Tax Depository Information:

Federal:		Semi-Weekly	Monthly	
State 1: _____	Weekly	Semi-Monthly	Monthly	Quarterly
State 2: _____	Weekly	Semi-Monthly	Monthly	Quarterly
Local 1: _____	Weekly	Semi-Monthly	Monthly	Quarterly
Local 2: _____	Weekly	Semi-Monthly	Monthly	Quarterly

Check Day: Mon Tues Wed Thurs Fri Sat Sun

P/E Day: Same As Prior To Following Check Day
Mon Tues Wed Thurs Fri Sat Sun

Call Day: Mon Tues Wed Thurs Fri Sat Sun

Delivery Address: _____

_____

Permanent Deductions/Frequency

A-Misc _____/_____ B-_____ _____/_____

C-_____ _____/_____ D-_____ _____/_____

E- _____ _____/_____ F-_____ _____/_____

Prior Service: _____ Number of Active Employees: _____

Number of Employees to be set-up: _____ ** P/U Figures: Yes No

Account Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

If this was a referral who referred the account? _____

Are they getting a $50.00 referral fee? _____ Need Check by: _____

Additional Comments/Special Handling

_____

_____

_____

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