PayPros Company Payroll Questionnaire

Company Name: _____ Federal ID #:_____

State ID #: _____ SUI ID:_____ SUI Rate: _____

Address: _____# of States:_____

_____

Phone: _____Fax_____ Contact:_____

E-Mail Address _____

1. **What type of Organization is your company? (Circle One) S Corp/Corp/LLC/Sole/Part**
2. **If your company is an S-Corp - are there any shareholder employees who own over 2%? If so, who _____**
3. **How many employees does your company pay? _____**
4. **How often is payroll done?(Circle One):Weekly Bi-Weekly Semi-Monthly Monthly**
5. **Do you want PAYPROS to pay and file taxes for you?(Circle One): *Yes OR No**
   *If Yes, Fill out the Limited Power of Attorney Form (downloadable on site).
   (Attach company check to be used for payroll)
   Enter Company Account Info: ABA Number _____Bank Account Number_____
6. **Do you want to use Direct Deposit for employees?(Circle One): Yes OR No**
7. **How will payroll be transmitted to PAYPROS? Call In Call Out E-Mail PC Payroll Fax**
8. **How often are Federal Tax Payments made? (Circle One)**:**
9. **Semi-Weekly Monthly Quarterly**
   **Provide 941 for look-back period. $50k = Semi-Wkly.
10. **How often are State Tax Payments made? (Circle One)***:**
    Weekly Monthly Quarterly
    ***Provide total withholding for previous year. $25K annually = Weekly Dep.
    Combined Withholding, room taxes & sales and use taxes > $100k then EFT
11. **Do you have a Section 125 plan? Yes No FSA Plan? Yes No**
12. **Do you provide Fringe Benefits Circle all that apply: Sub-S Health, Personal Use of Company Car, Life Insurance fully paid for over $50,000**
13. **Write down Other Deductions your company uses: _____**
14. **Do you have a retirement plan? If yes, what type: 401(k), 403(b), Simple IRA:**
15. **Please provide employer portion: _____**
16. **Who will remit payment for the retirement plan? PAYPROS or Your Company**
17. **What day is your Check Date on?: _____**
18. **What day is your Period End date fall on?:_____**
19. **Does your company hold back pay for a week? Yes or No**
20. **What day will your payroll be called in on? _____**
21. **Do you track Vacation/Sick? _____**
22. **What Delivery Method will you use? (Circle One): Pick-up Drop-off Mail Courier (by what day of the week should you receive payroll)_____**
23. **What date will your first Check Date be?: _____**
24. **What date should we contact you for the first time?: _____**

_____ _____ _____

Signature of Authorized Agent for the Client | Date | Owners SS Number