

Household Employment Tax Registration

Employer Information				
Name			Social Security Number	
Spouse's Name			Social Security Number	
Street Address			U.S. Taxpayer? Yes _____ No _____	
City	County	State	Zip Code	
Home Phone	Work Phone	Fax	Email address (if applicable)	

Employee Information				
Name			Social Security Number	
Home Address				
City	County	State	Zip Code	
Home Phone	Birth Date	Hire Date	Filing Status Single _____ Married _____	# of withholding exemptions

Payroll Information		
Payroll Frequency (circle one) Weekly Bi-Weekly Other _____	Are you currently withholding taxes from employee's wages? Yes _____ No _____	Gross Wages _____ Federal W/H _____ FICA W/H _____ State W/H _____ Net Wages _____

Tax Compliance Service Plan - \$225.00 due with completed registration form.

Make checks payable to: Payournanny.com

Special Notice: Payournanny.com requires its clients to present accurate and timely information in order to prepare the official returns. Payournanny.com will not be held responsible for inaccurate information presented to them. The client will sign and mail all official registrations and tax returns upon receipt from Payournanny.com. Service is assumed continuous until the client notifies Payournanny.com of any changes or terminations prior to the last day of the quarter.

Employer Signature	
I certify that I have read and understand the above SPECIAL NOTICE. It is my belief that the information is true and correct.	
Employer Signature _____	Date _____

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