**Payroll and Ownership Worksheet**

# The Builders Group

2919 Eagandale Blvd., Suite 100

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Phone 651-389-1140, Fax 651-389-1141

Member Name: Agreement #:

**Description of Operations** (Detail your business activities):

**Entity:** Sole Proprietor: ☐ Corporation: ☐ Partnership: ☐ LLC: ☐ LLP: ☐ Other: ☐ **Gross Wages:** \*\*Includes total payroll, overtime, pre-tax programs, commissions, bonuses, holiday, vacation and sick pay.

## Owners/Officers Detail:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **TITLE** | **PERCENT**  **OWNED** | **DUTIES** | **\*\*GROSS WAGES** |
|  |  |  |  | $ |
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**Federal Employer Identification Number: State Unemployment Number** (in MN only):

**Employee Detail:** (Please provide a separate schedule if you have more than 10 employees. If an employee’s wages can be split between 2 or more class codes in 4 hour blocks of time, please list the duties, gross wages, and overtime for each class code on 2 or more consecutive lines.)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME – (separate by location)** | **DUTIES** | **\*\*GROSS WAGES** | **TOTAL O.T.** |
|  |  | $ | $ |
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| **Totals:** | |  |  |

**Payroll Questions:** Any family members employed? Yes ☐ No ☐ If Yes, put \* next to name and indicate how they are related.

Do you provide Board or Lodging? Yes ☐ No ☐

Are you a union shop? Yes ☐ No ☐

**Payroll Verification: Please provide quarterly wage amounts from your Federal 941's using *Line 2.***

## Use the 4 quarters that most closely match your Agreement term.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qtr Date:** | **Qtr Date:** | **Qtr Date:** | **Qtr Date:** | **Total** |
| $ | $ | $ | $ | $ |

Signature Date

Form 1-Payroll Plus