

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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