

Alaska's Best Payroll Solution Inc.

Many business needs, one BEST solution!



12350 Industry Way Suite 216
Anchorage, Alaska. 99515
Phone: 907-345-7402
Fax: 907-345-0536
Information@alaskasbestpayroll.com

We would like to thank you for choosing Alaska's Best Payroll Solution Inc. as your new Payroll Service Provider and look forward to getting your payroll account up and running as quickly and as smoothly as possible. As the set-up process varies for each customer, reasonable time must be allowed for the process. With proper information, we can have your company set up to run its first payroll within 1 week.

The information that you give us is vital to the accuracy and timeliness of your company's payroll. Please note any missing or incomplete information may delay the set-up of your account and the processing of your first payroll.

If you have any questions, or need any assistance please don't hesitate to give us call. Our New Account Executive will be happy to answer any questions you have as well as assist you in the payroll start-up process.

Thank you again for choosing Alaska's Best Payroll Solution Inc.!

We'll need copies of the following forms before we can run your first payroll.

COPIES of the following forms, *if applicable*:

- Voided Payroll Banking Check / Indicating starting check #
- Copy of Federal I.D. #
- EFTPS.gov enrollment information
 - 4 Digit pin
 - 16 digit Trace Number
- Detail of all tax payments made for current calendar year
- Current Year 940/941 tax forms
- Current Year ESC Reports
- Current list of employee W-4s, as well as any employee deductions or garnishments

Copies of Payroll History with gross to net breakdown for all employees that have received wages in the current calendar year. Broken down in the following formats:

- Current quarter to date
- 1st of year thru last quarter end
- Year to date

This is our standard method of entering employee history. If you would like more detailed history posted, please let us know prior to set-up.

Indicate if you'd like to get set up for any of the following:

- Timekeeping
- Timekeeping+ [*for employers with 50+ employees*]
- Timekeeping Plus Scheduling
- General Ledger Export
- Digitized Signature
- Employee Self Service
- Workers Compensation Coverage
- Background Checks/Employment Screening/Tenant Checks

Company Name	
<i>DBA Name:</i>	
Phone Number	
Sole Proprietor <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/>	
Location Address	
City	State
Zip	
<i>Billing Address</i>	
<i>City</i>	<i>State</i>
<i>Zip</i>	
Primary Contact & Title	
Phone	Mobile
Email	
Secondary Contact & Title	
Phone	Mobile
Email	

How many employees do you currently employ?
Will this be your first payroll for the current year? Yes / No
Do you have payroll in Multiple States? <i>If yes, please list other states below</i>

Are you interested in direct deposit? *If yes, please indicate bank below*

Payroll must be finalized 72 hours before requested deposit date to ensure proper delivery

Payment Method:

Checks Stubs Direct Deposit Email Paystub/Online Report

Delivery Method:

Pickup Delivery Mail Online Reports

Delivery fee applies– Anchorage/Eagle River/Mat-Su ONLY

Please indicate a pay frequency:

Weekly Bi-weekly Semi-Monthly Monthly

Weekly	Semi-Monthly	First day of workweek <i>For Overtime purposes</i>
Day of week pay period ends: _____	Pay period end date(s): &	Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Day of week checks written: _____	Day Checks Written &	
Bi-Weekly	Monthly	
Day of week pay period ends: _____	Pay period dates: &	If Payday falls on holiday or weekend pay... <input type="checkbox"/> <input type="checkbox"/>
Day of week checks written: _____	Day checks Written	Day before or Day After

Requested date of 1st payroll:

Please include a hard-certified copy of your EIN number for verification purposes
Federal ID # (EIN)

State Unemployment ID #

Current State Unemployment Contribution Rate:

Will we be making your federal tax deposits? Yes / No

If yes...

Are you enrolled in EFTPS.GOV? Yes / No / Need to apply

If yes...

Please include COPIES of your 4-digit pin and your 16-digit enrollment trace number

Need to apply...

Please visit EFTPS.GOV and follow the instructions for setting up an account or let an associate know you'll be needing assistance.

Please indicate if you have any voluntary payroll deductions here

-We'll also need any employee deduction amounts and employer match amounts

-If you'd like us to cut vendors checks for any voluntary payroll deductions, we'll need Company Name, Address & Pay frequency

Plan Type

Medical **Retirement** **Life Insurance** **Other**

Pretax **Post Tax**

Company Name:

Address:

Attach additional page if more than 1 company vendor check

<p>If a sole proprietor, do you employ the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spouse <input type="checkbox"/> Minor Children 	<p>If yes, please include name & DOB</p> <p>1.</p> <p>2.</p> <p>3.</p>
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If a corporation, please list the names of corporate officers below:

1.

2.

3.

Corporate officers have elected to withhold ESC

If you'd like copies of quarterlies and year end to be forwarded to your accountant, please list their information below.

Company/Name		
Address		
City	State	Zip
Email		

As the needs for each company can vary greatly, please list below any other special reports needed or other information that would help us in the initial set up of your account: