

Employee Payroll Questionnaire

Employee Name:

Address:

SSN:

Phone#:

Bank Routing #

Bank Account #

Rate of Pay

Employee Name:

Address:

SSN:

Phone#:

Bank Routing #

Bank Account #

Rate of Pay

Payroll Questions for Employer

Do you have an employer sponsored retirement plan?

Do you have an employer sponsored health benefits plan?

Note: soon we will request Form 8655 for your signature to provide authorization for us to submit payroll tax payments on your behalf.

Employers Payroll Administrators Preferred Method of Contact:

Phone#:

Email:

Mailing address:

***Please provide the Form W4 for all employees.**

more employee entries available on page2.

