

EMPLOYER INFORMATION SHEET

General

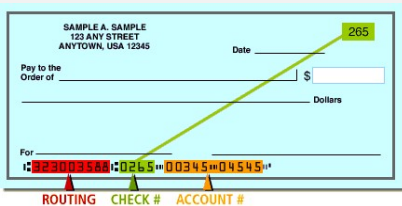
Business Name: _____
Business Address: _____
City, State, Zip: _____
Filing Name (if different): _____
Filing Address (if different): _____
City, State, Zip: _____

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. The principal officer is the person who is the main contact for the bank account from which electronic payments are made.

Payroll

<p>No. of W-2 employees _____</p> <p>No. of 1099 contractors to be paid through payroll _____</p> <p>First Date To Run Payroll MM____/ DD____/ YY____</p> <p>Federal EIN _____ Applied For</p> <p>State Employer Account No. _____ Applied For</p> <p>State Unemployment No. _____ Applied For</p> <p>State Unemployment Insurance Rate _____% (if known)</p> <p>Other state tax rates, if applicable:</p> <p>_____</p> <p>_____</p>	<p>Federal D</p> <ul style="list-style-type: none"> • Month • Semi- • Other <p>State Dep</p> <p><i>Only appli</i></p> <p><i>tax</i></p> <ul style="list-style-type: none"> • Same • Other
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Payroll History

Attach any historical payroll information from this calendar year for all active and terminated

- Have not run any payroll yet this year

Beginning of Calendar Quarter Start. If you will begin using our service at the start of the 2nd, 3rd or 4th quarter (January 1, July 1, or October 1), please include the following items.

- Year-to-date wages, taxes, and deductions for each employee
- Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Middle of Calendar Quarter Start. If you will begin using our service in the middle of a calendar quarter, please include the following items.

- Year-to-date wages, taxes, and deductions for each employee as of the most recent payroll
- Year-to-date wages, taxes, and deductions for each employee as of the end of the most recent calendar quarter (not applicable if you're starting in the middle of the first calendar quarter)
- Payroll register or other summary for each payroll date in the current quarter, including total amount of wages, tax, and voluntary deduction on that date.
- Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Notes

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information	
Employee Name _____	Birth Date MM____/DD____/YY____
Address _____	Hire Date MM____/DD____/YY____
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender Female Male

Direct Deposit Information
Will this employee be paid by direct deposit? <ul style="list-style-type: none">• Yes. If so, please complete the Authorization of Direct Deposit form• No

Tax Information
Please attach or specify the following information for this employee: <ul style="list-style-type: none">• Attach completed federal Form W-4• Attach completed state withholding form. <i>Only applicable if state income tax and filing status/allowances are different from federal</i>• Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare: _____• Specify any local taxes that need to be withheld from this employee's paycheck: _____ Notes: _____

Pay Information
Which types of pay does this employee receive?

<ul style="list-style-type: none"> • Salary \$ _____ per _____ <p>Hourly Rates (up to 8 different)</p> <ul style="list-style-type: none"> • \$ _____ / hour • \$ _____ / hour • \$ _____ / hour • \$ _____ / hour • \$ _____ / hour • \$ _____ / hour • \$ _____ / hour • \$ _____ / hour 	<ul style="list-style-type: none"> • Overtime Pay • Double Overtime • Sick Pay • Holiday Pay • Vacation Pay • Bonus • Commission • Allowance • Reimbursement • Cash Tips • Paycheck Tips 	<ul style="list-style-type: none"> • Clergy Housing (Cash) • Clergy Housing (In-Kind) • Bereavement Pay • Group Term Life Insurance • S-Corp Owners Health Insurance • Personal Use of Company Vehicle • Other: _____
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<p style="text-align: center;">Pay Frequency</p> <ul style="list-style-type: none"> • Every Week • Every Other Week • Twice a Month • Every Month • Other _____ 	<p style="text-align: center;">Payday details</p> <p>Date(s) or day(s) employees paid _____ (for example, the 1st and 15th of the month)</p> <p>Period Covered _____ (for example, Paycheck on the 1st covers the 16th to the end of the prior month)</p>
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Payroll Deductions

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck.

Deduction	\$ Amount or % of Gross	Deduction	\$ Amount or % of Gross
<ul style="list-style-type: none"> • Pre-tax medical • Pre-tax vision • Pre-tax dental • Taxable medical • Taxable vision • Taxable dental • 401(k) • Simple 401(k) 		<ul style="list-style-type: none"> • 403(b) • Simple IRA • SARSEP • Medical expense FSA • Dependent care FSA • Loan Repayment • Cash Advance Repayment • Other _____ 	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

- Yes If so, attach copies of all garnishment orders
- No

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____	No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued: <ul style="list-style-type: none">• As a lump sum at the beginning of year• Each pay period• Each hour worked	Hours are accrued: <ul style="list-style-type: none">• As a lump sum at the beginning of year• Each pay period• Each hour worked

Notes

CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information

Contractor Type: Individual Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security No./

Employer Identification No. _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

- Yes If so, complete the Authorization of Direct Deposit form.
- No

Pay Information

Has this contractor already been paid this calendar year?

Yes

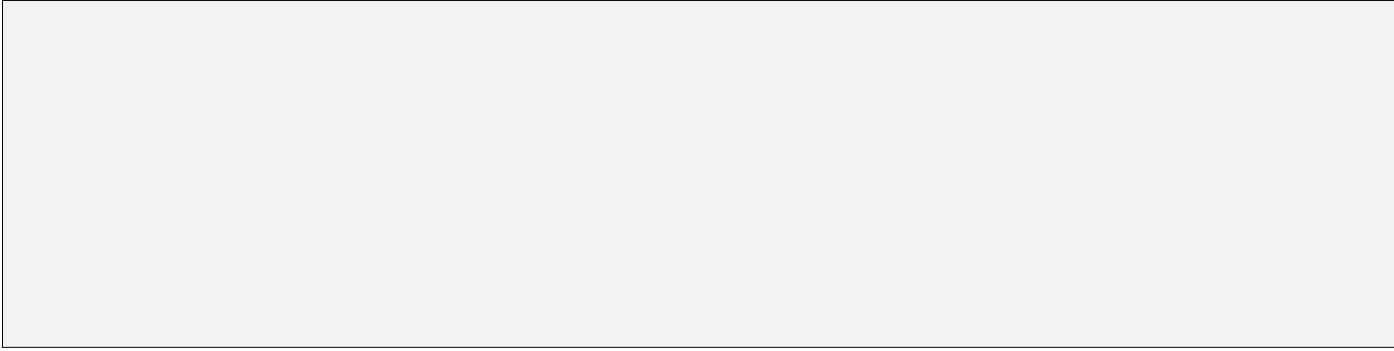
If so, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

No

Compensation amount \$ _____

Reimbursement amount \$ _____

NOTES



AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authorize **MAYORGA PROFESSIONAL SERVICES** to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford a reasonable opportunity to act on it.

Primary Direct Deposit

Name on bank account:

Bank account number:

_____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

*Note: Split payments are not available for contractors.

Secondary Direct Deposit (balance after direct deposit entry above)

Name on bank account:

Bank account number:

_____ Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature:

Date: _____

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.