



# PAYROLL SERVICE SET-UP & AUTHORIZATION

## TAXPAYER INFORMATION

Taxpayer: _____		Ind ___ Ptshp ___ Corp ___
DBA Name: _____		
Street: _____		
City: _____	State: _____	Zip: _____
Phone: ( ) _____	Fax: ( ) _____	E-mail: _____
Contacts (authorized persons only): _____		

## PAYROLL INFORMATION

Pay Period: W ___ BW ___ SM ___ M ___	FED ID# ___ - _____	Deposit Frequency: M ___ SW ___
Pay Dates: _____	STATE ID# ___ - _____ - _____	Deposit Frequency: M ___ SW ___
First Pay date: ___/___/___	STATE UI RATE: ___ %	
First Pay Period: _____ to _____	ETT RATE: ___ %	
Delivery: Courier ___ Mail ___ UPS (ground) ___ UPS(overnight) ___ Email ___ (blank checks provided)		
Reminder Note: _____		

## EMPLOYER SET-UP

Print corporation name on the checks? Yes ___ No ___	Days between period ending & pay date: ___
Will your payroll include tips? Yes ___ No ___	
Do you provide taxable meals? Yes ___ No ___	State: ___
Are departments used? Yes ___ No ___	Locality 1: _____
Job Cost reports needed? Yes ___ No ___	Locality 2: _____
Do you have accrued vacation/sick? Yes ___ No ___	
(If yes, please fill-up accrued vacation/sick set-up.)	

\*\*\*\*\*FOR EPAY USE ONLY\*\*\*\*\*

Check if employer is exempt from SDI tax	<input type="checkbox"/>	<b>Magnetic Media Filing</b>
Check here to HOLD SDI payments	<input type="checkbox"/>	
Check here if Employer pays employee's SDI tax	<input type="checkbox"/>	
Check if employer is exempt from SUI tax	<input type="checkbox"/>	
Check if employer is exempt from FUTA tax	<input type="checkbox"/>	
Check here to Apply Tips Against Minimum Wage	<input type="checkbox"/>	
		Employer 941/940 pin: _____
		Employer ST-WH/SUI pin: _____