

EMPLOYER INFORMATION SHEET

General

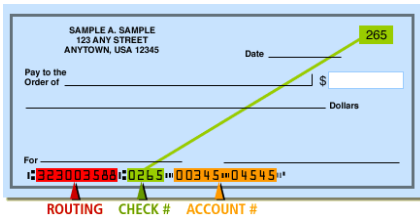
Business Name: _____
 Business Address: _____
 City, State, Zip: _____
 Filing Name (if different): _____
 Filing Address (if different): _____
 City, State, Zip: _____

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 2nd, 3rd or 4th 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?

- | | | |
|----------------------------------|-------------------|-------------------------------|
| € Salary \$_____ per _____ | € Overtime Pay | € Clergy Housing (Cash) |
| Hourly Rates (up to 8 different) | € Double Overtime | € Clergy Housing (In-Kind) |
| € \$_____ / hour | € Sick Pay | € Bereavement Pay |
| € \$_____ / hour | € Holiday Pay | € Group Term Life Insurance |
| € \$_____ / hour | € Vacation Pay | € S-Corp Owners Health Ins. |
| € \$_____ / hour | € Bonus | € Personal Use of Company Car |
| € \$_____ / hour | € Commission | € Other: _____ |
| € \$_____ / hour | € Allowance | |
| € \$_____ / hour | € Reimbursement | |
| € \$_____ / hour | € Cash Tips | |
| € \$_____ / hour | € 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 1st and 15th of the month)</i> Period Covered _____ <i>(for example, Paycheck on the 1st covers the 16th 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 _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued:	Hours are accrued:
<input type="checkbox"/> As a lump sum at the beginning of year	<input type="checkbox"/> As a lump sum at the beginning of year
<input type="checkbox"/> Each pay period	<input type="checkbox"/> Each pay period
<input type="checkbox"/> Each hour worked	<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.