

# *Payrolls Unlimited, Inc.*

*www.payrollsunlimited.com*

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Enclosed you will find all the necessary paperwork that needs to be completed in order for us to begin your payroll services. If you have any questions, please contact us at 781-848-2033.

Please complete the enclosed paperwork and mail, fax or email to:

Payrolls Unlimited, Inc.  
1599 Washington Street, Suite 2D  
Braintree, MA 02184

Fax to: 781-380-8777 or 800-607-8777

Email to: [payroll@payrl.com](mailto:payroll@payrl.com)

# Client Application

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Is Fax Secure?  Yes  No

**(a secure fax allows us to fax anytime without the need to call first)**

Email: \_\_\_\_\_

Investment Deductions:

- 401K  Company Match Match % \_\_\_\_\_ Max % of Gross \_\_\_\_\_  
 Simple IRA  Company Match Match % \_\_\_\_\_

Contact Person #1: (name & number) \_\_\_\_\_

Contact Person #2: (name & number) \_\_\_\_\_

Starting Check #: \_\_\_\_\_

Check Day \_\_\_\_\_

Day week ends on: \_\_\_\_\_

**If you will also issue checks from this account, be sure the starting number won't overlap your numbers.**

Tax Deposit Responsibility: (select one)

- Payrolls Unlimited, Inc. handles all aspects of Taxes  
 Payrolls Unlimited, Inc. provides reports and checks to client for client handling  
 Payrolls Unlimited, Inc. has no responsibility

Federal Deposit Frequency:  Semi-weekly  Monthly

Payroll Processing Frequency:  Weekly  Bi-weekly  Semi-monthly  
 Monthly  Quarterly  Other

Organization Type:  Corporation  Partnership  LLC  
 Individual  Other

If LLC, what type? \_\_\_\_\_

Signature on Checks:  Yes  No  
(If yes, please sign the signature sheet attached)

Sealed Checks:  Yes  No

Check Order:  Alpha  Empl #  Dept/Alpha  Dept/Empl #

National Store # (McDonald's only) \_\_\_\_\_

Input Worksheet Order:  Alpha  Empl #  Dept/Alpha  Dept/Empl #

Show rates on Input Worksheet:  Yes  No

Payroll Register Order:  Alpha  Empl #

Payroll Register report - in addition to current and YTD amounts would you like the following:

MTD/QTD information:  Yes  No

Terminated employees:  Yes  No

Should bonuses be processed as a separate check:  Yes  No

If Yes, please answer the following options:

Deduct 401K/SIRA:  Yes  No

Direct Deposit:  Yes  No

Tax Proportional:  Yes  No

All bonuses or  Only if amount is over \$ \_\_\_\_\_

Print employee birthday's and/or employment anniversary on checks:  Yes  No

If a holiday falls on a payday, how would you like the check dated:

Day before  Day after  Do not change check date

Do you accrue sick time? If so, at what rate? \_\_\_\_\_

Do you accrue vacation time? If so, at what rate? \_\_\_\_\_

Company Deductions:

Health Insurance Post tax  Dental Pos tax

Other \_\_\_\_\_

If an employee has a garnishment, do you want us to cut the check for you?  Yes  No

***(If we cut any garnishment checks for you, it will be sent to you with your payroll and you are responsible for mailing it with any payment coupons you may have. We do not forward the payments to the payee.)***

Delivery Method:

- Client Pickup     UPS Overnight Delivery (by end of day)  
 US Mail         UPS Priority Overnight Delivery (A.M. delivery, depends on area)

Payroll Submitted:     Call In     Fax     Auto Process     Email  
(McDonald's only)     ISP         QSR

***(If you will be processed by ISP/QSR, please complete the attached sheet.)***

State ID#: \_\_\_\_\_

Filing Status:     Weekly     Monthly     Quarterly

State Unemployment:    ID# \_\_\_\_\_    Rate \_\_\_\_\_

MA Health Insurance:    Rate \_\_\_\_\_ (Massachusetts companies only)

Do you have any additional Local Taxes?     Yes     No

If yes, please explain: \_\_\_\_\_

Business Start Date: (mm/dd/yy) \_\_\_\_\_

## Information needed if processing via ISP/QSR

ISP phone number: \_\_\_\_\_

What day will payroll be ready? (Mon, Tue, etc.) \_\_\_\_\_

- If we will be processing from QSR Soft, be sure to contact QSR Soft and add Payrolls Unlimited to your distribution list.

Will you be sending totals?  Yes  No

- Providing us totals will allow us to be sure that what we receive from your ISP matches your Pay Period report totals. We recommend sending totals and will provide you with a weekly "ISP Cover Sheet" to be completed and faxed with your Pay Period report each week. Once we receive your totals, we will process your payroll.

Will we take rate changes from the ISP/QSR?  Yes  No

- If you select 'No', then we will only change rates if they come from the office or assigned person.

## Signature Form

Please sign your name clearly in the center of the page below. We will scan your signature and use it to digitally sign your payroll checks and tax returns. This must be the signature of the signer of the account with your bank.

**Please enclose a photocopy of a check from your payroll account on a separate piece of paper.**

## Accountant's contact Information (Optional)

If you would like to authorize us to speak with your accountant regarding any payroll and/or payroll tax issues, please complete the following information.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**Company Name** \_\_\_\_\_ **Company ID Number** \_\_\_\_\_

I hereby authorize PAYROLLS UNLIMITED, INC., hereinafter called COMPANY. to initiate debit entries to our Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

**Depository Name** \_\_\_\_\_

**Routing Number** \_\_\_\_\_ **Account Number** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Name (s)** \_\_\_\_\_ **Title** \_\_\_\_\_  
(Please Print)

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

Our bank has requested that we obtain authorizations from all our clients authorizing us to make ACH debits from your account.

The transfer that we will make is the same as we have been doing for the past several years. It represents your payroll taxes that we pay on your behalf, any direct deposits that you might have and our processing fee. All of which is enumerated on your payroll invoice enclosed with your payroll reports.

Your signing the above will in no way change the way we have or will handle your accounts. Everything will remain as it is.

Please sign and date the above and fax to 781-380-8777.



## **EMPLOYEE DIRECT DEPOSIT PROCEDURE**

In order to be in compliance with the NACHA Operating rules, we must request the following for any new requests of direct deposits going forward.

1. You must complete the attached authorization form for each employee who wishes to have their payroll direct deposited
2. The employee must sign the bottom of the authorization form in the space provided
3. Attached a copy of the check to the bottom of the authorization form or send the spec sheet from the bank with the authorization form
4. We cannot accept pieces of paper with the account information handwritten and we cannot accept deposit slips. It must be a check or a spec sheet from the bank.

This new process is effective immediately. Any direct deposits sent without the above will not be processed.

If you have any questions, please feel free to call us.

