



Employer Payroll Information Form

Please Print

Company Name: _____

Services to be Provided:

Full Service Payroll ____ Employee Handbook ____ HR Services ____

Are you a: C Corporation ____ S Corporation ____ LLC ____ Sole Proprietorship ____

Business Address: _____

Mailing Address: _____

Contact Name: _____

Title: _____ Phone Number: _____

Email: _____

EIN Tax ID #:

State Income Tax ID #:

Local Tax ID # (if applicable)

State Unemployment Account Number (SUTA): _____

SUTA Rate: _____ Effective Date: _____

Payroll Frequency: ____ Weekly ____ Biweekly ____ Semi-Monthly ____ Monthly

Number of Employees _____

Any Other Locations?

Employer Signature

Date

Please return your completed form via the secure file transfer link below.

<https://hushforms.com/thehroffice305>