

# Client Transfer To New FEIN Info Sheet

New Employer Entity Name: \_\_\_\_\_

## New Employer Tax ID Numbers:

FEIN (Federal Tax ID #): \_\_\_\_\_

State Withholding Tax ID#: \_\_\_\_\_

State Unemployment Tax ID# & Rate: \_\_\_\_\_ %

Local Tax ID# (if applicable): \_\_\_\_\_

Will The Pay Frequency Remain The Same: \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, indicate new pay frequency:    Weekly            Bi-Weekly            Semi-Mo.  
   Monthly

If No, enter requested info:

Ending day of first pay period w/ExcelPay: \_\_\_\_\_

Date of first pay day w/ExcelPay: \_\_\_\_\_

## New Ownership Contact Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Additional Documentation Required:

Authorization to Debit Client Account (*indicate if attached*):            Yes    No

Signature Digitization Form (*indicate if attached*):            Yes    No

ExcelPay Services Agreement (*indicate if attached*):            Yes    No

IRS Form 8655 - Reporting Agent (*indicate if attached*):            Yes    No

Fax Completed Forms To: **770-388-1241**    -or-    EMail: [tynes@excel-pay.com](mailto:tynes@excel-pay.com)