



# Payroll Service Request

Name	
Cell Phone	
Business Phone	
Fax Number	
Hours available for calls	
E-Mail Address	
Company Name	
Business Activity	
Business Entity	Corp LLC Partnership SCorp Sol Prop
Business Address	
Business Commencement Date	
Federal Tax Form	Corp Partnership SCorp Sol Prop
Name, Address, SS# of each Business Owner or Member:	
# of Employees	
Federal ID #	
OH WH #	
OH Unemp #	
BWC #	
Local Tax	
School Tax	
Pay Period	
Pay Check Date	
Direct Deposit	Yes or No
Please attach a copy of each of the following 4 forms for each employee:	W-4 Form IT 4 OH New Hire Form I-9
How Did you hear about us?	Referral? Newspaper? Other?