



NEW CLIENT SET-UP FORM

COMPANY AND PAYROLL INFORMATION

Legal Name:		
d/b/a:		
Address:		
City:	State:	Zip:
Phone 1:	Phone 2:	Fax:
Primary Contact		

Federal ID #:	State ID #:	Company Type
SUI #:		SUI Rate:

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



Period End Date:	Check Day:	Run Rate:
Contact/Submit Method:		Submit Date:
Preferences:		

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

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

THE FOLLOWING ADDITIONAL INFORMATION MAYBE REQUESTED

COPIES OF QUARTERLY TAX RETURNS

FEDERAL AND STATE TAX COUPON BOOKS

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