

## Payroll Enrollment Information Needed

Company Legal Name	
Primary Business Type or what they do?	
Business Entity Type (S Corp, C Corp, LLC, etc.)	
Mailing/Billing Address	
Legal Address registered with the government for this business, if different than above	
Contact Name for Primary Payroll Administrator	
Contact Phone & Email for Payroll Administrator	
Contact Name for Secondary Payroll Administrator	
Contact Phone & Email for Secondary Payroll Administrator	
Executive Client Contact (Owner? Pres? Etc.)	
Executive Client Phone & Email	
Number of States where we will need to file	
Number of Local Taxes and Names of Local Tax	
Number of Business Locations	
Number of Employees	
Number of Terminated/Resigned Employees with earnings this year	
Payroll Frequency (weekly, biweekly, semimonthly, monthly, quarterly?)	
Date of 1st Check with myPay	
Pay Period Beginning and End Date for first check	
Direct Deposit? Yes/No	
If payroll date falls on a holiday or weekend, pay business day before, or after?	
Have Earnings been paid this year?	
Has company ever processed payroll?	
<b>Owner Information—25% or more ownership</b>	
Legal First and Last Name	
Owner's Residential Address	
Date of Birth	
<b>Owner Information—25% or more ownership</b>	
Legal First and Last Name	
Owner's Residential Address	
Date of Birth	

\*If more than 2 owners, please attach separate sheet with the above owner information