

Employers Info for Taxes

FL UT Account #:

FL USI Rate:

Filig Name:

Filing Address:

EIN:

of Employees

Full-Time
Part-Time

Officer Included or Excluded from Payroll:

Total Payroll:

\$

Circle one
Annual / Monthly / Semi-Weekly / Weekly

Filing Requirement & Deposit Requirements

Circle One

941-Quarterly
Depositor

941- Semi-
Weekly
Depositor

941-Monthly
Depositor

944 - Annual
Depositor

944- Semi-
Weekly
Depositor

944-Monthly
Depositor

ACH Debit and Deposit Authorization

Attention: Monica Hilton
monica@fearnowins.com
Fax: 1-866-606-6580

Employer Name: _____

Taxes Payroll Payroll & Taxes

Account Type:

Circle One: Add Change Delete New
Checking Savings

Account Information: Please Check Account #'s to Ensure Accuracy

Transit #: _____

Account #: _____

Bank Name: _____

Taxes Payroll Payroll & Taxes

Principal's Name: _____

Principal's Social Security Number: _____

Principal's Date Of Birth: _____

Account Type:

Circle One: Add Change Delete New
Checking Savings \$ Amount _____

Account Information: Please Check Account #'s to Ensure Accuracy

Transit #: _____

Account #: _____

Bank Name: _____

ATTACH VOIDED CHECK

For Electronic Signatures on Paychecks.

Print Name as you it appears in your signature:

Sign below – The Signature must be stay within the box below, it cannot go outside the lines.