

# 1 Payroll Setup Form

## 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)

Company Payroll Contact

Social Security Number

Phone Number

Email Address

## Payroll Frequency

Semi-Weekly

Weekly

Semi-Monthly

Monthly

1st Period Start Date with Payroll Manager Express

1st Period End Date with Payroll Manager Express

1st Check Date with Payroll Manager Express

## 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