



Company Name: _____

Attention: _____

Address: _____

City, State & Zip Code: _____

Federal ID #: _____

State Unemployment ID #: _____

Quest Username: _____ Quest Password: _____

Webfile Username: _____ Webfile Password: _____

Webfile Security Question Answers:

1. _____ 2. _____ 3. _____

*The first payroll week(s) start date is: _____

*The first payroll week(s) end date is: _____

*The first pay check date is: _____

_____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

*these dates will continue in the same fashion for the calendar year(s)
until notified otherwise in writing.



Entity Type _____ Date of Origin: _____

I choose to have PayProNE make the following tax depositories:

941 _____ 940 _____ SUI _____ SWT _____

I plan to make my own depositories _____

I choose to have PayProNE prepare my Quarterly Tax Returns _____

I plan to prepare my own Quarterly Tax Returns _____

I choose to have PayProNE prepare the year end W2 and W3 statements _____

I plan to prepare my own W2 and W3 statements _____

I choose to have PayProNE register my company with an online Web File Login _____

I plan to prepare my own online Web File Login and will pass this information on to PayProNE _____

I choose to have PayProNE escrow and pay company Simple, 401k, and retirement contributions. _____

I plan to administer my own Simple, 401k, and retirement payments _____.

I choose to have PayProNE escrow and pay company voluntary benefit payments (i.e. Aflac) _____.

I plan to administer company voluntary benefit payments _____.

I choose to have PayProNE file any New Hire Forms as necessary by the state. _____

I plan to file my own New Hire Forms _____.



Primary Payroll Contact:

Name: _____ E-Mail: _____

Tel #: _____ Cell: _____

Fax #: _____

Secondary Payroll Contact:

Name: _____ E-Mail: _____

Tel #: _____ Cell: _____

Fax #: _____

Additional Payroll Contact:

Name: _____ E-Mail: _____

Tel #: _____ Cell: _____

Fax #: _____

Any additional payroll contacts please submit on a separate piece of paper with an authorized signature on the additional sheet.



I hereby authorize you to transfer funds from the account of _____, into the checking account of Payroll Professionals of New England. Funds will be withdrawn 48 hours prior to your payroll check date. The amount to be transferred will include net payroll, employer payroll taxes, payroll fees and any additional fees in agreement between parties. The account number listed below specifies the account from which I would like to have the funds transferred.

BANK NAME _____

BANK ADDRESS _____

BANK ROUTING # _____

ACCOUNT # _____

Please attach a VOIDED Check (For Checking) or Savings Deposit Slip (For Savings) for this account.

By signing below, I am acknowledging that all the information listed on these company data sheets to be correct.

Store Name and Location

Authorized Signature

Printed Name

Date



In addition to the forms provided by Payroll Professionals of New England, the following information is needed to set up your account:

- Quarterly returns submitted for the current year.
- Year-to-date income, tax and deduction detail for each employee provided by quarter.
- Tax payment detail for current year
- Simple, 401k, and retirement login and password information
- Voluntary benefit login and password information
- Child support orders
- Payroll Levy orders



Shipping Instructions

Please verify how you would like payroll reports, check stubs, quarterly, and annual filings sent to you.

Shipping Preference:

- Pick Up
- Courier
- UPS
- Mail – All packages sent USPS cannot be tracked or guaranteed.

Payroll Reports:

- Company Address
 - Secure Email email address: _____
 - View Choice
 - Alternate Address
-
-
-

Checks/Stubs:

- Company Address
 - Employee Self Service
 - View Choice
 - Alternate Address
-
-
-

Quarter/Annual Reports:

- Company Address
 - Secure Email email address: _____
 - Alternate Address
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