

<b>HOUSEHOLD EMPLOYER CONTACT INFORMATION:</b>						Date of Birth <input style="width: 100%;" type="text"/>
Please provide the full legal name of the employer (as it appears on your income tax return)						
<input type="radio"/> Mr.	First Name <input style="width: 100%;" type="text"/>	M.I. <input style="width: 30px;" type="text"/>	Last Name <input style="width: 150px;" type="text"/>	Suffix <input style="width: 30px;" type="text"/>	Social Security Number <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	
<input type="radio"/> Mrs.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	
<input type="radio"/> Ms.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	
Address where work will be performed <input style="width: 150px;" type="text"/>		City <input style="width: 150px;" type="text"/>		State <input style="width: 30px;" type="text"/>	Zip Code (Plus 4) <input style="width: 60px;" type="text"/>	
Home Phone <input style="width: 150px;" type="text"/>		Cell Phone <input style="width: 150px;" type="text"/>		Email Address <input style="width: 150px;" type="text"/>		
Preferred Method of Contact: <input type="radio"/> Home Phone <input type="radio"/> Cell Phone <input type="radio"/> Email Address						
<b>SPOUSE CONTACT INFORMATION:</b>						
Please provide the full legal name of the employer (as it appears on your income tax return)						
<input type="radio"/> Mr.	First Name <input style="width: 100%;" type="text"/>	M.I. <input style="width: 30px;" type="text"/>	Last Name <input style="width: 150px;" type="text"/>	Suffix <input style="width: 30px;" type="text"/>	Social Security Number <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	
<input type="radio"/> Mrs.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	
<input type="radio"/> Ms.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/>	
Home Phone <input style="width: 150px;" type="text"/>		Cell Phone <input style="width: 150px;" type="text"/>		Email Address <input style="width: 150px;" type="text"/>		
Preferred Method of Contact: <input type="radio"/> Home Phone <input type="radio"/> Cell Phone <input type="radio"/> Email Address						
<b>PRIMARY AGENT/FAMILY CONTACT INFORMATION:</b>						
Please provide the full legal name of the employer (as it appears on your income tax return)						
<input type="radio"/> Mr.	First Name <input style="width: 100%;" type="text"/>	M.I. <input style="width: 30px;" type="text"/>	Last Name <input style="width: 150px;" type="text"/>	Suffix <input style="width: 30px;" type="text"/>	Daytime Phone Number <input style="width: 100%;" type="text"/>	
<input type="radio"/> Mrs.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input type="radio"/> Ms.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	
Address <input style="width: 150px;" type="text"/>		City <input style="width: 150px;" type="text"/>		State <input style="width: 30px;" type="text"/>	Zip Code (Plus 4) <input style="width: 60px;" type="text"/>	
Home Phone <input style="width: 150px;" type="text"/>		Cell Phone <input style="width: 150px;" type="text"/>		Email Address <input style="width: 150px;" type="text"/>		
Preferred Method of Contact: <input type="radio"/> Home Phone <input type="radio"/> Cell Phone <input type="radio"/> Email Address						
<b>SECONDARY AGENT/FAMILY CONTACT INFORMATION:</b>						
Please provide the full legal name of the employer (as it appears on your income tax return)						
<input type="radio"/> Mr.	First Name <input style="width: 100%;" type="text"/>	M.I. <input style="width: 30px;" type="text"/>	Last Name <input style="width: 150px;" type="text"/>	Suffix <input style="width: 30px;" type="text"/>	Daytime Phone Number <input style="width: 100%;" type="text"/>	
<input type="radio"/> Mrs.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input type="radio"/> Ms.	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100%;" type="text"/>	
Address <input style="width: 150px;" type="text"/>		City <input style="width: 150px;" type="text"/>		State <input style="width: 30px;" type="text"/>	Zip Code (Plus 4) <input style="width: 60px;" type="text"/>	
Home Phone <input style="width: 150px;" type="text"/>		Cell Phone <input style="width: 150px;" type="text"/>		Email Address <input style="width: 150px;" type="text"/>		
Preferred Method of Contact: <input type="radio"/> Home Phone <input type="radio"/> Cell Phone <input type="radio"/> Email Address						
<b>PAYROLL SERVICE PLAN INFORMATION:</b>						
Please select from the following payroll options:						
(If unsure of your options, please contact us to discuss in more detail).			<b>Method of Pay:</b>		<b>Frequency of Pay:</b>	
			<input type="radio"/> Direct Deposit (DD)		<input type="radio"/> Weekly	
			<input type="radio"/> Manual Paycheck		<input type="radio"/> Bi-Weekly (26 times per year)	
			<input type="radio"/> Combination of DD and Manual		<input type="radio"/> Bi-Monthly (24 times per year)	
<b>ADDITIONAL SET-UP INFORMATION:</b>						
Prior Year Federal Income Tax Return Filing Status:				<input type="radio"/> Married, Filing Jointly		<input type="radio"/> Married, Filing Separately
				<input type="radio"/> Single /		<input type="radio"/> Head of Household
Have you ever obtained or applied for a Federal Employer Identification Number (FEIN) either for your household or Sole Proprietorship?					If Yes, Enter EIN Here:	
<input type="radio"/> No <input type="radio"/> Yes					<input style="width: 100%;" type="text"/>	

