



PO Box 840
Belgrade, MT 59714
406.414.7764 (Tel)
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EMPLOYER SETUP PACKET

Hello,

We would like to thank you for choosing Twin Peaks Tax & Accounting to process your payroll. We are excited to provide you with this service and know it will free up some of your valuable time.

We have included the following forms needed to setup your payroll –

- Questionnaire (Employer Setup Information Sheet)
- Primary Officer/Owner Information
- Employer Billing Authorization
- Voided check (Please provide a voided check for the bank account that will be used to pay employee wages and payroll taxes.)

Please complete and return the above listed documents at your earliest convenience. Once we have received all of your documentation, we will be able to complete applications for our payroll system as well as applications for payroll tax accounts.

If you have any questions, we are here to help. We can be reached by email at info@tptamt.com or by phone at (406) 414-7764.

Sincerely,

Twin Peaks Tax & Accounting
PO Box 840
Belgrade, MT 59714
Office: 406-414-7764
Fax: 866-773-6470
Email: info@tptamt.com

Employer Setup Information Sheet

Company Name: _____

Federal ID Number: _____

Primary Contact for Company: _____

Phone: _____

E-mail: _____

Alternate Contact for Company: _____

Phone: _____

E-mail: _____

Pay Period(s): _____

First Pay Date: _____

Prior Payroll Information (if applicable):

- Year-to-Date Payroll reports from your current payroll provider
- Year-to-Date State Unemployment forms filed
- Year-to-Date State Withholding forms filed
- Year-to-Date Form 941s filed
- Year-to-Date Payroll by Employee by Paycheck Detailed Report

Please mark the different pay types that you need to track:

Overtime ___ Vacation ___ Commission ___ Personal ___

Reimbursement ___ Retroactive Pay ___ Allowance ___ Bonus ___

Cash Tips ___ Paycheck Tips ___ Sick ___

Does your company have a retirement plan? Yes ___ No ___

Do you need to track payroll by department? Yes ___ No ___

Primary Officer/Owner Information

Primary Owner/Officer

Name: _____

Title: _____

% Ownership: _____

Social Security Number: _____

Phone #: _____

Full Home Address: _____

Business Profile

Years in Business: _____

Business Type: _____
(LLC, Sole proprietorship, S Corp, Non-Profit, etc)

Products/Services: _____

Any claims or lawsuits? _____

Employer Payroll Information

Number of Employees: _____

Will you be using direct deposit? _____

Employer Billing Authorization

Firm: _____

Employer: _____

By signing this consent form, the above-mentioned EMPLOYER authorizes the FIRM to charge EMPLOYER'S payroll processing fees only through ACH.

By signing below, EMPLOYER Understands and Agrees that all Terms and Conditions and return fees as stated in the original application remain in effect for Electronic Funds Transfer of Employer Billing.

Principal/Officer of Employer Signature

Date

Please provide a voided check for the bank account that will be used to pay employee wages and payroll taxes

FOR FIRM'S RECORDS ONLY