



## NEW PAYROLL CLIENT SETUP FORM

### Client Information

Company Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Owner's Name(s): \_\_\_\_\_  
Authorized Payroll Contact(s): \_\_\_\_\_ E-mail Address(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Authorized contacts are authorized by company to address and initiate all payroll related tasks, including processing and reporting)

Approximate number of employees: \_\_\_\_\_

### Payroll Schedule Details

Frequency: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

Weekly or Bi-weekly:

Pay day: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Pay period begins: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Pay period ends: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat

First pay day under this agreement (month, day, year): \_\_\_\_\_

First pay period ending under this agreement (month, day, year): \_\_\_\_\_

Semi-monthly:

Pay days: \_\_\_\_\_ & \_\_\_\_\_

Period one begins on: \_\_\_\_\_ Period one ends on: \_\_\_\_\_

Period two begins on: \_\_\_\_\_ Period two ends on: \_\_\_\_\_

Monthly:

Pay day: \_\_\_\_\_

Period begins on: \_\_\_\_\_ Period ends on: \_\_\_\_\_

If pay day falls on a holiday or weekend, move to: ☐ Previous business day ☐ Next business day

### Miscellaneous

Method to receive paystubs: ☐ Upload to portal only ☐ Upload to portal & e-mail to employees

Does your company utilize location/department splits? (If yes, please attach details): ☐ Yes ☐ No

### Tax Information

Please attach copies of your most recent payroll tax filings (if any), including, at a minimum:

- Form 941
- State income tax withholding information
- State unemployment tax return

**Banking Information**

Bank Name: \_\_\_\_\_ Contact/Phone: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Employee Information**

Employee pay rates (attach information about additional employees if needed):

Name	Rate	Hourly/Salary
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary

Please attach the following employee forms **or** a spreadsheet with the information from these forms:

- Form W-4
- Form I-9
- Direct deposit authorization (optional)

Please attach information regarding any employee deductions, such as retirement plans, health insurance, garnishments, etc. Include the following information:

- Deduction type
- Deduction frequency and amount
- Whether deductions are pre-tax or post-tax

**Certification**

I hereby certify that the information contained on this form is accurate to the best of my knowledge and belief, and that I am authorized to request the payroll services of Yoder Financial Services for our company. I also understand the banking information provided on this form will be used for any direct deposit and payroll tax payments scheduled by Yoder Financial Services, and I am authorized to schedule payments from this account for payroll and payroll tax purposes.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_