

HOUSEHOLD PAYROLL EMPLOYER WORKSHEET



HOUSEHOLD EMPLOYER CONTACT INFORMATION:

Please provide the full legal name of the employer (as it appears on your income tax return)

Mr. First Name M.I. Last Name Social Security Number
 Mrs.
 Ms.

Date of Birth

Address where work will be performed Apt. City State Zip Code

Home Phone Cell Phone Email Address

Preferred Method of Contact: Home Phone Cell Phone Email Address

SECTION 2: SPOUSE CONTACT INFORMATION (if filing joint tax return):

Mr. First Name M.I. Last Name Social Security Number
 Mrs.
 Ms.

Date of Birth

PRIMARY AGENT/FAMILY CONTACT INFORMATION:

Mr. First Name M.I. Last Name Social Security Number
 Mrs.
 Ms.

Address Apt. City State Zip Code

Home Phone Cell Phone Email Address

Preferred Method of Contact: Home Phone Cell Phone Email Address

ADDRESS WHERE PAPERWORK SHOULD BE MAILED (IF DIFFERENT FROM EMPLOYER ADDRESS ABOVE):

Address Apt. City State Zip Code

Home Phone Cell Phone Email Address

HOUSEHOLD PAYROLL SERVICE PLAN INFORMATION:

Details of payroll service plan offering:
(If unsure of your options, please contact us to discuss in more detail).

Electronic Service Offering:
 Direct Deposit (DD)
 Electronic Tax Payments
 Payment of Monthly Invoices

Frequency of Pay:
 Weekly

ADDITIONAL TAX SET-UP INFORMATION:

Has the employer ever obtained or applied for a Federal Employer Identification Number (FEIN) either for the household or as a Sole Proprietorship? No

If Yes, Enter EIN Here:

