



ENROLLMENT FORM

Target Start Date: _____

COMPANY INFORMATION:

Company Legal Name

FEIN: _____
(Federal Employer ID Number)

Company DBA (doing business as)

Company Legal Address

City

State

Zip Code

Phone Number

Fax Number

Mailing Address (if different than legal address)

City

State

Zip Code

PAYROLL ADMINISTRATOR:

Will be the main contact person for your day to day payroll issues and activities. The Payroll administrator should be someone who actually processes the payroll for your company, who has access to all of your payroll information and who can answer questions on the company's behalf regarding details of your company's payroll. Only one Payroll Administrator allowed.

Name

Title

Home Address

City

State

Zip Code

Work Phone

Mobile Phone

email address

PAYROLL CONTACT:

Authorized to ask questions about how the payroll service works. No confidential information will be provided to this person. This person is not allowed to make any account or payroll changes. More than one contact person is allowed.

Name Title

Home Address

City State Zip Code

Work Phone Mobile Phone

email address

PAY CYCLE:

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	Semi-annually
<input type="checkbox"/>	Semi-monthly	<input type="checkbox"/>	Annually
<input type="checkbox"/>	Monthly		

Enter next two pay cycles:

Start: _____ End: _____ Pay: _____

Start: _____ End: _____ Pay: _____

NON-BUSINESS DAYS:

<input type="checkbox"/>	Use next business day
<input type="checkbox"/>	Use previous business day
<input type="checkbox"/>	Use closest business day

PAYROLL TIME ENTRY METHOD:

<input type="checkbox"/>	Online	<input type="checkbox"/>	Fax
<input type="checkbox"/>	Time Clock	<input type="checkbox"/>	Other: _____

PAYCHECK DELIVERY METHOD:

<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Remote Check Printing		

FEDERAL W/H TAX:

<input type="checkbox"/>	Semi-weekly
<input type="checkbox"/>	Monthly

<input type="checkbox"/>	Semi-monthly
<input type="checkbox"/>	Quarterly

EFTPS PIN _____

EFTPS Password _____

STATE W/H TAX:

For multiple states, separate by semi-colons as appropriate or use additional sheets.

<input type="checkbox"/>	Semi-weekly
<input type="checkbox"/>	Monthly

<input type="checkbox"/>	Semi-monthly
<input type="checkbox"/>	Quarterly

State(s) in Which You Have Employees: _____

State Withholding Account Number _____

State Unemployment Account # _____

SUTA % _____

LOCAL W/H TAX:

For multiple states, separate by semi-colons as appropriate or use additional sheets.

<input type="checkbox"/>	Monthly
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<input type="checkbox"/>	Quarterly
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Local/Municipality Withholding ID#: _____

VOLUNTARY DEDUCTIONS

List below all voluntary deductions, other than taxes, that will be required from employees and the frequency:

DEDUCTION	Frequency	Taxable	Pre-Tax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCRUABLE BENEFITS

Vacation _____

PTO _____

Sick _____

Holiday _____

Other: _____

FILE EXPORT

Does client want payroll file? Y/N

Frequency:

Semi-weekly
 Monthly

Semi-monthly
 Quarterly

Software Used: _____

NEW HIRES

Client will be responsible for reporting new hires to the appropriate agencies
 P3 will be responsible for reporting new hires to the appropriate agencies

NOTES:
