

# Company Information Sheet

---

Company Name

---

EIN #

---

Company's Address

---

Phone #

---

Type of Ownership (i.e. Partnership, Sole Proprietor, Sub S Corp, Corp)

## **Owner Information**

1. 

---

Last Name, First, Middle 

---

Title 

---

---

Principal Duties 

---

% of Ownership 

---

---

Social Security Number 

---

Email 

---

2. 

---

Last Name, First, Middle 

---

Title 

---

---

Principal Duties 

---

% of Ownership 

---

---

Social Security Number 

---

Email 

---

## **Describe Business Operations in Detail:**

---

---

---

# 3<sup>rd</sup> Party Payroll Control Sheet

Help us help you, please provide us this information:

**COMPANY:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**State Tax ID#:** \_\_\_\_\_ **SUTA#:** \_\_\_\_\_ **SUTA Rate:** \_\_\_\_\_

## Contacts for Payroll and/or Other Issues:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Payroll Frequency**

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

## **Preferred Method of Sending Payroll Hours:**

**Monday by 11:00AM, to be:** Call In \_\_\_\_\_ Fax In \_\_\_\_\_ E-Mailed \_\_\_\_\_

## **Preferred Method of Receiving Payroll Totals:**

### Check one:

**Phone** \_\_\_\_\_ Phone: \_\_\_\_\_ OK to Leave Message: YES / NO

**Fax** \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail** \_\_\_\_\_ Email: \_\_\_\_\_

## **Address to Receive Payroll Checks/Check Stubs:**

Address for Mailing: \_\_\_\_\_

## **Please Provide a Copy the Following:**

- Most **recent business** bank account statement
- All Payroll Registers for the current year, by pay rate
- All Employer taxes for the current year, by pay date
- All tax fillings for the current year (i.e. 941, state & local tax returns, SUTA)

## **Notes:**

---

---

---

---

---

**Pay period always ends Sunday**

Unified Services 1, Inc.  
P.O. Box 1400 Surprise, AZ 85378  
Phone: 623-583-0113 Fax: 623-583-4451  
[unifiedservices@azatwork.com](mailto:unifiedservices@azatwork.com)

**Electronic Collection Consent Form  
For 3<sup>rd</sup> Party Payroll Collection**

I give my consent to Unified Services I, Inc and Patriot Software. to credit my account for the indicated payroll basis, Weekly  or Bi-Weekly , for payroll purposes.

Bank Name \_\_\_\_\_

Checking Account                       Savings Account

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Unified Services I, Inc. has received written notification from me of its termination in such time and in such manner as to afford Unified Services I, Inc., and depository, a reasonable opportunity to act on such notification.

Lessee Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Lessee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**STAPLE VOIDED CHECK HERE**