



**NEW CLIENT SET-UP FORM**

**COMPANY AND PAYROLL INFORMATION**

Legal Name:		
DBA (Doing Business As):		
Address:		
City:	State:	Zip:
Phone 1:	Cell Phone:	Fax:
Primary Contact & Email Address		

Federal ID #:	State ID #:	Company Type (LLC, Corp, Etc)
ER #:		SUI Rate:

Departments (if any):
Deductions (if any):



Period End Day:	Check Day:	Run Day:
Contact/Submission Method:		Submission Day:
Preferences:		

Bank Institution:	Routing #:	Account#:
Bank Institution:	Routing #:	Account#:
Bank Institution:	Routing #:	Account#:
Delivery Method - For Checks/Reports:		Notes:
Preferences:		

\*please provide copy of a check from the account which payroll is drawn on

**THE FOLLOWING ADDITIONAL INFORMATION MAY BE REQUESTED:**

COPIES OF QUARTERLY TAX RETURNS

FEDERAL AND STATE PAYMENT HISTORY

RECORD OF TAX LIABILITIES AND DATES PAID

941 FILING STATUS – MONTHLY OR WEEKLY

FOR EACH EMPLOYEE WE WILL NEED\*:

- |                    |                              |
|--------------------|------------------------------|
| NAME               | SOCIAL SECURITY #            |
| ADDRESS            | DEPARTMENT                   |
| HOURLY RATE/SALARY | MARITAL STATUS               |
| # OF EXEMPTIONS    | YTD EARNINGS AND DEDUCTIONS  |
| ACCRUALS           | GARNISHMENTS (IF APPLICABLE) |

\*SEE NEW HIRE/CHANGE OF INFORMATION FORM FOR COMPLETE DETAILS