



..... CERTIFIED PUBLIC ACCOUNTANT .....

CATHERINE L. OZMENT, CPA PLLC  
3402 JOHN STOCKBAUER DR  
VICTORIA, TEXAS 77901  
361-578-7333

**Employer Information:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Principle/ Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ownership: \_\_\_\_\_% Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Years in Business: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Products/Services: \_\_\_\_\_

Brief Description of Business:  
\_\_\_\_\_  
\_\_\_\_\_

**Company Type:**

- Corporation
- Limited Liability Company
- Subchapter S Corp
- Sole Proprietorship
- Partnership General/ Limited
- Non- Profit / Municipal

Number Of W-2 Employees: \_\_\_\_\_ Number of 1099 Contractors: \_\_\_\_\_

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## **Business Bank Information for Payroll Processing:**

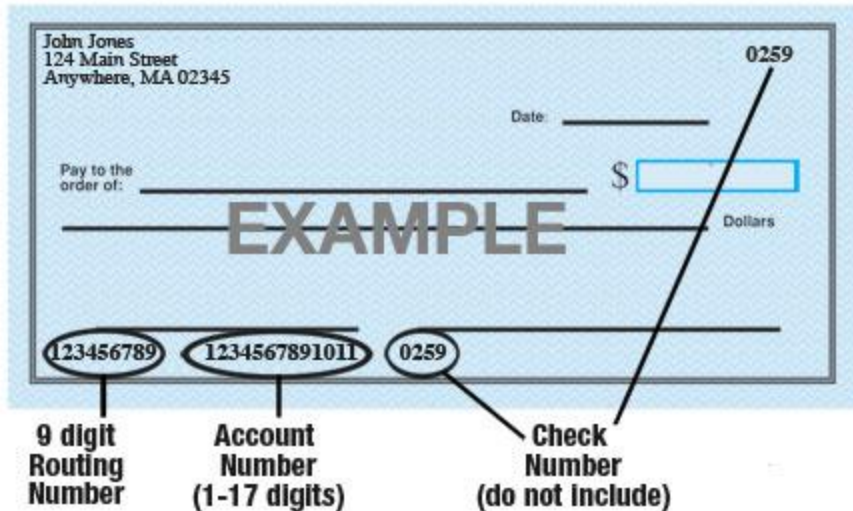
Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Principal Officer's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Principle's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Account:  Checking  Savings

*Please attach a voided check for the Business bank account.*



## **Business Tax Information:**

Federal EIN \_\_\_\_\_ - \_\_\_\_\_ State Unemployment # \_\_\_\_\_

EFTPS Login: PIN \_\_\_\_\_ Password: \_\_\_\_\_

State Unemployment Login: User ID \_\_\_\_\_ Password \_\_\_\_\_

*Please attach a copy of Enrollment Form with number if available.*

## **Business Bank Information for Tax Payments:**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Principal Officer's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Principle's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Account:  Checking  Savings

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## **Payroll Pay Frequency:**

Weekly       Bi Weekly       Monthly       Semi Monthly

Weekly or Bi Weekly Pay Day:     Monday     Tuesday     Wednesday     Thursday     Friday

Monthly Pay date: \_\_\_\_\_ Or Semi - Monthly Pay Dates: \_\_\_\_\_ & \_\_\_\_\_

Pay Period Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Period End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1<sup>ST</sup> Pay Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional payroll schedule (optional) \_\_\_\_\_

Weekly       Bi Weekly       Monthly       Semi Monthly

Weekly or Bi Weekly Pay Day:     Monday     Tuesday     Wednesday     Thursday     Friday

Monthly Pay date: \_\_\_\_\_ Or Semi - Monthly Pay Dates: \_\_\_\_\_ & \_\_\_\_\_

Pay Period Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pay Period End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1<sup>ST</sup> Pay Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If Pay date falls on a non-banking day:

Leave Alone       Move to Previous Banking Day       Move to Next Banking Day

## **Pay Types:**

Overtime       Holiday       Vacation       Sick       Bonus  
 Commission       Reimbursements       Allowances       Per Diem       \_\_\_\_\_

## **Payroll Deductions:**

Pre-Tax Medical \$ \_\_\_\_\_ or \_\_\_\_\_%    Pre-Tax Vision \$ \_\_\_\_\_ or \_\_\_\_\_%    Pre-Tax Dental \$ \_\_\_\_\_ or \_\_\_\_\_%

Taxable Medical \$ \_\_\_\_\_ or \_\_\_\_\_%    Taxable Vision \$ \_\_\_\_\_ or \_\_\_\_\_%    Taxable Dental \$ \_\_\_\_\_ or \_\_\_\_\_%

401 (k) \$ \_\_\_\_\_ or \_\_\_\_\_%    Simple IRA \$ \_\_\_\_\_ or \_\_\_\_\_%    403 (b) \$ \_\_\_\_\_ or \_\_\_\_\_%    SARSEP \$ \_\_\_\_\_ or \_\_\_\_\_%

## **Company Match:**

Medical \_\_\_\_\_%    Vision \_\_\_\_\_%    Dental \_\_\_\_\_%    401 (k) \_\_\_\_\_%    Simple IRA \_\_\_\_\_%    403 (b) \_\_\_\_\_%

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## **Federal Tax Deposit Schedule:**

Monthly       Semi - Weekly       with Form (Quarterly)

**Exempt Status:**       FUTA       SUTA

## **Employer Type:**

Quarterly -941       Annual - 944       Agricultural – 943       Household employer (Schedule H)

Exempt Status:       FUTA       SUTA

## **Payroll History:**

Do you have Prior Payrolls for this year?       YES       NO

If yes, please attach the following documents:

- 1) Monthly payroll detail for each employee. (To include wages, taxes, and deductions)
- 2) Payroll Summary Totals for each Month and Quarter period.
- 3) Copies of Quarterly Reports (Federal 941 & State unemployment) Submitted.
- 4) Dates and amounts of all payroll tax payments made to date for the current year tax liabilities.

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## Employer Information Packet

**Business Name** \_\_\_\_\_