



Client Information Form

Employer Information	
*Employer legal name <small>(IRS filing name)</small>	
Employer dba name	
*FEIN <small>(If applied for, enter date applied)</small>	Applied for date:
Will we have access to your current system for data extraction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization Type	
<input type="checkbox"/> Corp. <input type="checkbox"/> S- Corp. <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> PLC <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Not for Profit	

Authorized Contacts	
<i>Information will not be released to or accepted from anyone not on this list</i>	
Contact Types: 1. Outside Accountant 2. Billing 3. Contract Signer 4. Finance 5. HR 6. HR/PR 7. Other 8. Payroll 9. Payroll Notification 10. Tax Filing	
Access Levels: CU (Client user) - Full access to HR & Payroll HRA (Client HR Admin) – Access to HR & Employee Records, No PR updates CBA (Client Benefits Admin) - Access to EE Benefits CPE (Client Payroll entry only) –Access only to Payroll Time Entry CGL (Client GL/labor only) - Access only to General Ledger and Labor components	
*Primary Contact:	First: _____ Last: _____
Title:	_____
Contact type: <small>(Enter # for all that apply)</small>	_____
Access levels: <small>(Enter code for all that apply)</small>	_____
Phone:	_____ Ext. _____
Fax:	_____
Email:	_____
Secondary contact:	First: _____ Last: _____
Title:	_____
Contact type: <small>(Enter # for all that apply)</small>	_____
Access levels: <small>(Enter code for all that apply)</small>	_____
Phone:	_____ Ext. _____
Fax:	_____
Email:	_____
Additional contact:	First: _____ Last: _____
Title:	_____
Contact type: <small>(Enter # for all that apply)</small>	_____
Access levels: <small>(Enter code for all that apply)</small>	_____
Phone:	_____ Ext. _____
Fax:	_____
Email:	_____

*Designates required fields



Federal Tax Information	
*Type of filer:	<input type="checkbox"/> 941 Regular <input type="checkbox"/> 944 Annual <input type="checkbox"/> 943 Agricultural
*Federal withholding payment frequency:	<input type="checkbox"/> Next day <input type="checkbox"/> Semiweekly <input type="checkbox"/> Monthly

Tax										
*Please list the address of each home and office location you have employees working at										
Street Address	City	State	ZIP	County	Tax Type (County, City, School Dist., etc)	# of EEs	Tax ID#	Tax Rate	Payment Frequency	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	
									<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> Q	

State Tax Information				
*State <small>(List ALL states taxes are paid in)</small>	*Withholding (SITW) Tax ID#	*Withholding Payment Frequency	*Unemployment (SUI) Tax ID#	*Unemployment Tax Rate (%)
		<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> Q		
		<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> Q		
		<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> Q		
		<input type="checkbox"/> W <input type="checkbox"/> SW <input type="checkbox"/> M <input type="checkbox"/> Q		

Tax Related Questions	
What was the first payroll check date for the current year?	
Will we be the sole payroll provider for all employees paid under this FEIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you withheld payroll taxes in the current quarter for this FEIN? <small>(If yes, provide tax liability/filing documentation)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you withheld payroll taxes in previous quarters this year for this FEIN? <small>(If yes, provide tax liability/filing documentation)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company currently incur payroll taxes under any other FEIN? <small>(If yes, list additional FEINS)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No List:
Has your company used any other FEIN in the current year? <small>(If yes, please list FEIN)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No List:

*Designates required fields

Bank Account Information		Bank Account Information	
*Routing number:		*Routing number:	
Bank name:		Bank name:	
*Account number:		*Account number:	
Check message: (Void After 90 Days, etc)		Check message: (Void After 90 Days, etc)	
*Starting check #:		*Starting check #:	
Logo on check:		Logo on check:	
Imprint signature on check:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Imprint signature on check:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll check type:	<input type="checkbox"/> OBC <input type="checkbox"/> Corporate	Payroll check type:	<input type="checkbox"/> OBC <input type="checkbox"/> Corporate
Use account for: (Check all that apply)	<input type="checkbox"/> Taxes <input type="checkbox"/> Fees <input type="checkbox"/> Checks <input type="checkbox"/> EE direct deposit	Use account for: (Check all that apply)	<input type="checkbox"/> Taxes <input type="checkbox"/> Fees <input type="checkbox"/> Checks <input type="checkbox"/> EE direct deposit

