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 ADMINISTRAT	OR				
NAME					
PHONE					
EMAIL					
EDECLIENCY	WEEK! A	DI WEEKIN	/ CENAL NA/	OTHER :	
FREQUENCY	VVEEKLY	BI WEEKL	r SEIVII-IVIC	OTHER:_	
DIRECT DEPOSIT	Υ	N			
WITHDRAWL ACCOUNT					
ACCOUNT #					
ROUTING #					
EFTPS ACCOUNT INFORI	MATION				
PIN					
PASSWORD					
NM DWS ACCOUNT INFO	ORMATION	N			
PASSWORD					
PIN					
FIIN					
HAVE YOU DONE PAYRO	LL FOR THE	E CURRENT \	/EAR ALRE	ADY?	
					_

NEW PAYROLL CLIENT INFO

EMPLOYEE INFO

NAME	DOB	HOURLY/ SALARY	PAY RATE	DIRECT DEPOSIT (Y/N)	EXEMPT OVERTIME (Y/N)

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

W-4 FORMS FOR EACH EMPLOYEE
DIRECT DEPOSIT ACCOUNT & ROUTING NUMBERS FOR ANY DIRECT DEPOSIT EMPLOYEE
A COPY OF YOUR SICK/ PTO POLICY IN COMPLIANCE WITH NM STATE LAW

https://www.dws.state.nm.us/Portals/0/DM/LaborRelations/Reference Guide June 2022.pdf