



109 New Camellia Blvd. Suite 200
 Covington, LA 70433
 Phone: (985) 845-8828
 Fax: (985) 845-7297
 General Mailbox: payroll@argentpayroll.com

Company Profile

Legal Name: _____

Doing Business As: _____

Business Address: _____

City, State, Zip: _____

Phone Number: _____ **Fax Number:** _____

Contact Person: _____ **Position:** _____

Email Address: _____ **Cell/Alt. Phone:** _____

CPA (Firm & Contact): _____

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

First Day of Seven Day Workweek: _____

Payroll Period (indicate first and last date): _____ **Paydate:** _____

Check Arrival Day (allow 2 days for processing): _____ **Payday:** _____

Any Employees over the FICA limit? Yes No

FUTA Exempt Yes No **SUI Exempt** Yes No

Employer ID Numbers		Deposit Frequency	
Federal Tax Identification Number (EIN)		<input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Monthly	
State Withholding Number		<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
State Unemployment Number		Unemployment Rate	%

Departments (If using departments, complete the following):

Department Name and/or Number: _____

Department Name and/or Number: _____

Department Name and/or Number: _____

Department Name and/or Number: _____