

Online Payroll Processing Setup Information Form

Please answer every question on this form and return it at your earliest convenience using the submission button above. You may also print it and fax it to (813) 464-8185.

Company Name:

Main Address:

Contact Name: Phone #:

Contact Email Address:

Next scheduled payroll date:

How do you plan to pay your employees ? Have you paid any employees this calendar year?

Do your employees earn paid vacation or sick time? If "Yes", how does it accrue?

Do you have more than one office location with employees? If "Yes", how many?

Do you plan to pay independent contractors as part of your payroll? If "Yes", how many?

Which types of employees* do you currently have? Hourly, part-time (<35 hrs/wk) Number of part-time employees:

Please select all that apply.* Hourly, full-time (>35 hrs/wk) Number of full-time employees:

Salaried, full-time Number of salaried employees:

Total* # of employees: Commission Number of commission employees:

Note: Some employees may fall into more than one category. Please count them for each category.

What **name** does the IRS have for your business (the name you use when filing tax forms, also known as your "filing name")?

Same as above OR

What **address** does the IRS have for your business (the address you use when filing tax forms, also known as your "filing address")?

Same as above OR

Do you have a federal employer identification # (FEIN)? If "Yes", the 9-digit # is:

Do you have a state unemployment tax (UT) account #? State: If "Yes", the # is:

Did you hire your **first** employee within the last 6 months?

How often does the IRS require you to pay federal payroll taxes (your "federal deposit schedule")?

Which form do you currently file with the IRS?

How is your business organized?

Which types of benefits do you offer employees? Healthcare reimbursement account/debit card

Please select all that apply. None Bonuses Retirement plan

Health savings account (HSA) Medical insurance Flex spending account Other