

# 1 Payroll Setup Form

Fax to 781.851.8491 or Email to [diane@yourpayrollsupport.com](mailto:diane@yourpayrollsupport.com)



Questions? Call 559-513-8613

## Company Information

Please complete in full to ensure accurate account processing.

Company's Legal Name

Is this a new business?  Yes |  No

Is this a non profit?  Yes |  No

Company DBA (Doing Business As)

<input type="text"/>	<input type="text"/>
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Company Payroll Contact

Social Security Number

<input type="text"/>	<input type="text"/>
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Phone Number

Email Address

## Payroll Frequency

Weekly

Bi-Weekly

Semi-Monthly

Monthly

Pay Period Start Date for First Payroll	<input type="text"/>	Pay Period End Date for First Payroll	<input type="text"/>	Check Date for First Payroll	<input type="text"/>
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## Tax Information (Please provide a copy of FEIN and state ID# verifications)

FED	FEDERAL TAX ID#	DEPOSIT FREQUENCY
		<input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Monthly   <input type="checkbox"/> Quarterly

STATE	STATE TAX ID#	DEPOSIT FREQUENCY	UNEMPLOYMENT ID#	EXPERIENCE RATE
		<input type="checkbox"/> Semi-Weekly   <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly   <input type="checkbox"/> Quarterly		
		<input type="checkbox"/> Semi-Weekly   <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly   <input type="checkbox"/> Quarterly		
		<input type="checkbox"/> Semi-Weekly   <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly   <input type="checkbox"/> Quarterly		

LOCAL	LOCAL TAX	LOCAL TAX ID#	DEPOSIT FREQUENCY