

# Small Business Payroll Services, LLC

*\*Professional \*Personal \*Reliable*

614-829-6598

[www.payroll4sb.com](http://www.payroll4sb.com)

## **General Company Information:**

Please write your corporate name (exactly as shown on your IRS correspondence):

\_\_\_\_\_

Please write your DBA name if applicable:

\_\_\_\_\_

Please list the authorized contact person(s) for payroll submission & information release:

\_\_\_\_\_  
\_\_\_\_\_

Please write your address **as shown on IRS correspondence**:

\_\_\_\_\_  
\_\_\_\_\_

Type of Business Entity: \_\_\_\_\_

Payroll Frequency (X)  Weekly  Bi-weekly  Semi-monthly  Monthly

Federal ID#: \_\_\_\_\_

Federal tax deposit frequency: \_\_\_\_\_

State withholding I.D. number(s): \_\_\_\_\_

State tax deposit frequency: \_\_\_\_\_

State Unemployment (SUI) number(s) & rate(s):

\_\_\_\_\_  
\_\_\_\_\_

Local Tax Jurisdiction(s):

I.D. number(s): \_\_\_\_\_

BWC Policy Number: \_\_\_\_\_

TPA Group Rating:  \_\_\_\_\_

Classification/Rates: \_\_\_\_\_  
\_\_\_\_\_

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Please provide your **physical address**:

\_\_\_\_\_  
\_\_\_\_\_

Please provide your **delivery** and **mailing address if different from above**:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## **Dates:**

Date of first payroll transmission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First check date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pd Beginning: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Pd Ending: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First payroll check date of the current calendar year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **Payroll History:**

Please provide all year-to-date payroll data. This allows us to manage all your data including taxes paid, deductions and accrual records.

- Copy of current year quarterly return(s)
- All payroll tax deposits (including current period)
- Previous quarter payroll totals (including terminated employees)
- Current quarter payroll reports for each payroll
- Master employee list (including terminated employees)

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## **Corporate Bank Account Information:**

*Voided check and Authorization must be completed*

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

Banking Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Trans/Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

Account Type: \_\_\_\_\_

Beginning Check #: \_\_\_\_\_

## **Please Provide the Following Information/Documents:**

IRS correspondence which includes legal name, address, and FEIN

Voided company check

Verification of any Tax Exempt Status

Ohio Business Gateway:

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Ohio BWC:

Username: \_\_\_\_\_ Password: \_\_\_\_\_

***Please provide a brief description of your business:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Please check all that apply***

- Payroll Processing
- Full Payroll Tax Service
- Direct Deposit
- New Hire Reporting
- Agency Checks
- BWC
- Business Insurance
- Health Insurance (Group or Individual)
- Financial Services (401K-SEP-IRA-Other)
- CAT Filing
- Sales Tax Filing

**Please Note any additional information that is relevant to your Payroll Needs:**

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**Completed By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_