

**Company Information**

Legal/Tax Name	<input type="text"/>	DBA	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Address	<input type="text"/>	State	<input type="text"/> Zip <input type="text"/>
Mgmt Contact	name: email:	Ph No.	<input type="text"/>
Payroll Contact	name: email:	Fax No.	<input type="text"/>

Data Transmission Method:  [Fax]  [Phone]  [PC]  [On-Line]

Delivery Method:  [CheckWriters Courier]  [1st Class Mail]  [UPS]  [Pick-up]  [Paperless]

**Payroll Information**

Pay Frequency:  [Weekly]  [Biweekly]  [Semi-Mo]  [Monthly]

What day are your checks dated for?	<input type="text"/>	1st Check date	<input type="text"/>
What day will you send your data?	<input type="text"/>	1st Period begin date	<input type="text"/>
What day does your pay period begin?	<input type="text"/>	1st Period end date	<input type="text"/>

**Bank Information**

Draw payroll checks on bank name:  Acct #  Check#

Debit payroll tax on bank name:  Acct #

**Please attach a voided check or copy of check from each account that we will be accessing.**

**Tax Information**

Full Tax Service Provided by CheckWriters  YES  NO

**Federal**

Federal ID  Deposit Frequency  [ Semi-Wkly ]  [ Monthly ]

**State**

State Tax ID  Deposit Frequency  [ Qtr-Monthly ]  [ Monthly ]

Unemploy ID  UI Rate  MA Health

**Department Setup**

<u>Dept ID</u>	<u>Description</u>	<u>Dept ID</u>	<u>Description</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Earning--Deduction Descriptions**

No.	<u>Earning Name</u>	<u>Description</u>
_____	Salary	
_____	Regular	
_____	OT	
_____	Vacation	
_____		
_____		
_____		
_____		

No.	<u>Deduction Name</u>	<u>Description</u>
_____		
_____		
_____		
_____		

**Conversion Information**

The following information must be provided for each employee that received wages during the current calendar year, regardless of whether they are currently active or terminated.

Employee Information: Name, address, ss#, hire date, fed status, state status, hourly rate, salary, pay freq, direct deposit information (forms provided), voluntary deductions (amounts & frequency).

Year to date: Gross wages, federal withholding, medicare withholding, OASDI withholding, state withholding 401K contributions, pretax contributions (sec-125). (NOT REQUIRED FOR JAN 1 STARTUP OR NEW BUSINESS WITH NO PRIOR WAGES)

Quarter to date: if mid-quarter conversion, above information must be broken out for current quarter (NOT REQ'D FOR JAN 1 STARTUP OR NEW BUSINESS WITH NO PRIOR WAGES)

Tax Conversion: Please supply copies of your last 4 quarterly payroll tax returns: Form 941, State Wage Reporting Form WR-1, State Unemployment Return Form 1, MA Health Return. If filing in additional states, please include all applicable forms from each state. (IF NEW BUSINESS, PLEASE PROVIDE PRINTED VERIFICATION OF FED & STATE EMPLOYER ID #'S.)

Mid Quarter Tax Conversion: In addition to above, please supply liability and deposit records for each pay period in current quarter.