

**CLIENT INFORMATION****BUSINESS INFORMATION:**

Client ID _____

Federal ID # _____

Client Name _____

Payroll Name _____

DBA Name _____

PRIMARY LOCATION:

Address _____

City _____ State _____ Zip _____

OTHER LOCATIONS: Yes or No (please list on back)

Primary Processor Name _____

PAYROLL INFORMATION

PTO Tracking: Yes ___ No ___

Current Payroll Journal Attached: Yes ___ No ___

Pay Frequency

Weekly ___ Biweekly ___ Semi-monthly ___ Monthly ___

Payroll Schedule Name: _____**First Payroll**

Check Date _____

Period Begin Date _____ Period End Date _____

Self-Service

Enable Employee Self-Service: Yes ___ No ___

Departments: Yes ___ , No ___

_____, _____

PAY ITEMS**Pay Items** _____ , _____

_____, _____

Deduction Items

401(K) ___ 401(K) Roth IRA ___ Simple IRA ___

Simple Roth IRA ___ Health ___ HSA ___

HSA-Employee ___ Cafeteria Plan _____

Pre-Tax Items: Yes ___ No ___

_____, _____

_____, _____

Other Deductions: Yes ___ No ___

_____, _____

_____, _____

OPTIONAL SERVICES Web-based payroll data entry Web-based employee Paycheck Delivery Automatic Signatures imprinted on checks State New Hire Filing Garnishment Vendor Payments 401(K) / SIMPLE IRA Remittance Checks Accruable Benefits Report: Sick ___ PTO ___ HR Subscription Vacation _____**PAYROLL TAXES****Federal**

Employer Type: Form 941 ___ Form 943 ___ Form 944 ___ Household ___

Deposit Schedule: Monthly ___ Semi-weekly (Federal) _____

State

State (2 letter code) _____

Withholding ID _____ Deposit Schedule: Early Filer ___ Monthly ___ Quarterly ___ Annual ___

Unemployment ID _____ UI Base Rate ___ Setup Online Acct _____ Username: _____ Password: _____

Electronic Filing

Form 8655 on file: Yes ___ No ___ Business Name Control _____ State Website Setup _____

EFTPS:

PIN _____

Password _____

BANK INFORMATION

Direct Deposit: Yes ___ No ___ Use Intercept: Yes ___ No ___

Bank Name: Bank _____

Account # _____ Bank Routing # _____