



Payroll Setup Checklist

We have included most of the items that you will need to furnish us in order to setup your company's payroll as efficiently as possible. Please be sure that all of the items listed below, and through this packet, are completed accurately. Once your New Company packet is completed, please email it to payroll@propaytexas.com. If you have any questions or problems please call us and will be glad to assist you!

- Company and Contact Information
- Voided Check from the Bank Account used for Payroll
- Federal Identification Number and State Unemployment Number (please include current rate)
- All Tax Deposits made in the Current Year including Dates Paid
- All Quarterly Reports for Current Year
- Year-To-Date Earnings for Employees (Broken down between QTD and YTD, if applicable)
- Payroll Frequency, Input, and Delivery
- Email Addresses for Electronic Delivery of Check Stubs
- List of Employee Deductions
- List of Departments (if applicable)
- List of 401K or Pension Plan Amounts and Rules (if applicable)
- PTO Plan – Vacation/Sick/PTO Accrual Rates and Rules (if applicable)
- General Ledger Account Numbers (if opting for the General Ledger Report)
- Court Ordered Child Supports
- New Hire Packets for all Employees

(806) 356-9997



Company Information

Company Legal Name: _____

Company DBA Name: _____

Billing Address: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Delivery Address: (If not the same as the above address)

Street Address: _____ City: _____

State: _____ Zip Code: _____

Contact Information

Primary Contact: _____
First Name *Last Name*

Contact Number: _____ Job Description: _____

Email Address: _____

Secondary Contact: _____
First Name *Last Name*

Contact Number: _____ Job Description: _____

Email Address: _____

Emergency Contact: _____ **Cell Phone Number:** _____

Business Number: _____



Bank Information

Bank Name	Routing Number	Account Number	Checking/ Savings

The account we will use for payroll checks is account number: _____

The account we will use for payroll taxes is account number: _____

The account we will use to pay agencies is account number: _____

(Child Supports, IRA & Pension plans, etc.)

Please attach a copy of a voided check for each bank account that will be used below:

(Please use a blank page for additional space.)



Authorization Letter

Date: _____

In my capacity as (position) _____

with (company name) _____, I authorize the following signature(s) to be used by ProPay Professional Payroll Systems, Ltd. to print MICR check signatures on any and all payroll related items.

Name: _____

Title: _____

Signature: _____

Scanner Alignment Form

*Please DO NOT exceed the box borders.
Sign using a black fine tip pen.*

Signature Image Box A:

Print Name Below:

Signature Image Box B:

Print Name Below:



Tax Information

Federal Identification Number: _____

(Please include a copy of documentation from the IRS showing the Federal Identification number. You may find this on Form 941, 940, or the letter from the IRS assigning your company's EIN number.)

Texas Workforce Commission Number: _____

Texas Workforce Commission Rate: _____

(Please include a copy of documentation from TWC confirming the number assigned to your company, as well as, the most recent rate given.)

If ProPay Professional Payroll Systems, Ltd. will need to apply for a TWC Number:

(If Acquisition, please see Acquisition page.)

Owner's First Name: _____ Owner's Last Name: _____

Owner's Social Security Number: _____

Owner's Street Address: _____

City: _____ State: _____ Zip Code: _____

Additional States:

State: _____ State ID: _____

State: _____ State ID: _____

State: _____ State ID: _____



Tax Information

Is your company Non-profit? Yes No

Is your company Exempt from 940/FUI Tax? Yes No

Is your company Exempt from TWC/SUI Tax? Yes No

Business Type:

- Agriculture
- 944
- Household
- Military
- Rail Road
- Seasonally Active
- Other

If other, describe: _____

Corporation Type:

- S-Corporation
- Partnership
- Licensed Sole Proprietor
- Corporation
- LLC
- Other

If other, describe: _____

Please include any tax payments made for the current year, up to the last payroll processed for your company. Attach copies of the current year's quarterly reports, and all wages paid to employees.



Acquisition Information

Acquisition Date: _____

Acquisition Type: ___Total ___Partial

If partial, describe: _____

Previous Owner Information:

Owner's First Name: _____ Owner's Last Name: _____

Owner's TWC Account Number: _____

Owner's Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Last Wages Paid: _____

As of the acquisition date mentioned above of the **previous** company, were any of the owners in the **new** company also an owner(s), partner(s), officer(s), shareholder(s) or other owner(s) of the **previous** company?

- Yes
- No

If yes, check all that apply:

- Same owner, officer, partner or shareholder
- Sole proprietor incorporating
- Same parent company
- Other

If other, describe: _____



Payroll Frequency

Date of First Payroll: _____

Period Begin Date: _____ Period End Date: _____

Please specify which payroll frequency your company falls under:

- Weekly
- Bi-Weekly
- Semi-Monthly: ___ *First of Month* ___ *15th of Month* ___ *End of Month*
- Monthly
- Quarterly
- Annually

Please specify what to do in case your company's payroll falls on a weekend or a holiday:

- Please pay on the day before the weekend or holiday
- Please pay the next day available after the weekend or holiday
- Please DO NOT change my check date

If your company has multiple pay frequencies, please see below:

Pay Frequency	Payroll Check Date	Period Begin Date	Period End Date



Payroll Input & Delivery

Payroll Input:

Please choose the following method your company will be using to provide payroll information to ProPay Professional Payroll Systems, Ltd.:

- Email
- Fax
- My company will call in payroll information
- The payroll information will be imported from the below time clock:

- Run my company's payroll automatically five days prior to my payroll check date (hours, salaries, and rates will never change)

Payroll Delivery:

Please chose the following method payroll checks and/or reports will be delivered to your company:

- Pickup
- Mail
- FedEx (*preferred*)
- Lone Star
- UPS
- Electronic Delivery*

** If your company would like check stubs to be delivered via email, ProPay Professional Payroll Systems, Ltd. will need to be provided with each employee's email address on the following page or excel worksheet.*



Divisions, Branches, Departments

Will your company be using divisions, branches, and/or departments?

- Yes
- No

If yes, please provide the below information:

Divisions Number:	Divisions Name:

Branch Number:	Branch Name:

Department Number:	Department Name:



401K or Pension Plans

Will your company have 401K or Pension Plans?

- Yes
- No

If yes, please provide ProPay Professional Payroll Systems, Ltd. a copy of your company's 401K or Pension Plan rules.

PTO, Vacation & Sick

Will your company have PTO, Vacation & Sick accrual rates?

- Yes
- No

If yes, please provide ProPay Professional Payroll Systems, Ltd. your company's PTO, vacation, and sick accrual rates and rules.

General Ledger Account Numbers

Will your company be opting in for the General Ledger Report?

- Yes
- No

If yes, please provide ProPay Professional Payroll Systems, Ltd. your company's general ledger account numbers.

