



# Redwood Payroll Services

P.O. BOX 2248  
WILLITS, CA 95490

PHONE (888)372-3308  
FAX (707)371-0229  
E-mail [payroll@redwoodpayroll.com](mailto:payroll@redwoodpayroll.com)

## COMPANY SET UP

Legal Business Name \_\_\_\_\_

DBA \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Beginning Check # \_\_\_\_\_ (Please fill out and attach the Employer Check Agreement)

Pay Frequency:                      **WEEKLY**                      **BI-WEEKLY**                      **SEMI-MONTHLY**

Pay Period begins: \_\_\_\_\_ Pay Period Ends: \_\_\_\_\_

Pay Dates: \_\_\_\_\_

Sick/Vacation Accrual printed on checks? **YES** **NO**

If yes, what is your accrual policy? (Include balances for each employee)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal EIN (Employer ID Number): \_\_\_\_\_

State ID number: \_\_\_\_\_

SUI Rate: \_\_\_\_\_ ETT Rate: \_\_\_\_\_

Tax Deposit Schedule **MONTHLY** **SEMI-WEEKLY**

If you don't have an EIN or state ID, do you want us to apply for you (\$50 charge)? **YES** **NO**

Date your Business started (for ID number applicants only): \_\_\_\_\_

Social Security Number (for ID number applicants only): \_\_\_\_\_

Driver's License Number (for ID number applicants only): \_\_\_\_\_

If this business was purchased or acquired who did you acquire it from (for ID number applicants only)?  
\_\_\_\_\_  
\_\_\_\_\_

If you have had an EIN or State ID in the past please include these numbers and the name of the business(es) (for ID number applicants only)

---

Describe your business operations (for ID number applicants only)

---

---

---

---

Do you have Worker's Compensation Insurance?

**YES**

**NO**

If yes, who is your Worker's comp provider?  
(attach a copy of your most recent audit report)

---

If no, would you like an E-comp quote?

**YES**

**NO**

Describe your employees' duties (for Worker's Comp applicants only):

---

How did you hear about us? \_\_\_\_\_

**If you have filed Federal 941 and State DE6 Quarterly Returns for this year, please attach a copy of all returns and a copy of individual employee earnings and withholdings by quarter**

Please fax or mail to:

**REDWOOD PAYROLL SERVICES  
P.O. BOX 2248  
WILLITS, CA 95490**

Please note that there is a \$100 non-refundable set up fee. We cannot process your set up until we have received this fee.