

HOUSEHOLD EMPLOYER CONTACT INFORMATION:

Date of Birth

Please provide the full legal name of the employer (as it appears on your income tax return)

Mr. First Name M.I. Last Name Suffix Social Security Number
 Mrs. - -
 Ms. - -

Address where work will be performed City State Zip Code (Plus 4)

Home Phone Cell Phone Email Address

Preferred Method of Contact: Home Phone Cell Phone Email Address

SPOUSE CONTACT INFORMATION:

Mr. First Name M.I. Last Name Suffix Social Security Number
 Mrs. - -
 Ms. - -

Home Phone Cell Phone Email Address

Preferred Method of Contact: Home Phone Cell Phone Email Address

PRIMARY AGENT/FAMILY CONTACT INFORMATION:

Mr. First Name M.I. Last Name Suffix Daytime Phone Number
 Mrs.
 Ms.

Address City State Zip Code (Plus 4)

Home Phone Cell Phone Email Address

Preferred Method of Contact: Home Phone Cell Phone Email Address

SECONDARY AGENT/FAMILY CONTACT INFORMATION:

Mr. First Name M.I. Last Name Suffix Daytime Phone Number
 Mrs.
 Ms.

Address City State Zip Code (Plus 4)

Home Phone Cell Phone Email Address

Preferred Method of Contact: Home Phone Cell Phone Email Address

PAYROLL SERVICE PLAN INFORMATION:

Please select from the following payroll options:

(If unsure of your options, please contact us to discuss in more detail).

Method of Pay:

Direct Deposit (DD)
 Manual Paycheck
 Combination of DD and Manual

Frequency of Pay:

Weekly
 Bi-Weekly (26 times per year)
 Bi-Monthly (24 times per year)

ADDITIONAL SET-UP INFORMATION:

Prior Year Federal Income Tax Return Filing Status: Married, Filing Jointly Married, Filing Separately Single / Head of Household

Have you ever obtained or applied for a Federal Employer Identification Number (FEIN) either for your household or Sole Proprietorship? No Yes If Yes, Enter EIN Here:

