



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: 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

What is your current deposit schedule determined by the IRS? Semi-weekly Monthly Quarterly

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

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: _____