

# EMPLOYER INTAKE FORM

## General Information

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Filing Name (if different) \_\_\_\_\_

Filing Address (if different) \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Company Type

S-Crop     C-Crop     LLC

LLP     Partnership     Sole Proprietor

50Lc3     Other

## Direct Deposit Information

Employer Bank Routing Number? \_\_\_\_\_

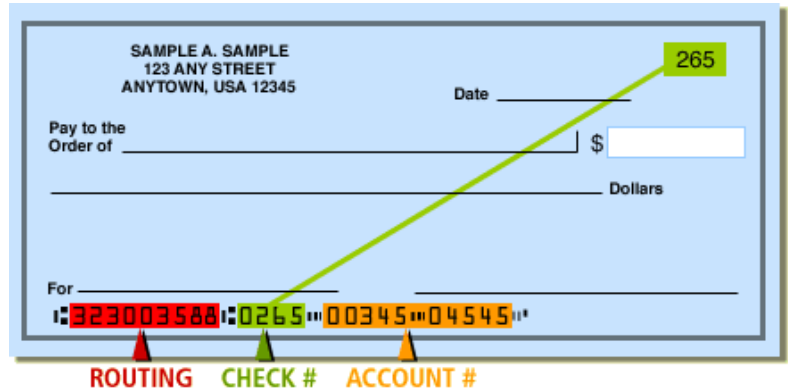
Employer Bank Account Number? \_\_\_\_\_

Principal Officer's Name? \_\_\_\_\_

Principal's Social Security Number? \_\_\_\_\_

Principal's Date Of Birth? \_\_\_\_\_

MM \_\_\_ / DD \_\_\_ / YYYY \_\_\_\_\_



*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 Information

No. of W-2 employees \_\_\_\_\_ First Date To Run Payroll \_\_\_\_\_

MM \_\_\_ / DD \_\_\_ / YYYY \_\_\_\_\_

No. of 1099 contractors to be paid through payroll \_\_\_\_\_

Federal EIN \_\_\_\_\_

State Employer Account Number \_\_\_\_\_  Applied For     I Don't Know

State Unemployment Number \_\_\_\_\_  Applied For     I Don't Know

State Unemployment Insurance Rate \_\_\_\_\_  Applied For     I Don't Know

Other state tax rates, if applicable \_\_\_\_\_

