

Payroll Organizer

Company Setup

Company Legal Name: _____

Company DBA (if applicable): _____

Physical Address: _____

City _____ ST _____ Zip Code _____

Mailing Address: _____

City _____ ST _____ Zip Code _____

Company Phone Number: _____

Company Fax Number: _____

Company Email: _____

Payroll Administrator (The person who will be processing the payroll):

Executive Contact (Owner, partner or corporate officer):

Payroll Banking Information (Payroll funds will be withdrawn from)

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Federal Account Information

Employer Identification Number (EIN): _____

State Tax Information (If not yet received or you still need to apply for, write "Applied For" below)

State Withholding Number: _____

State Unemployment Insurance Number: _____ % Rate: _____

Pay Schedule

Monthly

Twice a Month

Every Other Week

Weekly

First Desired Pay Date: _____

Work Period for First Pay Date: _____

(For example, first pay date of 6/20 with work period of 6/1 - 6/15)

Payroll Organizer

Employee Setup (complete 1 per employee)

First Name: _____ Last Name: _____

Address: _____

City _____ ST _____ Zip Code _____

Phone Number: _____ Social Security Number: _____

Birth Date: _____ Hire Date: _____

Gender: Male Female Email Address: _____

Employee Type: Full Time Temporary 1099 Part Time

Employee Status: Active Terminated New Hire Inactive

Benefit Tracking

	Opening Balance	Earned Per Period	Maximum Balance
Vacation	Hours	Hours	Hours
Sick	Hours	Hours	Hours
Personal	Hours	Hours	Hours

Pay Type: Live Check Direct Deposit

Direct Deposit Info

Bank Name: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type: Checking Savings

Pay Info: Hourly Salary

Regular Pay Rate: _____ Per Hour / Pay Period

Overtime Rate: _____ Per Hour / Pay Period

Other Rate: _____ Per Hour / Pay Period

Federal Tax Info

Filing Status: Married Single

Allowances (Form W-4) _____ Additional Withholding Amount: _____

State Tax Info

Filing Status: Married Single

Allowances (Form W-4) _____ Additional Withholding Amount: _____