

Income Tax & Payroll Services

(323) 732-2725 Fax (323) 732-1313

Email: PayrollService@IT-PSS.Com

PAYROLL SERVICE ENROLLMENT FORM

PAYROLL ADMINISTRATOR INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Email Address: _____ Phone Number: _____

COMPANY INFORMATION

Earliest Payroll Date: _____ Company Name: _____

Legal Name: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

REQUESTED SERVICES

Yes No Payroll Direct Deposit Service

Liability Services:

Yes No Business Taxes

Yes No Payroll Tax Payments

COMPANY INCOME TAX INFORMATION

Federal Tax ID: _____ 1st Month of Income Tax Year: _____ 1st Month of Fiscal Year _____

Tax Form:

1120 1120S 1065 990 990-PF 990-T 1040 Other/None _____

EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)

EDD Number: _____

EDD Company Rate:

Jan-Mar: _____% Apr-Jun: _____% Jul-Sep: _____% Oct-Dec: _____%

BANK INFORMATION

Bank Name: _____ Account Description: _____

Bank Account No: _____ Beginning Balance _____ as of _____

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WAGES, TIPS, AND TAXABLE FRINGE BENEFITS

Select Type of Wages, Tips, and Taxable Fringe Benefits:

- Salary Hourly Wage Unpaid Salary Time Off Reported Tips Allocated Tips
- Bonus/Award/One-Time Cash Compensation Commission Company Car
- Taxable Fringe Benefits-Other

DEPOSIT FREQUENCIES

Federal Taxes and Liabilities

Please Check One: Semi-Weekly (Once a week) Monthly Quarterly

State Taxes and Liabilities

Please Check One: Semi-Weekly (Once a week) Monthly Quarterly

FEDERAL TAXES AND LIABILITIES

Prior Payment of Taxes and Liabilities

Payment Date: _____ Ending Period: _____

Federal Unemployment \$ _____ Federal Withholding \$ _____

Medicare Company \$ _____ Medicare Employee \$ _____

Social Security Company \$ _____ Social Security Employee \$ _____

STATE TAXES AND LIABILITIES

Prior Payment of Taxes and Liabilities

Payment Date: _____ Ending Period: _____

CA-Withholding \$ _____ CA-Disability Employee \$ _____

CA-Unemployment Company \$ _____ CA-Employment Training Tax \$ _____

OTHER TAXES AND LIABILITIES

Prior Payment of Taxes and Liabilities

Payment Date: _____ Ending Period: _____

Other: _____ \$ _____ Other: _____ \$ _____

Payroll Administrator Signature: _____	
Payroll Administrator Name: _____	Date: _____
Print Name	