BUSINESS INFORMATION

|  |  |
| --- | --- |
| Legal Business Name |  |
| DBA (If Applicable) |  |
| Physical Address |  |
| Street |  |
| City, State, Zip |  |
| Mailing Address (If Different) |  |
| Street |  |
| City, State, Zip |  |
| Federal Employer Identification Number |  |
| State Unemployment Tax Account Number |  |
| State Unemployment Insurance Rate % |  |
| Year Business Started |  |
| Legal Business Entity (S-Corp, LLC, etc) |  |
| Number Of Owners/Principals |  |

BUSINESS CONTACT AND BANKING INFORMATION

|  |  |
| --- | --- |
| MAIN PAYROLL CONTACT |  |
| Name |  |
| Title |  |
| Email |  |
| Phone |  |

OWNERS INFORMATION

|  |  |
| --- | --- |
| Name |  |
| Social Security Numbers |  |
| Birthdates |  |
| Home Address |  |

BANK INFORMATION FOR PAYROLL AND TAX PAYMENT WITHDRAWALS

|  |  |
| --- | --- |
| Bank Name |  |
| Account Name |  |
| Account Number |  |
| Routing Number |  |

EXISTING TAX PAYMENT INFORMATION

|  |  |
| --- | --- |
| Are you registered with EFTPS? |  |
| Are you enrolled for E-filing with your state tax agency? |  |

PAYROLL SERVICE DETAILS

|  |  |
| --- | --- |
| First Payroll Date With Our Service |  |
| Approximate Number Of Employees |  |
| Pay Frequency |  |
| Typical Pay Date |  |
| Pay Period |  |
| Payment Method |  |
| Delivery Of Paystubs |  |
| Do you have any third-party payments that need to be paid via payroll? |  |

EMPLOYEE INFORMATION

Please attach employee information, including

|  |  |
| --- | --- |
| Full Name |  |
| Social Security Number |  |
| Address |  |
| Hire Date |  |
| Date of Birth |  |
| Occupation/Job Title |  |
| Pay Rate and Type (Hourly/Salary) |  |
| Work Location (If Applicable) |  |

REQUIRED EMPLOYEE DOCUMENTS

|  |  |
| --- | --- |
| Have all employees completed Form W-4? |  |
| Have you collect direct deposit forms? |  |

EMPLOYEE BENEFITS AND DEDUCTIONS

|  |  |
| --- | --- |
| Do you offer benefits such as health insurance or retirement plans? |  |
| Are there any other voluntary or mandatory deductions, such as wage garnishments? |  |

PTO

|  |  |
| --- | --- |
| Do you track PTO, sick leave, or vacation? |  |
| Please provide any current employee PTO balances. |  |

MID-YEAR TRANSITION INFORMATION

|  |  |
| --- | --- |
| Start Date Of Services (Mid-Year) |  |
| Prior Payroll Records |  |
| Prior Tax Payments |  |

I agree to pay Gemini Financial Services $0.00 for payroll services. This amount will be paid by the last day of the month for prior month services. Fees can be paid through automated withdrawal by Gemini Financial Services, by check, cash, credit card, or Venmo. If I decide to stop using Gemini Financial Services for payroll services, I will give Gemini Financial Services a 30-day written notice.

SIGNATURES

|  |  |
| --- | --- |
| Client Representative Name (Printed) |  |
| Client Representative Signature |  |
| Date |  |