

NEW PAYROLL CLIENT INFO

COMPANY NAME

EIN

NM TAX ID/ CRS #

NM SUTA ID #

ADDRESS

OWNER NAME

OWNER ADDRESS

OWNER EMAIL

OWNER PHONE

OWNER SS#

OWNER DOB

PAYROLL ADMINISTRATOR

NAME

PHONE

EMAIL

FREQUENCY

WEEKLY BI WEEKLY SEMI-M(OTHER : _____)

DIRECT DEPOSIT

Y N

WITHDRAWL ACCOUNT

ACCOUNT #

ROUTING #

EFTPS ACCOUNT INFORMATION

PIN

PASSWORD

NM DWS ACCOUNT INFORMATION

USER

PASSWORD

PIN

HAVE YOU DONE PAYROLL FOR THE CURRENT YEAR ALREADY?

FIRST INTENDED PAYCHECK DATE
