

EMPLOYER INFORMATION NEEDED TO PROCESS PAYROLL

- Legal name of the business: _____
- Address of the business: _____
- Payroll Contact name: _____
- Phone Number(s): _____
- Fax Number: _____
- E-Mail Address: _____
- Delivery Method (if other than paperless) _____
- Legal Entity Type (e.g. Sole Proprietor, Partnership, LLC, S Corp, C Corp)
- Number of Pay Periods in a Year (e.g. 52, 26, 24, 12)
- Beginning and Ending Date for the Pay Periods as well as the Actual Pay Date
- 941 Deposit Schedule (Notice from IRS indicating your deposit schedule (e.g.: Semi-weekly, Monthly, Quarterly, Annual))
- State Deposit Schedule (Notice from State indicating your deposit schedule (e.g. Semi-weekly, Monthly, Quarterly, Annual))
- Federal Identification Number: _____
- State Withholding Identification Number(s): _____
- State Unemployment Number(s): _____
- State Unemployment Rate(s): _____
- Cancelled or Copied Check from the account used for payroll and the check # you would like us to start payroll at. We use a different series of numbers so you are able to easily identify which checks IComp prints and which checks you write from your business account.
- If Applicable: Year to date and Quarter to date gross to net earnings by employee. Please include all tax deposits made to the IRS, State & Local Agencies. Please also include copies of all current years completed 941's, State/Local Returns.
- List of Divisions and Departments and their corresponding numbers (e.g. Office, Administration, Shop, Driver)

- Types of Pay, Pretax Deduction(s), and After-tax Deduction(s) or Reimbursements (e.g. Regular Pay, Vacation Pay, 401(k), 401(k) Roth, 125 Plan Health Insurance, Advance, Garnish, Reimbursement, etc.)

EMPLOYEE INFORMATION NEEDED TO PROCESS PAYROLL

- Copy of their Federal W-4 (If a W-4 is not available, then please provide us with employee's first and last name, middle initial, address, social security number, marital status, and number of exemptions.) A W-4 can be downloaded from this site under the Resource page.
- If Applicable – Copy of their State W-4
- Division & Department employee works in (e.g. Office, Shop, Driver, etc.)
- Type(s) and amount(s) of Pays & Deductions (e.g. Salary, Hourly Rate, 401(k), Health Insurance, Garnishment(s), etc.)
- Employee Hire Date
- Date of Birth
- If interested in Direct Deposit, please provide a voided check or deposit ticket (we will also provide to you an employee authorization form to specify whether it will be going into checking or savings and the corresponding dollar amounts).
- We also offer a wide array of Basic and Advanced HR tracking capabilities. If interested, please notify your sales or payroll representative.

Service Questionnaire

Would you like the hourly rate shown on the check?	Y	N
Would you like your live checks digitally signed?	Y	N
Would you like to offer direct deposit to you employees?	Y	N
Would you like the checks/dd vouchers stuffed in envelopes on your behalf?	Y	N
Would you like checks/dd vouchers mailed on your behalf?	Y	N
Would you like to have all of your taxes impounded and remitted on your behalf?	Y	N
Would you like to have checks for your state and federal withholding?	Y	N
Would you like new hires to be reported on your behalf?	Y	N
Would you like to have Work Comp figures reported each payroll/month?	Y	N
Do you have a 125 Plan or Cafeteria Style Plan?	Y	N
Do you have a Pension Plan?	Y	N
Would you like to have 401(k)/Simple reporting done on your behalf?	Y	N
Do you need to track Job Costing?	Y	N
Would you like to have Social Security Number Verification?	Y	N
Would you like to have Benefit Time-Off Accrual Tracking?	Y	N
Would you like to have Advanced HR Tracking?	Y	N
Do you need any type of Custom Reporting?	Y	N
Would you like GL Reporting?	Y	N
Would you like to have QuickBooks files to import?	Y	N
Do you have any special delivery requests (reports to multiple people, etc.)?	Y	N