The Hagen Firm PLLC
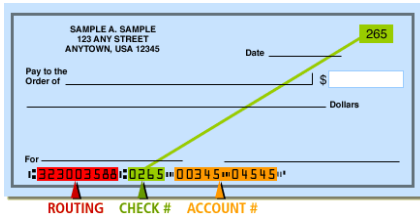*certified public accountants*

EMPLOYER INFORMATION SHEET

General

Business Name: _____

Contact Name: _____

Business Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

Legal Name (if different): _____

Email: _____

Filing Address (if different): _____

City, State, Zip: _____

Company Type: ○ S-Corp   ○ C-Corp   ○ LLC   ○ LLP   ○ Partnership
○ Sole Proprietor   ○ 501c3   ○ Other _____

Direct Deposit

Employer Bank Name: _____

Employer Bank Routing Number: _____

Employer Bank Account Number: _____

SAMPLE A. SAMPLE
123 ANY STREET
ANYTOWN, USA 12345

265

Date _____

Pay to the
Order of _____ $ [____]

_____ Dollars

For _____

⑆323003568⑆ 0265 ⑈ 00345 ⑈ 04545 ⑈

ROUTING   CHECK #   ACCOUNT #

Principal Officer's Name: _____

Principal's Social Security Number: _____

Principal's Date Of Birth: _____

Federal law requires that we store and verify information about the principal officer to help prevent money laundering and the funding of terrorist activity. **The principal officer is the person who is the main contact for the bank account from which electronic payments (including direct deposit) are made**.

Payroll

No. of W-2 employees _____

No. of 1099 contractors to be paid through payroll _____

First Date To Run Payroll   MM____/ DD____/ YY ____

Federal EIN _____ ❑ Applied For

WA State UBI Number _____ ❑ Applied For

State Unemployment No. _____ ❑ Applied For

State Unemployment Insurance Rate _____% (if known)

Federal Deposit Schedule
☐ Monthly
☐ Semi-Weekly
☐ Other_____

_____

Labor & Industries account ID:
_____

Labor & Industries codes and rates (if known):_____
_____

EFTPS PIN: _____

EFTPS Internet Password: _____

If you are not enrolled in EFTPS you will need to do so. You can

start the enrollment process at: www.eftps.gov

Payroll History

Attach any historical payroll information from this calendar year for all active <u>and terminated</u> employees

☐ Have not run any payroll yet this year

Beginning of Calendar Quarter Start. If you will begin using our service at the start of the 2nd, 3rd or 4th calendar quarter (April 1, July 1, or October 1), please include the following items.

☐ Year-to-date wages, taxes, and deductions for each employee

☐ Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Middle of Calendar Quarter Start. If you will begin using our service in the middle of a calendar quarter, please include the following items.

☐ Year-to-date wages, taxes, and deductions for each employee as of the most recent payroll

☐ Year-to-date wages, taxes, and deductions for each employee as of the end of the most recent calendar quarter *(not applicable if you're starting in the middle of the first calendar quarter)*

☐ Payroll register or other summary for <u>each</u> payroll date in the current quarter, including total amounts for each wage item, tax, and voluntary deduction on that date.

☐ Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Notes