

Webb Payroll Service, Inc.

P.O. BOX 756

Gardendale, AL 35071

(205) 631-3614 ■ FAX (205) 631-3641

EMPLOYER INFORMATION

Company Name: _____ Date: _____

Address: _____

Phone: () _____ Fax: () _____

Contact Name: _____ E-Mail: _____

If we are to file for tax numbers, please complete this area.

Corporation Proprietorship Domestic LLC

List below full name(s), Social Security number and title of individual owner partners or officers.

Name & Address	Social Security number	Title

What type of activity is your business engaged in: Mining, manufacturing, construction, etc.

Void Check Required with Starting Check Number.

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If you already have your tax numbers, please list below:

	Tax Numbers	Deposit Frequency
Federal I.D. #		
State I.D.#		
State S.U.I.#		
State S.U.I. rate		
City I.D.#		
County I.D.#		
Deduction:		

If you have payroll in other states, please list below with tax numbers:

State	Tax Numbers	Deposit Frequency

Payroll Frequency: _____ Next Pay Date: _____

Period Begin Date: _____ Period End Date: _____

Payroll History Required: QTD: _____ YTD: _____

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NEW ACCOUNT SET UP

*TAX SERVICE	YES	NO	*GENERAL LEDGER	YES	NO
*PC INPUT	YES	NO	*AGENCY CHECKS	YES	NO
*DIRECT DEPOSIT	YES	NO	*WORKERS COMP	YES	NO
*LABOR DISTRIBUTION	YES	NO	*SIGNATURES	YES	NO
*401K	YES	NO	A) Tax Service	YES	NO
*CUSTOM INTERFACES	YES	NO	B) Payroll Checks	YES	NO
*TIME OFF ACCRUAL	YES	NO	*LOGOS	YES	NO
PAYROLL THRU CPA	YES	NO	*CUSTOM PROGRAM	YES	NO
SECTION 125	YES	NO	*MULT. P/R ACCT.	YES	NO
3 RD PARTY SICK PAY	YES	NO	LOCALITIES	YES	NO
GROUP TERM LIFE	YES	NO	TIPS	YES	NO
			TRUST ACCOUNT	YES	NO

*Additional Information Required

CHECK PRINTING

SIGNATURE SHT. RCVD:	YES	NO	DUE:		
LOGO RCVD:	YES	NO	DUE:		
ENVELOPES:	YES	NO	YTD'S ON CHECKS	YES	NO
SEAL:	YES	NO	RATES ON CHECKS	YES	NO
BILLING CHECKS	YES	NO			

CPA FIRM: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

All information is confidential and further disclosure of any part or parts contained here is prohibited.

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BANK INFORMATION:

STARTING CHECK #: _____

SAMPLE CHECK ATTACHED? YES NO

TAX SERVICE BANK ACCOUNT YES NO

SAMPLE CHECK ATTACHED? YES NO

BANK NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

DELIVERY:

METHOD _____ TIME _____

COST _____

SPECIAL INSTRUCTIONS _____

EARNINGS / DEDUCTIONS:

USE STANDARD YES NO

SPECIAL EARNINGS / DEDUCTIONS _____

AGENCY CHECKS / THIRD PARTY: YES NO

INFORMATION ATTACHED: YES NO

GENERAL LEDGER: YES NO

CHART OF ACCTS. ATTACHED: YES NO

DIVISION-BRANCH-DEPARTMENTS:

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