input type="checkbox"/> Simple 401K		<input type="checkbox"/> 403b <input type="checkbox"/> Simple IRA <input type="checkbox"/> SAR SEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance Repayment <input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?
 Yes No If yes, attach copies of all garnishment orders

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued: <input type="radio"/> As a lump sum at the beginning of year <input type="radio"/> Each pay period <input type="radio"/> Each hour worked	Hours are accrued: <input type="radio"/> As a lump sum at the beginning of year <input type="radio"/> Each pay period <input type="radio"/> Each hour worked

Notes:

CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information

Contractor Type Individual Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security No./
Employer Identification No. _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

Direct deposit Yes No

If yes, attach completed Authorization of Direct Deposit form and voided personal check(s).

Pay Information

Has this contractor already been paid this calendar year?

Yes No

If yes, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

Compensation amount \$ _____

Reimbursement amount \$ _____

Notes

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form by each employee paid by direct deposit.

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: ___

***Balance of pay to:**

_____ Manual (paper check)

_____ Account described below

***Note:** Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature:

_____ Date: _____

Payers: Do not send this form with your Direct Deposit enrollment, provide a copy instead. Keep for your records.