ClientInformationWizardForm

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| --- | --- | --- | --- |
| **Employer Information** | | | |
| \*Employer Legal Name:(IRS Filing Name) |  | | |
| Employer DBA Name:  \*FEIN#: (If applied for, enter date applied) |  | | |
|  | AppliedforDate: | |
| Will we have accesstoyour currentsystemfor dataextraction? | | | □ Yes □ No |
| OrganizationType: □Corp. □S-Corp.□LLC□LLP□SoleProp.□Partnership□Notfor Profit | | | |

|  |  |  |
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| **Authorized Contacts**  *Information will not be released to or accepted from anyone not on this list* | | |
| **Contact Types**:  **1.** Outside Accountant **2**. Billing **3.** Contract Signer **4**. Finance **5.** HR **6**. HR/PR **7**. Other **8.** Payroll **9.** PayrollNotification **10**. TaxFiling | | |
| **Access Levels:**  **CU (Client User)-** Fullaccess to HR & Payroll **HRA (Client HR Admin) –** Access to HR & Employee Records, NoPR updates **CBA (Client Benefits Admin)**- Access to EE Benefits **CPE (Client Payroll Entry Only) –**Access only to PayrollTime Entry  **CGL (Client GL/Labor Only)-** Access only to GeneralLedger and Labor components | | |
| **\*PrimaryContact:**  Title:  ContactType: (Enter # for all that apply) | First: | Last: |
|  | |
| AccessLevels: (Enter code for all that apply) |  | |
| Phone: |  | Ext. |
| Fax:  Email:  **SecondaryContact:** |  | |
| First: | Last: |
| Title:  ContactType: (Enter # for allthat apply) |  | |
|  | |
| AccessLevels: (Enter code for allthat apply) |  | |
| Phone: |  | Ext. |
| Fax:  Email:  **AdditionalContact:** |  | |
|  | |
| First: | Last: |
| Title:  ContactType: (Enter # for allthat apply) |  | |
|  | |
| AccessLevels: (Enter code for allthat apply) |  | |
| Phone: |  | Ext. |
| Fax:  Email: |  | |
|  | |

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ClientInformationWizardForm

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| --- | --- |
| **Federal Tax Information** | |
| \*Type of Filer:  \*Federal Withholding  PaymentFrequency: | □941 Regular □944 Annual □943 Agricultural |
| □NextDay □ Semi-Weekly □Monthly |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tax Locations**  \*Please list the addressof each home and office location you have employeesworkingat | | | | | | | | |
| **Street Address** | **Stat e** | **Zip** | **County** | **Tax Type (County, City, School Dist., etc)** | **# of EEs** | **Tax ID#** | **Tax Rate** | **Payment Frequency** |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
|  |  |  |  |  |  |  |  | □ W □SW □M □ SM □Q |
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| **State Tax Information** | | | | |
| **\*State** (List **ALL** states  taxes are paidin) | **\*Withholding**  **(SITW)Tax ID#** | **\*WithholdingPayment**  **Frequency**  □ W □ SW □ M □ Q | **\*Unemployment**  **(SUI)Tax ID#** | **\*UnemploymentTax Rate**  **(%)** |
|  |
|  |  | □ W □ SW □ M □ Q |  |  |
|  |  | □ W □ SW □ M □ Q |  |  |
|  |  | □ W □ SW □ M □ Q |  |  |

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ClientInformationWizardForm

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| --- | --- |
| **Tax Related Questions** | |
| Whatwasthe 1stpayroll checkdate for thecurrentyear?  Will we be the sole payroll providerfor all employeespaidunderthisFEIN?  Have youwithheldpayroll taxesinthe currentquarter forthisFEIN? (if Yes please provide tax liability/filing documentation) | □ Yes □ No |
| □ Yes □ No |
| Have youwithheldpayroll taxesinpreviousquartersthisyearfor thisFEIN? (If Yes, please provide tax liability/filing documentation) | □ Yes □ No |
| Doesyour companycurrentlyincurpayroll taxesunder anyotherFEIN? (If Yes, please list additional FEINS) | □ Yes □ No  List:  □ Yes □ No  List: |
| Hasyour companyusedanyotherFEINinthe currentyear? (If yes, please listFEIN) |

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| --- | --- |
| **Bank Account Information** | |
| \*RoutingNumber:  BankName:  \*AccountNumber:  CheckMessage: (Void After 90 Days, etc) |  |
|  |
| \*StartingCheck#: |  |
| LogoonCheck:  ImprintSignature onCheck: | □ Yes □ No |
| Use AccountFor: (Check allthat apply) | □ Taxes □ Fees  □ Checks □ EE Direct Deposit |
| **Bank Account Information** | |
| \*RoutingNumber:  BankName:  \*AccountNumber:  CheckMessage: (Void After 90 Days, etc) |  |
| \*StartingCheck#:  Logoon Check:  ImprintSignature onCheck:  Use AccountFor: (Check allthat apply) | □ Yes □ No |
| □ Taxes □ Fees  □ Checks □ EE Direct Deposit |

