

Company Information Form

Company Name _____

Company Address _____

Contact Name _____

Phone # _____ Fax # _____

E-mail Address _____

Federal ID # _____ State ID # _____

SUTA ID # _____ SUTA Rate _____

-----Items below completed by Tax & Business Solutions, Inc. -----

Payroll Frequency _____ Payday Day Of Week _____

Pay Period Ending Day Of Week _____ Direct Deposit Yes or No (circle one)

Check Printing Yes or No (circle one, if yes complete information below)

Bank Name & Address _____

Color of Check Desired _____ Starting Check # _____

Attached Copy of Voided Check to This Form

Tax payment Frequency (circle one for each tax type)

Federal & State Withholding – Semi-weekly or Monthly or Quarterly or Annually

SUTA – Quarterly or Annually

Tax payment – Prepare Coupon For Client or TBS Pays (circle one)

Deduction item information

Retirement Plan Type _____ Tax Treatment _____ Box 12 Code _____

Company Match – Yes or No (circle one) If Yes enter _____% TBS Track – Yes or No

Health Insurance Premiums Pre-Tax – Yes or No (circle one)

Health insurance cafeteria plan – Yes or No (circle one)

Other deductions _____ Pre-Tax Yes or No (circle one)

Other deductions _____ Pre-Tax Yes or No (circle one)