

Easy Start Payroll Submittal Form

Company Information

Legal Name: _____

DBA: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Payroll Contact _____ E-Mail _____

Phone Number _____ Fax Number _____

Billing Contact _____ E-Mail _____

Phone Number _____ Fax Number _____

Payroll Submission

(day of the week or date)

Day Date

Period End Date _____

Submittal Date _____

Delivery Date _____

Check Date _____

Delivery Options

_____ Delivery (Xenia Ohio Only)

_____ Email

_____ Payroll Portal

_____ Fax

_____ FedEx (shipping charges extra)

Payroll Frequency:

(circle one)

Weekly Bi-Weekly Semi-Monthly Monthly

Submission Method

(circle one)

Fax Email Payroll Portal Quick Form

Tax Information

Federal EIN _____

State EIN _____

Tax Deposit Frequency

(circle one)

Each Payroll Monthly Quarterly

State Unemployment ID # _____

State Unemployment Rate _____

Worker's Compensation Codes/Rates

(optional)

Rate Code & Name

Experience Modification Rate _____

Notes/Comments/Special Requests
