

## Payroll Services Request Form

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Person responsible for payroll (if different): \_\_\_\_\_ Title: \_\_\_\_\_

Person authorized to sign payroll tax forms: \_\_\_\_\_ Title: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Type of Entity (Circle One): Sole Proprietor Corporation S-Corp LLC Partnership Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Legal Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Employer's Identification Number (EIN): \_\_\_\_\_

Maine Withholding Account Number: \_\_\_\_\_

Maine Unemployment Account Number: \_\_\_\_\_ U/C Rate: \_\_\_\_\_

EFTPS Internet Password: \_\_\_\_\_ EFTPS PIN: \_\_\_\_\_

Maine EZ Pay Username: \_\_\_\_\_ EZ Pay Password: \_\_\_\_\_

How many employees do you have? Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Owners/Partners: \_\_\_\_\_

Type of Pay Period: Weekly Bi-Weekly Semi-Monthly Monthly Other: \_\_\_\_\_

Do you offer paid time off or employee benefits? If yes, please explain: \_\_\_\_\_

Has payroll ever been processed under this company's name and/or EIN? Yes No Not Sure

Do you have any out-of-state or resident/nonresident alien employees? Yes No Not Sure

Would you like assistance obtaining Worker's Compensation Insurance? Yes No N/A

Please check all that apply:

I will write/print my own paychecks \_\_\_\_\_

I would like you to print paychecks for me \_\_\_\_\_

I will require mandatory direct deposit \_\_\_\_\_

I will offer optional direct deposit \_\_\_\_\_

Comments or additional services requested: