New Client Enrollment Checklist for

_____

Company Name

Please complete the following forms and check lists to ensure we collect all relevant and pertinent information for processing your company's payroll correctly.

Here is what you will need to complete:

Start-Up Item
New Employer Forms ❑ General Company Information - page 1 ❑ Payroll Information - page 2 ❑ Automatic Billing Authorization. - page 3

Text completed forms to 239-394-0358
Or.
E-mail to missionstatus@onlinepayroll.services
Or
Complete these forms online at www.onlinepayroll.services/deployment

PLACE VOIDED CHECK HERE

EMPLOYER INFORMATION SHEET

General Information

Business Name

Business Address

City. State. Zip

Filing Name (If Different. ie d/b/a)

Filing Address (If Different)

City. State. Zip

NAICS Industry Code

Important Information: To help the government fight the funding of terrorism and money laundering activities. Federal law requires us to obtain. verify. and record information that identifies the principal officer listed on an account used for Direct Deposit or electronic payments. Please check that the information is complete and accurate. Errors or omissions will delay your Electronic services enrollment. You will not be able to pay your employees by direct deposit or submit electronic tax payments until this information has been verified.

Contact Name

Contact Phone

Fax

Contact Email

Company Bank Acct #

Bank Routing #
Please attach a voided check

Principal Officer Listed on Acct

Principal Officer's SSN

Principal Officer's Date of Birth

Principal Officer's Street Address

Principal Officer's City. State. Zip

Company Type ❍ S-Corp ❍ C-Corp ❍ LLC ❍ LLP ❍ Partnership

❍ Sole Proprietor ❍ 501c3 ❍ Other _____

PLEASE INCLUDE A COPY OF PRINCIPLE OFFICER'S OFFICIAL GOVERNMENT ID
(Driver's license or passport)

Payroll Information

No. of W-2 employees
No. of 1099 contractors to be paid through payroll

First Date To Run Payroll

Federal EIN ❑ Applied For

State Employer Account #: ❑ Applied For

State Unemployment #: ❑ Applied For

State Unemployment 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----------

Attach any historical payroll information from this calendar year for all active and terminated employees

❑ We have not run any payroll yet this year

If service will begin at the start of the 2nd; 3rd or 4th calendar quarter (April 1, July 1, or October 1), please include:

❑ 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

If service will begin in the middle of a calendar quarter, please include:

❑ 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

NACHA Authorization Form

I acknowledge that I am duly & legally authorized to provide this authorization on behalf of:

Legal Business Name: _____

Authorized Representative Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Bank Account Type: Savings

Bank account number: _____

Bank routing number: _____

For the purpose of:
- Employee Paychecks
- Payroll Tax Payments
- Contractor Payments
- Payroll Service Fees

Important: Please attach a voided check and Authorized Representative's driver's license (or alternatively, you can text a pic of each to 239-394-0358).

I hereby authorize Payrollsvc Client Trust, TruPayroll, and/or OnlinePayrollServices (collectively, the "Processors") to initiate electronic credit and debit entries, and, if necessary, adjusting entries for any transactions made in error, to or from the Company's account(s) indicated below at the financial institution(s) named below (the "Depository"). I affirm that all transactions initiated under this authorization shall comply with applicable provisions of U.S. law, including but not limited to the NACHA Operating Rules and Guidelines. I further acknowledge and affirm that no international (IAT) entries will be initiated unless separately authorized in writing. This authorization remains in effect until revoked in writing with sufficient notice to afford the Processors a reasonable opportunity to act.

By typing my name below, I consent to the use of this electronic signature in lieu of a handwritten signature.

Authorized Representative's Signature: _____

Date: _____

This form provided by:
OPS - www.OnlinePayroll.Services