

# EMPLOYER INFORMATION SHEET

## General

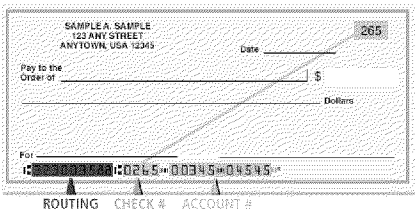
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Filing Name (if different): \_\_\_\_\_  
Filing Address (if different): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Company Type:  S-Corp  C-Corp  LLC  LLP  Partnership  
 Sole Proprietor  501c3  Other \_\_\_\_\_

## Direct Deposit

Employer Bank Routing Number: \_\_\_\_\_  
Employer Bank Account Number: \_\_\_\_\_



Principal Officer's Name: \_\_\_\_\_  
Principal's Social Security Number: \_\_\_\_\_  
Principal's Date Of Birth: \_\_\_\_\_

Federal law requires that we store and verify information about the principal officer to help prevent money laundering and the funding of terrorist activity. The principal officer is the person who is the main contact for the bank account from which electronic payments (including direct deposit) are made.

## Payroll

No. of W-2 employees \_\_\_\_\_  
No. of 1099 contractors to be paid through payroll \_\_\_\_\_  
First Date To Run Payroll MM\_\_\_\_/ DD\_\_\_\_/ YY \_\_\_\_  
Federal EIN \_\_\_\_\_  Applied For  
State Employer Account No. \_\_\_\_\_  Applied For  
State Unemployment No. \_\_\_\_\_  Applied For  
State Unemployment Insurance Rate \_\_\_\_\_% (if known)  
Other state tax rates, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

### Federal Deposit Schedule

- Monthly
- Semi-Weekly
- Other \_\_\_\_\_

### State Deposit Schedule

*Only applicable to states with income tax*

- Same as federal
- Other \_\_\_\_\_

## Payroll History

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

- Have not run any payroll yet this year

**Beginning of Calendar Quarter Start.** If you will begin using our service at the start of the 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> calendar quarter (April 1, July 1, or October 1), please include the following items.

- 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

**Middle of Calendar Quarter Start.** If you will begin using our service in the middle of a calendar quarter, please include the following items.

- 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

## Notes

# EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

## General Information

Employee Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

Birth Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_  
Hire Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_  
Social Security No. \_\_\_\_\_  
Gender  Female  Male

## Direct Deposit Information

Will this employee be paid by direct deposit?

- Yes. If so, please complete the Authorization of Direct Deposit form  
 No

## 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

Which types of pay does this employee receive?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary \$_____ per _____ | <input type="checkbox"/> Overtime Pay    | <input type="checkbox"/> Clergy Housing (Cash)       |
|   | <input type="checkbox"/> Double Overtime | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| Hourly Rates (up to 8 different)                  | <input type="checkbox"/> Sick Pay        | <input type="checkbox"/> Bereavement Pay             |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Holiday Pay     | <input type="checkbox"/> Group Term Life Insurance   |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Vacation Pay    | <input type="checkbox"/> S-Corp Owners Health Ins.   |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Bonus           | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Commission      | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Allowance       |  |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Reimbursement   |  |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Cash Tips       |  |
| <input type="checkbox"/> \$_____ / hour           | <input type="checkbox"/> Paycheck Tips   |  |

Pay Frequency	Payday details
<input type="checkbox"/> Every Week <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Month <input type="checkbox"/> Other _____	Date(s) or day(s) employees paid _____ <i>(for example, the 1<sup>st</sup> and 15<sup>th</sup> of the month)</i>  Period Covered _____ <i>(for example, Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)</i>

### Payroll Deductions

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"/> 401(k) <input type="checkbox"/> Simple 401(k)		<input type="checkbox"/> 403(b) <input type="checkbox"/> Simple IRA <input type="checkbox"/> SARSEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance <input type="checkbox"/> Repayment <input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes If so, attach copies of all garnishment orders  
 No

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

Yes If so, complete the Authorization of Direct Deposit form.

No

## Pay Information

Has this contractor already been paid this calendar year?

Yes

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

No

Compensation amount \$ \_\_\_\_\_

Reimbursement amount \$ \_\_\_\_\_

## NOTES

## **AUTHORIZATION FOR DIRECT DEPOSIT**

Complete this form for each employee or contractor electing 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.

### **Primary Direct Deposit**

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or entire paycheck: \_\_\_\_\_

\*Balance of pay to:

\_\_\_\_\_ Manual (paper check)

\_\_\_\_\_ Secondary account described below

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

### **Secondary Direct Deposit** (balance after direct deposit entry above)

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:** Don't send us this form with your Direct Deposit enrollment. Keep for your records.