

| | | |
|---------|-----------|--|
| PAYROLL | WORKSHEET | |

| ro set up your payron | , | | | |
|-------------------------------------|------------------------|---|------------------|----------------------|
| Type of Company: | Sole Prop. | Partnership | Corp. | Other |
| _egal Name: | | | | |
| DBA Name: | | | | |
| Business Address (no | t a PO Box): | | | |
| Mailing Address (If dif | ferent from business |): | | |
| Payroll Contact: | | | | |
| Phone: | Fax: | Email: | | |
| Do you have a Federa next page.) | al and/or State emplo | oyer ID number? (If y | es, enter them | here and skip to the |
| Federal ID: | | State ID: _ | | |
| If you do no number(s) fo | | rs we will need some | e additional inf | ormation to get the |
| | | siness. | | |
| | orietors or partnershi | | | |
| Date Bu | siness Started Opera | ating: | | |
| Owners | Names, Social Secu | urity Numbers & Driv | ers License Nu | umbers: |
| | | tion, please attach a iver license numbers | | |
| Incorpor | ation Date (Date of 0 | Ownership): | | |
| Corpora | tion Number: | | | |



| | | |
|---------|-----------|--|
| DAVDOLL | WODKCHEET | |

We will need a voided check for the checking account that you will use for your payroll.

| How wi | ll you send us Fax | your payroll Email | informati Online | | Other _ | | | |
|-------------------|--------------------------------------|-----------------------|---------------------|--------------|------------|---------------|---------------|-------------|
| How oft | ten do you pay Weekly | /? Bi-Week | ly | Semi-m | onthly | Mon | thly | |
| What d | ay or date do | your pay per | iods end | on? | | | | |
| What da | ay or date doe | es payroll fall | on? | | | | | |
| What is | your estimate | ed first check | date? | | | | | |
| Are you | ı interested in | direct depos | it? | Yes | No | 0 | | |
| Would | you like your e | employees g | rouped in | departm | ents? If | yes, please | list the depa | rtments: |
| How wo | ould you like to I will pick it u | • | ır payroll? ail | ? Courier | | E-mail | Other | |
| - | you like us to t n/sick policy. | track vacatio | n and/or | sick accru | ual? If so | o, please at | tach a copy o | of your |
| Do you process | have other er sing? | nployee ben | efits and/ | or deduct | ions tha | at need to be | e included in | the payroll |
| | Insurance | Cafete | eria Plans | 5 | Simple | IRA | 401 K Plan | |
| | Other : | | | | | | | |
| | d you learn ab vidual or clien | | | | | vas a recom | nmendation, p | olease name |