



Basic Pay - Set-Up Questionnaire

Please take the time to complete this form accurately. If you need assistance, please call a Basic Pay representative at (212) 684-8827.

ADDRESS INFORMATION:

Use this address for: Payroll Delivery Quarterly Reports Quarterlies to CPA

Company Name:		Contact:
DBA Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Delivery Method: Overnight Courier Regular Mail Email

Use this address for: Payroll Delivery Quarterly Reports Quarterlies to CPA

Company Name:		Contact:
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Delivery Method: Overnight Courier Regular Mail Email

Special Delivery Comments: _____

PAYROLL INFORMATION:

Total Number of Employees: _____

Pay Period: Weekly Bi-Weekly Semi-Monthly Monthly Quarterly

Current Payroll Provider: _____ Starting Check # _____

Estimated Start Date:	First Delivery Date:	First Pay Date:	Period Ending Day and Dates:
M T W Th F	M T W Th F	M T W Th F	Su M T W Th F Sa
Date:	Date:	Date:	From - To:

Preferred Method to Communicate Payroll Information: Phone Fax Email Web

Payment Method: Direct Deposit Check Signing Check Stuffing Mixed

Do you pay employees in multiple states? No Yes List abbreviations: _____

Do you file electronically? EFTPS (Federal) States (list abbreviations): _____

Federal ID# _____ State ID# _____ SUI Rate: _____

Are there any special items the Customer Service Representative should be made aware of? _____

