

| Payroll Client Information |

Company Information		
Client Legal Name	Primary Payroll Contact	
Physical Address	Phone	
City/State/Zip	Email	
Tax Filing Address	Secondary Contact	<u>Charlemagne Orisme</u>
City/State/Zip	Phone	<u>240-630-0654</u>
Mailing Address	Email	<u>info@nlhcontracting.com</u>

Payroll Profile		
1st Payroll Date	Payroll Frequency	
2nd Payroll Date (Use for Semi-Monthly Frequency only)	Holiday or Weekend	<u>Adjust to the business day after</u>
# of Employees	YTD Wages Paid	
# of Locations	QTD Wages Paid	
Owner name	WC Policy #	
Date of Birth		
Address		

Tax Filing Services Information		
(use the Additional States-Locals form for additional states and localities)		
Federal EIN	State Code	
SUTA ID	Withholding ID	
SUTA Rate	Tax Deposit Frequency	
SUTA Exempt	Locals	
Multiple States	# of Locals	