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ClientInformationWizardForm

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| --- | --- |
| **Check Information** | |
| \*Name tobe printedonchecks (canchoose both): | □Legal Name □DBA |
| \*Addresstobe printedonchecks (selectone): | □MailingAddress □DeliveryAddress |
| PrintDepartmentandDivision#'sonChecks:  Phone # tobe printedonchecks: | □Yes □No |
|  |
| Message tobe printedonChecks: (i.e. VoidAfter 90 Days) |  |

|  |  |  |
| --- | --- | --- |
| **Deduction Codes** | | |
| \*Please check allDeduction Codes that apply, addany additional custom codes below: | | |
| □ Medical | □ Pre Tax □ Post-Tax | |
| □ Vision | □ Pre Tax □ Post-Tax | |
| □ Dental | □ Pre Tax □ Post-Tax | |
| □ FSA | □ Medical □DependentCare □ Transit | |
| □ HSA | □ Pre Tax □ Post-Tax | |
| □ VoluntaryLife | □ Employee □ Spouse □Child | |
| □ ShortTermDisability | □ Pre Tax □ Post-Tax | |
| □ LongTermDisability |  | |
| □ Advance |  | |
| **Other Deduction Codes** | **Description** | **Taxability**  □ Pre-Tax □ Post-Tax |
|  |  | □ Pre-Tax □ Post-Tax |
|  |  | □ Pre-Tax □ Post-Tax |
|  |  | □ Pre-Tax □ Post-Tax |

|  |  |
| --- | --- |
| **Deferred Compensation**  \*Please checkall thatapply  □401(k)Roth □401(k) □401(k)Loan □401(k)Simple | |
| □403(b) □403(b)Roth | |
| □ 408(k)SARSEP | |
| □408(p)SimpleIRA | |
| □457(b)DeferredComp □457(b)Roth | |
| Other:(Please list) |  |

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ClientInformationWizardForm

|  |  |
| --- | --- |
| CompanyMatch: | □Yes □No If Yes,wouldyoulike ustotrackit? □Yes □No |
| **Group Term Life** | |
| GroupTermLife: | □Yes □ No |

|  |  |
| --- | --- |
| **Paid Time Off** | |
| Doyouhave PTO?  Wouldyoulike ustotrackyourPTO? (If Yes, please provide asummary of your PTO policies) | □Yes □No |
| □Yes □No |
| **Workers Compensation** | |
| Doyouhave WorkersCompensation?  Wouldyoulike ustotrackyourWorkersCompensation? (If Yes, please provide the Worker Comp policy includingthe codesand rates)  \*Ifyes, please provide all valid work class code with every employee coded | □Yes □No |
| □Yes\* □No |
| **General Ledger** | |
| Doyouhave aGeneral Ledger?  Will youneedaGeneral Ledger setupiniSolved? (If Yes, please provide the General Ledger Chart ofAccounts and Report of Current GL Entries) | □Yes □No |
| □Yes □No |
| Time and Attendance | |
| Doyouhave aTime andAttendanceProvider? (If Yes, please provide the name of your current provider) | □Yes □No Name: |

|  |  |
| --- | --- |
| **Delivery Information** | |
| \*Delivery (PhysicalAddress): | Street:  City: State: Zip: |
|  |

|  |  |  |
| --- | --- | --- |
| **Earning Codes** | | |
| \*Please check allEarning Codes that apply, add any additional custom codes below: | | |
| □ Regular □Salary □ 1099 □ Commission □Bonus □Vacation | | |
| **AdditionalEarningCodes** | **Description** | **Taxability** |
|  | | |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |

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ClientInformationWizardForm

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| --- | --- | --- |
| **Fringe Benefits** | | |
| \*Please check allFringe Benefits Codes that apply, addany additional custom codes below: | | |
| **AdditionalFringe BenefitsCodes** | **Description** | **Taxability**  □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |
|  |  | □Taxable □Nontaxable □Paid □Nonpaid |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payroll Processing Information** | | | | |
| \*Payroll Frequency:  1stpayperiodstartdate:  1stpayroll checkdate:  2ndpayperiodstartdate: | □ Weekly | □ Biweekly | □ Semimonthly | □ Monthly |
|  |  |  |  |
|  |  |  |  |
| 2ndpayroll checkdate: |  |  |  |  |
| \*If a checkdate fallsonSaturday,date checkson:  \*If checkdate fallsonSunday,date checkson:  \*If checkdate fallsonaHoliday,date checks: | | | □Friday □Monday | |
| □Friday □Monday | |
| □PreviousDay □NextDay | |

**Additional Notes**

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