

1 Payroll Setup Form

Fax to 303-452-2243 or Email to sales@pharospayroll.com



Questions? Call 303-590-9790

Company Information

Please complete in full to ensure accurate account processing.

Company's Legal Name

Is this a new business? Yes | No

Is this a non profit? Yes | No

Company DBA (Doing Business As)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Company Payroll Contact

Social Security Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Phone Number

Email Address

Payroll Frequency

Weekly

Bi-Weekly

Semi-Monthly

Monthly

Pay Period Start Date for First Payroll	<input type="text"/>	Pay Period End Date for First Payroll	<input type="text"/>	Check Date for First Payroll	<input type="text"/>
---	----------------------	---------------------------------------	----------------------	------------------------------	----------------------

Tax Information (Please provide a copy of FEIN and state ID# verifications)

FED	FEDERAL TAX ID#	DEPOSIT FREQUENCY
		<input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

STATE	STATE TAX ID#	DEPOSIT FREQUENCY	UNEMPLOYMENT ID#	EXPERIENCE RATE
		<input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
		<input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
		<input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		

LOCAL	LOCAL TAX	LOCAL TAX ID#	DEPOSIT FREQUENCY