

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: