

3rd Party Company Information Sheet

Company Name

EIN #

Company's Address

Phone #

Type of Ownership:

☐ Individual/Sole Proprietor

☐ C-Corporation

☐ S-Corporation

☐ Partnership

☐ Trust/Estate

☐ LLC Tax Class C Corporation

☐ LLC Tax Class S Corporation

☐ LLC Tax Class Partnership

☐ LLC Single Member/Disregarded Entity

☐ Non-Profit

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:

3rd 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**Owner Only Payroll Option** _____

Preferred Method of Sending Payroll Hours:

Monday by 11:00AM, to be: Call In _____ E-Mailed _____

Preferred Method of Receiving Payroll Totals:

Check one:

Phone _____ Phone: _____

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
- Copy of Driver's License or State ID
- All Payroll Registers for the current year, by pay rate (*If not started beginning of year or switching payroll providers*)
- All Employer taxes for the current year, by pay date (*If not started beginning of year or switching payroll providers*)
- All tax fillings for the current year (i.e. 941, state & local tax returns, SUTA) (*If not started beginning of year or switching payroll providers*)

Notes:

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

Electronic Collection Consent Form For 3rd Party Payroll Collection

I give my consent to Unified Services, Inc and Patriot Software to collect from 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, Inc. has received written notification from me of its termination in such time and in such manner as to afford Unified Services, Inc., and depository, a reasonable opportunity to act on such notification.

Name _____ SSN/EIN _____

Signature _____ Date: _____