



## 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, move to:  Previous business day  Next business day

If pay day falls on a Saturday or Sunday, move to:  Previous business day  Next business day

### Miscellaneous

Method to report payroll:  Call-in  Fax  E-mail  Web

Method to receive paystubs:  Prepare & mail to employees  Prepare & mail to employer  E-mail

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

**Tax Information**

What is your current deposit schedule determined by the IRS?  Semi-weekly  Monthly  Quarterly  
Are you currently set up with EFTPS?  Yes  No

Federal Unemployment Tax ID: \_\_\_\_\_ Unemployment % Rate: \_\_\_\_\_

State Tax Information	Income Tax Withholding ID	Payment Frequency	Unemployment Tax ID	Unemployment % Rate
State 1:				
State 2:				

Local Tax Information	Income Tax Withholding ID	Payable To	Payment Frequency	% Rate or Amount
Local 1:				
Local 2:				

**Banking Information**

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

\*Please include a voided check with this form\*

**Employee Deductions**

Please attached 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**

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

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

