CLIENT START-UP CHECKLIST EMPLOYER INFORMATION SHEET

General Information

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 O S-Corp O C-Corp O LLC O LLP O Partnership O Sole Proprietor O 501c3 O Other	
Payroll Information	
No. of W-2 employees No. of 1099 contractors to be paid through payroll	Federal Deposit Schedule
First Date To Run Payroll MM/ DD/ YY	☐ Monthly ☐ Semi-Weekly ☐ Other
Federal EIN	State Deposit Schedule
State Employer Account No	Only applicable to states with income tax
State Unemployment No	☐ Same as federal ☐ Other
State Unemployment Insurance Rate% (if known)	
Other state tax rates, if applicable:	

Attach any historical payroll information from this calendar year for all active <u>and terminated</u> employees	
☐ We have not run any payroll yet this year	
If you will begin using our service at the start of the 2^{nd} , 3^{rd} or 4^{th} 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 <u>each</u> 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:	
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