BOOKSMARTS ACCOUNTING
Jennifer Groberg
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Payroll Services Request Form

Owners Name: _____

Owners Address: _____

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____ Email: _____

Please select your desired pay schedule: Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐

Other ☐

Total number of W-2 Employees: _____

Do you offer your employees vacation time? Yes ☐ No ☐

Do you offer your employees sick time? Yes ☐ No ☐

The following tax information must be filled out in its entirety. Thank you for your compliance.

General Tax Information

What type of company are you? (Please mark corresponding box): 501c3 ☐ S-Corp ☐

C-Corp ☐ LLC ☐ LLP ☐ Sole Proprietor ☐ Other ☐

Filing Name: _____

Filing Address: _____

When would you like to begin our payroll services? MM_____ DD_____ YY_____

Federal Tax Information

EIN: _____

Filing Requirement: _____ Effective Date: _____

Please Check your Deposit Schedule: Semi-Weekly ☐ Monthly ☐ Other ☐

If Other, Please Describe: _____

State Tax Information

State Requirements are the same as Federal Requirements ☐ Other ☐

Utah Withholding Setup

UT Account Number: _____

Deposit Schedule: _____ Effective Date: _____

Utah Unemployment Insurance (SUI) Setup

UT Employer's Registration Number: _____

UT SUI Rate: _____ Effective Date: _____

Bank Account Information (For electronic tax payments and direct deposit)

Bank Name: _____

Account Number: _____ Routing Number: _____