HOUSEHOLD PAYROLL EMPLOYER WORKSHEET



	MALINE STUDENT OF COURSE OF COURSE	
HOUSEHOLD EMPLOYER CONTACT INFORMATION:	Date of Birth	
Please provide the full legal name of the employer (as it appears on your income t	tax return)	
Mr. First Name M.I. Last Name	Social Security Number	
Mrs. Ms.		
Address where work will be performed Apt.	City State Zip Code	
Home Phone Cell Phone	Email Address	
Preferred Method of Contact:	Email Address	
	Date of Birth	
SECTION 2: SPOUSE CONTACT INFORMATION (if filing joint tax	(return):	
Mr. First Name M.I. Last Name	Social Security Number	
Mrs.		
PRIMARY AGENT/FAMILY CONTACT INFORMATION:		
Mr. First Name M.I. Last Name	Social Security Number	
Mrs.		
Ms. Address Apt.	City State Zip Code	
Apt.	State Zip code	
Home Phone Cell Phone	Email Address	
Preferred Method of Contact:	☐ Email Address	
ADDRESS WHERE PAPERWORK SHOULD BE MAILED (IF DIFFERI	ENT FROM EMPLOYER ADDRESS ABOVE):	
Address Apt.	City State Zip Code	
LL CHRIST		
Home Phone Cell Phone	Email Address	
HOUSEHOLD PAYROLL SERVICE PLAN INFORMATION:	Electronic Service Offering: Frequency of Pay:	
Details of payroll service plan offerng:	☐ Direct Deposit (DD) ☐ Weekly	
betails of payroll service plan offering.	☑ Electronic Tax Payments	
(If unsure of your options, please contact us to discuss in more detail).	✓ Payment of Monthly Invoices	
ADDITIONAL TAX SET-UP INFORMATION:	If Yes, Enter EIN Here:	
Has the employer ever obtained or applied for a Federal Employer Identification		
Number (FEIN) either for the household or as a Sole Proprietorship?	☑ No	

EMPLOYER PAY INFORMATION & ELECTRONIC ENROLLMENT



EMPLOYEE PAY INFORMATION:		PAY SCHEDULE:
Note: Time and a half must be paid for all er	nployees working 40 hours per week.	THE SCHED SEE.
Employee Name:	Employee Name:	When does work week start:
Hourly Rate:	Hourly Rate:	When does work week end:
Work Schedule	Work Schedule:	What day is payday:
Other Information:	Other Information:	
		BENEFITS:
		Sick Pay:
Employee Name:	Employee Name:	Vacation Pay:
Hourly Rate:	Hourly Rate:	Time and a Half for Holidays:
Work Schedule	Work Schedule:	Specify:
Other details:	Other Info:	7
CTED 1. EMPLOYED DANK ACCOUNT	IT INCORMATION	
STEP 1: EMPLOYER BANK ACCOUNT Bank Routing Number (9 Digits):	IT INFORMATION:	
Bank Account Number:		
Checking Account Savings Account IMPORTANT NOTE: In order to validate this account, we will be required to run a test transaction through this account that will need to be validated. We will discuss the details and timing of this when we have completed the electronic enrollment component of the employer set-up process.	JOHN SMITH MARY SMITH 999 Maple Street Someplace, NY 10000 Pay to the Order of SOME BANK Someplace, NY 10000 For	Do not include the check number Do pear in different places on your check.
bank account information provided abo to ensure that there are funds available and will not pay any fees and or bank ch In addition, please contact your bank if	ces Inc. to initiate electronic funds transfer or we. I agree to to fund the account in full on o for the payroll. Redlig Financial Services Inc. parges/penalties that occur as a result of insuf you have an ACH debit block on your account and fai	r before the funding deadlines in order does not assume any responsibility fficient funds in the employer account.
Authorized Signature If signatory is someone other than the e		inted Name