

# Company Information

Form #1

DATE		COMPANY CODE: office use	
OWNER / CEO		PAYROLL CONTACT	
COMPANY OR EMPLOYER NAME		STREET ADDRESS	CITY ZIP
TELEPHONE	FAX	FEDERAL ID	STATE ID
BUSINESS ACTIVITY	OPERATING AS: <i>circle one</i> SOLE - PARTNERSHIP - CORP		SUI RATE LAST PAY DATE
PAY: WEEKLY, BI-WEEKLY, MONTHLY		DAY CHECKS DISTRIBUTED	

## INFORMATION TO BE SUPPLIED

- ☐ Cancelled or Voided Check (Where Payroll will be drawn)
- ☐ What Check Number to start? \_\_\_\_\_
- ☐ Federal Tax ID No. ( FEDERAL TAX DEPOSIT (Form 8109) or QUARTERLY TAX RETURN 941)
- ☐ State Tax ID No. ( EDD STATE TAXT DEPOSIT (Form DE88) or QUARTERLY TAX RETURN - DE6)
- ☐ Copies of Federal and State quarterly returns for curent year
- ☐ Proof of FUTA Deposits
- ☐ Phone ☐ Fax (*select way to provide us with payroll time postings*)
- ☐ Mailed ☐ Checks Delivered (*select one*)

Name &Address where Payroll Tax will be deposited: (*if applicable*)

Federal Tax: \_\_\_\_\_

**NOTE: Please provide prior wage information for all employees who were on your company's payroll during the year. (include terminated employees)**

**Comments:** \_\_\_\_\_

## OFFICE USE:

Bank information - Name

CHECK ACCT #	BANK ID #	BANK TOP TRS	BANK BOTTOM TRS
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TAX PAY	CK DELIVERY	TAX ADVICE	CR UNION	RETIREMENT PLAN	INSURANCE PLAN	SICK PAY PLAN	VACATION PAY PLAN
DEPT	GRD LVL	JOB COST	MONTH REG	GEN LDGR	WORK COMP	UNION	QTR REG
EARNs REG	EXCESS PAY	YR REG	YRATTEND REC	W-2'S	W-3	STT	SUI



Payroll & Employer Services

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# Master Employee Information

Form #2

EMPL CODE	COMPANY NAME		PERIOD ENDING	CURRNET DATE
LAST NAME		FIRST NAME	M.I.	MALE / FEMALE
ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY				

HIRE DATE	BIRTHDATE	PAY / SALARY RATE	MARITAL STATUS	W-4 ALLOWANCES	
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EMPLOYEE TITLE		GEN LEDGER ACCT	EMPLOY DEPT	EMPLOY GRADE LEVEL
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## Quarter To Date

GROSS WAGES	FED INC TAX	SOCIAL SEC TAX	MEDICARE TAX	STATE INC TAX	SDI	CREDIT UNION	
COMAPNY ADV	MEDICAL INS	MISC #1	MISC #2	MISC #3	MISC #4	TAXABLE 401-K	NON-TAXABLE 401-K

## Year To Date

GROSS WAGES	FED INC TAX	SOCIAL SEC TAX	MEDICARE TAX	STATE INC TAX	SDI	CREDIT UNION	
COMAPNY ADV	MEDICAL INS	MISC #1	MISC #2	MISC #3	MISC #4	TAXABLE 401-K	NON-TAXABLE 401-K

Comments: \_\_\_\_\_

\_\_\_\_\_

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# Employee Status Report

Form #3

Use this form for any changes to current employee's status

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check appropriate box

Change ☐ Rehire ☐ Terminated ☐

EMPTY CODE	LAST NAME	FIRST NAME	M. I.	TERMINED / REHIRE DATE
ADDRESS		CITY	STATE	ZIP
OTHER -EX: NAME CHANGE, FEDERAL OR STATE WITHHOLDING, INCREASE OR DECREASE SS# ETC.		PAY / SALARY RATE	MARITAL STATUS	W-4 ALLOWANCES

Please check appropriate box

Change ☐ Rehire ☐ Terminated ☐

EMPTY CODE	LAST NAME	FIRST NAME	M. I.	TERMINED / REHIRE DATE
ADDRESS		CITY	STATE	ZIP
OTHER -EX: NAME CHANGE, FEDERAL OR STATE WITHHOLDING, INCREASE OR DECREASE SS# ETC.		PAY / SALARY RATE	MARITAL STATUS	W-4 ALLOWANCES

Please check appropriate box

Change ☐ Rehire ☐ Terminated ☐

EMPTY CODE	LAST NAME	FIRST NAME	M. I.	TERMINED / REHIRE DATE
ADDRESS		CITY	STATE	ZIP
OTHER -EX: NAME CHANGE, FEDERAL OR STATE WITHHOLDING, INCREASE OR DECREASE SS# ETC.		PAY / SALARY RATE	MARITAL STATUS	W-4 ALLOWANCES

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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