Check Information	
*Name to be printed on checks (can choose both):	<input type="checkbox"/> Legal name <input type="checkbox"/> DBA
*Address to be printed on checks (select one):	<input type="checkbox"/> Mailing address <input type="checkbox"/> Delivery address
Print department and division #s on checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # to be printed on checks:	
Message to be printed on checks: (i.e., Void After 90 Days)	

Deduction Codes		
Please check all deduction codes that apply, add any additional custom codes below:		
<input type="checkbox"/> Medical	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
<input type="checkbox"/> Vision	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
<input type="checkbox"/> Dental	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
<input type="checkbox"/> FSA	<input type="checkbox"/> Medical	<input type="checkbox"/> Dependent Care <input type="checkbox"/> Transit
<input type="checkbox"/> HSA	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
<input type="checkbox"/> Voluntary Life	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Short-term Disability	<input type="checkbox"/> Pre-tax	<input type="checkbox"/> Post-tax
<input type="checkbox"/> Long-term Disability	Pre-tax	Post-tax
<input type="checkbox"/> Advance		
Other Deduction Codes	Description	Taxability
		<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
		<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
		<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax
		<input type="checkbox"/> Pre-tax <input type="checkbox"/> Post-tax

*Designates required fields

Deferred Compensation	
Please check all that apply	
<input type="checkbox"/> 401(k) Roth <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(k) Loan <input type="checkbox"/> 401(k) Simple	
<input type="checkbox"/> 403(b) <input type="checkbox"/> 403(b) Roth	
<input type="checkbox"/> 408(k) SARSEP	
<input type="checkbox"/> 408(p) Simple IRA	
<input type="checkbox"/> 457(b) Deferred Comp <input type="checkbox"/> 457(b) Roth	
Other: (Please list)	
Company match:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, would you like us to track it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Group Term Life	
Group Term Life:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Paid Time Off	
Do you have PTO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to track your PTO? (If yes, provide a summary of your PTO policies)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers Compensation	
Do you have Workers' Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like us to track your Workers' Compensation? (If yes, provide the Worker Comp policy including the codes and rates) *If yes, provide all valid work class code with every employee coded	<input type="checkbox"/> Yes* <input type="checkbox"/> No
General Ledger	
Do you have a General Ledger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you need a General Ledger set up in iSolved? (If yes, provide the General Ledger Chart of Accounts and Report of Current GL Entries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time and Attendance	
Do you have a Time and Attendance Provider? (If yes, provide the name of your current provider)	<input type="checkbox"/> Yes <input type="checkbox"/> No Name:

Delivery Information			
*Delivery (physical address):	Street:		
	City:	State:	ZIP:

*Designates required fields

Earning Codes

*Please check all earning codes that apply, add any additional custom codes below:

Regular Salary 1099 Commission Bonus Vacation

Additional Earning Codes	Description	Taxability
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid

Fringe Benefits

*Please check all fringe benefits codes that apply, add any additional custom codes below:

Additional Fringe Benefits Codes	Description	Taxability
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid
		<input type="checkbox"/> Taxable <input type="checkbox"/> Nontaxable <input type="checkbox"/> Paid <input type="checkbox"/> Nonpaid

Payroll Processing Information

*Payroll Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semimonthly	<input type="checkbox"/> Monthly
First pay period start date:				
First payroll check date:				
Second pay period start date:				
Second payroll check date:				
*If a check date falls on Saturday, date checks on:			<input type="checkbox"/> Friday	<input type="checkbox"/> Monday
*If check date falls on Sunday, date checks on:			<input type="checkbox"/> Friday	<input type="checkbox"/> Monday
*If check date falls on a holiday, date checks:			<input type="checkbox"/> Previous day	<input type="checkbox"/> Next day

Additional Notes

*Designates required fields