

Reporting Service (SPRS) Registration Form

A) Named Insured:	
B) Named Insured Address:	
C) Contact Name (First Last):	
D) Contact Email Address:	
E) Contact Phone Number:	

SPRS Reporting Information		
	Yes	No
R. 1) Is there a report available that provides total subject wages by class code or components of subject wages by class code?	<input type="radio"/>	<input type="radio"/>
R. 2) Are class codes assigned to each employee within the payroll system?	<input type="radio"/>	<input type="radio"/>
R. 3) Are there multiple payrolls to be reported separately - multiple FEINs, pay cycles, locations, etc. (If yes, and it's more than 3, please attach additional information)?	<input type="radio"/>	<input type="radio"/>

Entity Name:			
Pay cycle: How often are employees paid (weekly, bi-weekly, semi-monthly, monthly)?			
First pay date in the policy term:			
Payroll Service Provider:			
Indicate payroll vendor name and payroll platform version if applicable.			

I confirm I have read, understand and agree to the terms described above. I have provided the requested information and am authorized to sign on behalf of the policyholder.

Signature _____

Name (printed) _____ Date ____ / ____ / ____

EMAIL THIS FORM TO: payroll@smartpayllc.com.

For questions, please contact 877.905.0786 or email us at support@smartpayllc.com.

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