



## New Company Set-Up Information

### General Company Information

Legal Company Name:

Doing Business As:

Legal Address:

City:

State:

Zip Code:

Physical Address: (if different than above)

City:

State:

Zip Code:

Mailing Address: (if different than above)

City:

State:

Zip Code:

Type of Entity (check one)

C Corp

S Corp

Sole Proprietor

General P'ship

Ltd P'ship

Limited Liability Co

Individual

Non-Profit Organization

Principal Name:

Phone #:

Principal Address:

City:

State:

Zip Code:

Social Security #:

Email:

Payroll Contact Name:

Phone #:

Fax#:

Email:

How did you hear about us? (please check all that apply)

Yellow Pages

Internet

Another Company

PayUSA Representative

### Sales Department

680 American Ave. Ste 103 ♦ King of Prussia, PA 19406 ♦ Ph. (610) 337-3000 ♦ Fax (610) 337-2072  
Christian Hoyt ♦ cch@payusa.com  
Deanna Zlobinski ♦ deanna@payusa.com



**General Payroll Information**

Number of Employees:

Payroll Frequency: (check one)

Weekly      Biweekly      Semi-Monthly      Monthly

1<sup>st</sup> Payroll Period:

Start Date:                      Ending Date:                      Pay Date:

Starting Check #:

Form of Payroll Transmission: (check one)      Fax      Email      Phone      Internet

Transmission: Day:                                              Time:

Delivery of Payroll: (check one)      Regular Mail      FedEx      UPS      Email      Courier

Federal ID #:

State Withholding Tax: (if more than four states, please attach separate document)

State Name				
State ID #				
Deposit Freq.				

State Unemployment Tax: (if more than four states, please attach separate document)

State UC Name				
State UC ID#				
Contribution Rate				

Local Tax: (if more than four localities, please attach separate document)

State				
City/County Name				
Deposit Freq.				
Agency ID #				
Tax % Rate				

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General Payroll Information(Continued)

Earnings: (check all that apply, if additional please complete the blank other fields)

Regular      Overtime      Vacation      Sick      Holiday      Personal  
 Salary      Bonus      Commission      Other  
 Other      Other      Other

Deductions: (check all that apply, if additional please complete the blank other fields)

Advance      Loan w/Limit      401K      Co. 401K Match      401K Loan  
 Medical      Dental      STD      Other  
 Other      Other      Other

Optional Reports:

(Frequency options: Pay date, weekly, quarterly, yearly, and on demand)

Custom Report Title	Frequency	Custom Report Title	Frequency
OPT Report		Employee Report	
401K Report		Personnel Report	
401K ASCII File		MTD Report	
Credit Union Report		QTD Report	
Union Report		YTD Report	
Deductions Report(s)			
Census Report			
Census ACSII File			
Vac/Sick Accrual			

Does your company have departments?    Yes (if yes please list dept info below)      No  
 (If more than 12 departments please attach a separate sheet)

Department #	Department Name	Department #	Department Name

\*(department # should be 4 digits alpha/numeric)

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Employee Information (please complete one of these sheets per employee)

Employee #: (if left blank, system will auto #, must be 4 digits)

First Name:                      MI:              Last Name:

Department: (if applicable)

Address:

City:                              State:                              Zip Code:

Phone #:

Social Security #:                              DOB:

Gender:

Federal Marital Status:                      State Marital Status:

# of Exemptions:                              # of Exemptions:

Extra Amt Withheld:                      or Fixed Amt Withheld:

Rate of Pay: (check one)

Hourly      Hourly Rate 1:              Hourly Rate 2:              Hourly Rate 3:  
Salary      Rate Per Pay Period:

Voluntary Deductions:

Description	Amount	Description	Amount

\*\*Please attach to each Employee Information sheet the following...

- ✓ Any Year-to-Dates, gross to net breakdown
- ✓ Quarter-to-Date for current quarter, gross to net breakdown.

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