

Payroll Company Setup

Enter the basic information on your company and provide contact information for key company contacts.



Name & Address

Company Name

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Company's Legal Name

Doing Business As (DBA)

Company Type

- Sole Proprietorship General Partnership Limited Partnership
- Non-Profit Corporation Corporation Limited Liability Company

Other (specify):

Address

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Street

Unit #

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City

State

Zip

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County

Contacts

Payroll Approver

This is the person who enters and approves payroll data online. After enrollment, you can set up a separate person for online payroll entry using your online account.

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Username (if left blank, one will be created for you)

Email Address

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First Name

Last Name

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Phone Number

Fax

Contacts (cont.)

Company Principal

This is the principal or officer of the company who is a legal, authorized signer for the company and bank account.

Same as Payroll Approver?

Yes

No

If yes, you can ignore the following section.

First Name

Last Name

Phone Number

Fax

Email address

Bank Information

Paper Check

Direct Deposit

Bank Accounts

Bank Name

Routing Number

Checking Account Number

Phone Number

Tax Information

State Income/Withholding Tax

If more states are needed, please contact your sales representative to ensure that all state tax information is correct. If you do not have your state tax ID numbers type "Applied For" in the State Income Tax ID # section, or leave it blank.

State

State Income Tax ID #

State

State Income Tax ID #

State Unemployment Tax Information**

State

State Unemployment Tax ID #

SUI Rate

State

State Unemployment Tax ID #

SUI Rate

Federal Tax

Employer ID Number (EIN)

Payroll Information

Payroll Frequency

Weekly
 Biweekly
 Semi-Monthly
 Monthly

Check Dates

	Check Date	Pay Period Start	Pay Period End
First Check			
Second Check			

Payroll Deductions

Deduction Name (ex. Health Insurance)	Deduction Type (ex. Insurance)	Pre-Tax or Post-Tax?

Benefit Accrual & Department Codes (Optional)

Benefit Name (ex. Vacation, Sick, Personal)	Accrued? (Do they earn hours?)
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Department Name	Department Number

****NOTE:** Companies (such as Non-Profits) must apply for and meet state guidelines to be considered SUI Exempt or Reimbursable. Please check with the state agency to determine what these criteria are and if you qualify. If your company is SUI Exempt or Reimbursable, you will need to provide an official letter from your state or some other proof of this status to your sales representative when submitting your enrollment materials. DO NOT make a selection here if your company is not SUI Exempt or SUI Reimbursable.