

# EMPLOYER INFORMATION SHEET

## General

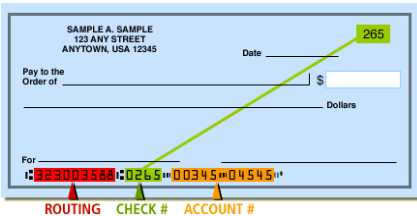
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Filing Name (if different): \_\_\_\_\_  
Filing Address (if different): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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 \_\_\_\_\_