**EMPLOYER INFORMATION SHEET**

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| **General** |
| Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filing Name (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Yrs in Business\_\_\_\_\_\_\_\_\_\_  |
| Company Type: 🔿 S-Corp 🔿 C-Corp 🔿 LLC 🔿 LLP 🔿 Partnership 🔿 Sole Proprietor 🔿 501c3 🔿 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Direct Deposit**  |
| Employer Bank Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Officer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal’s Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal’s Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal’s Phone Number (personal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal’s Address (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 \_\_\_\_\_ Avg Payroll (net) $\_\_\_\_\_\_\_\_No. of 1099 contractors to be paid through payroll \_\_\_\_\_ First Date To Run Payroll MM\_\_\_\_/ DD\_\_\_\_/ YY \_\_\_\_Federal EIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Applied ForState Employer Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Applied ForState Unemployment No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Applied ForState Unemployment Insurance Rate \_\_\_\_\_\_\_\_% (if known) Other state tax rates, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Federal Deposit Schedule*** + Monthly
	+ Semi-Weekly
	+ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State Deposit Schedule***Only applicable to states with income tax** + Same as federal
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Payroll History**  |
| **Attach any historical payroll information from this calendar year for all active and terminated 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 each 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** |

**EMPLOYEE INFORMATION SHEET**

Complete this form for each employee.

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| **General Information** |
| Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_Hire Date MM\_\_\_\_/DD\_\_\_\_/YY\_\_\_\_Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Direct Deposit Information** |
| Will this employee be paid by direct deposit?* Yes. If so, please complete the Authorization of Direct Deposit form
* Employee needs a paycard
 |
| **Tax Information**  |
| Please attach or specify the following information for this employee:* Attach completed federal Form W-4
* Attach completed state withholding form. *Only applicable if state income tax and filing status/allowances are different from federal*
* Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specify any local taxes that need to be withheld from this employee’s paycheck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:  |
| **Pay Information**  |
| Which types of pay does this employee receive? |
| * Salary $\_\_\_\_\_\_ per \_\_\_\_

Hourly Rates (up to 8 different)* + $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
	+ $\_\_\_\_\_ / hour
 | * + Overtime Pay
	+ Double Overtime
	+ Sick Pay
	+ Holiday Pay
	+ Vacation Pay
	+ Bonus
	+ Commission
	+ Allowance
	+ Reimbursement
	+ Cash Tips
	+ Paycheck Tips
 | * + Clergy Housing (Cash)
	+ Clergy Housing (In-Kind)
	+ Bereavement Pay
	+ Group Term Life Insurance
	+ S-Corp Owners Health Ins.
	+ Personal Use of Company Car
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Pay Frequency*** Every Week
* Every Other Week
* Twice a Month
* Every Month
	+ Other\_\_\_\_\_\_\_\_
 | **Payday details**Date(s) or day(s) employees paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(for example, the 1st and 15th of the month)*Period Covered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(for example, Paycheck on the 1st covers the 16th to the end of the prior month)*  |
| **Payroll Deductions**  |
| Select the voluntary deductions that apply and enter the $ or % amount to be deducted from each paycheck. |
| **Deduction**  | **$ Amount or****% of Gross** | **Deduction**  | **$ Amount or** **% of Gross**  |
| * + Pre-tax medical
	+ Pre-tax vision
	+ Pre-tax dental
	+ Taxable medical
	+ Taxable vision
	+ Taxable dental
	+ 401(k)
	+ Simple 401(k)
 |  | * + 403(b)
	+ Simple IRA
	+ SARSEP
	+ Medical expense FSA
	+ Dependent care FSA
	+ Loan Repayment
	+ Cash Advance Repayment
* Other \_\_\_\_\_\_\_\_\_\_
 |  |
| Is this employee subject to wage garnishments, such as a federal tax or child support garnishment? * Yes If so, attach copies of all garnishment orders
* No
 |
| **Sick and Vacation** |
| If this employee earns paid time off, complete the section below; otherwise, leave blank. |
| **Sick Pay**No. of Hours Earned Per Year \_\_\_\_\_\_\_\_Max. hours accrued per year (if any) \_\_\_\_\_\_\_\_Current Balance \_\_\_\_\_\_\_\_Hours are accrued: * As a lump sum at the beginning of year
* Each pay period
* Each hour worked
 | **Vacation Pay**No. of Hours Earned Per Year \_\_\_\_\_\_\_\_Max. hours accrued per year (if any) \_\_\_\_\_\_\_\_Current Balance \_\_\_\_\_\_\_\_Hours are accrued: * + - As a lump sum at the beginning of year
		- Each pay period
		- Each hour worked
 |
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**Notes**

**CONTRACTOR INFORMATION SHEET**

Complete this form for each 1099 contractor.

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| **General Information** |
| Contractor Type: € Individual € BusinessContractor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security No./Employer Identification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Direct Deposit Information** |
| Will this contractor be paid by direct deposit?* Yes If so, complete the Authorization of Direct Deposit form.
* No
 |
| **Pay Information** |
| **Has this contractor already been paid this calendar year?**   € Yes If so, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.€ No  Compensation amount $ \_\_\_\_\_\_\_\_\_\_\_\_  Reimbursement amount $ \_\_\_\_\_\_\_\_\_\_\_ |
| **NOTES** |
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**AUTHORIZATION FOR DIRECT DEPOSIT**

Complete this form for each employee or contractor electing direct deposit.

I authorize ABKramer Group LLC to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford ABKramer Group LLC a reasonable opportunity to act on it.

**Primary Direct Deposit**

Name on bank account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or entire paycheck: \_\_\_\_

\*Balance of pay to:

 \_\_\_\_\_\_\_\_\_ Secondary account described below

\*Note: Split payments are not available for contractors.

**Secondary Direct Deposit** (balance after direct deposit entry above)

Name on bank account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important:** Please attach a voided check for each bank account to which funds should be deposited.

**Employee/Contractor signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_