



Welcome to Sonrise PayMaster\$

We'd like to give you a brief introduction to our service. Our staff consists of three people. Your communication will be primarily with our managing partner and Chief Operating Officer, Beth Kneasel. Here's a little bit of information on the staff members.

Beth Kneasel – A co-owner of the firm and the Chief Operating Officer, Beth should be able to address nearly any questions and concerns you may have regarding your payroll matters. She is the “rubber-meets-the-road” person on the staff. You will find her to be very capable and a very pleasant individual to deal with.

Susan Shirk – Also a co-owner, Susie has general knowledge of the overall payroll operation. She oversees the year-end processing of 1099 forms and W-2 forms.

Ken Shirk – Founder of the firm, Ken is in an advisory/consultant role with the firm. Ken is a recognized specialist in church and clergy tax matters. You are welcome to contact him with any church/clergy tax issues.

This is the Sonrise PayMaster\$ team, dedicated to providing service that goes beyond simply meeting your expectations and actually delights you! We are partnering with you to provide your employees with accurate paychecks. Our top priority is making payday trouble free for you and your employees.

If at any time you have a problem or concern regarding your payroll, contact us IMMEDIATELY! If you have an urgent problem, we will do whatever is in our power to resolve that problem promptly, regardless of the cause of the situation.

Voice: 717 820-4156

Email: Beth@PaymastersPa.com

Email: Ken@Paymasterspa.com



What's Next?

There are essentially three phases to getting you into our payroll system. The first phase is taking care of any necessary registrations with the various tax authorities and getting all the employer information into our payroll program.

The second phase is gathering and entering the employee data into our system.

The third is having you authorize us as your agent and testing the system prior to going "live".

A checklist is provided for you in this packet as well as all the forms needed to complete the first two phases.

Only Phase I & II need to be completed before we can issue the first payroll. Phase III needs to be completed before we can deposit taxes and file tax reports with the taxing authorities.

All information can be sent to us via the postal service or scanned and attached to an email. We do not recommend faxing due to the lack of clarity on the received documents. Please contact us if you have any questions or encounter any problems.

EMPLOYER'S CHECKLIST

Please use this checklist to be certain all required forms have been sent to Sonrise PayMaster\$™

PHASE I

- ☐ ***Employer Information Sheet***
- ☐ ***Photocopy of a check or a voided check***

PHASE II

- ☐ ***Employee Data Sheet for each employee***
- ☐ ***I-9 Form for each employee***
- ☐ ***Certificate of Residency Form for each employee***
- ☐ ***LST Exemption form (when applicable)***
- ☐ ***Direct Deposit Authorization form (when applicable)***

PHASE III

- ☐ ***IRS Form 8655***
- ☐ ***Application for Electronic Funds Transfer***
- ☐ ***Bank Debit Amount Verified & Reported***

INFORMATION NEEDED FOR PHASE I OF EMPLOYER PAYROLL SETUP

1. Please complete the Ministry Information sheet that is included with this packet. Some of the requested information may not be applicable -just skip those lines. Some of the requested information may not be clear to you - contact us.
2. Please include a photocopy of a check from the checking account that will be used for payment of payroll taxes and employee paychecks. I suggest you write "VOID" on the photocopy.
3. If you have already filed employment reports, please provide us with a copy of your most recent quarterly report forms.
4. If you are not already registered as an employer with PA Dept. of Revenue, we need to know the name, address, phone, Social Security number and date of birth of each of your church officers. We also need to know when your church was formed.
5. If you are not already registered for unemployment insurance, we will also need the following information regarding your Workers' Compensation policy:
 - o Insurer's Name
 - o Agent's name, address and phone
 - o Policy number
 - o Beginning and ending date of policy

Thank You!



EMPLOYER INFORMATION

Legal Name of Business _____

"Trading As" Name _____

Year Business Established _____

Physical Business Address _____

Mailing Address *(For payroll & tax purposes)* _____

Business Phone _____ FAX _____

Email Address _____ Web Address _____

Fed. Emp. ID# _____ Deposit Frequency _____

PA Dept. of Rev. Acct# _____ Deposit Frequency _____

Payroll Contact Person _____

Cell Phone _____ Home Phone _____

ABOVE NUMBERS TO BE USED ONLY IN URGENT SITUATIONS

Bank Information (attach copy of voided check)

Pay Frequency: (check one) ☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY

Pay Day: (day of week OR date of month) _____

Pay period begins (check one) ☐ S ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat

Pay period ends (check one) ☐ S ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sat

Estimated amount of typical payroll in \$\$ _____

Principal Officer of Business _____

Title _____ Date of Birth _____ SSN _____

Address _____ State _____ ZIP _____

Home Phone _____