

# Household Employment Tax Registration

| Employer Information |            |       |                                      |  |
|----------------------|------------|-------|--------------------------------------|--|
| Name                 |            |       | Social Security Number               |  |
| Spouse's Name        |            |       | Social Security Number               |  |
| Street Address       |            |       | U.S. Taxpayer?<br>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<br>Single _____ Married _____ | # of withholding exemptions |

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

**Tax Compliance Service Plan - \$200.00 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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