

PROSPECT CLIENT QUESTIONNAIRE

Business Name : _____ **Type** _____

Owner's Name: _____ **Email:** _____

Contact: _____ Title _____ Email: _____

Address: _____ City _____ State _____ Zip _____

Phone Number : _____ Cell : _____ Fax: _____

Type of Corporation : S- Corp C Corp Partnership LLC Other

Fed Id # _____ **State UCT#** (Suta) _____ (SUTA Rate) _____

Start Period _____ End Period _____ Check Date _____

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Number of Locations _____ Number of Employees/ Full Time _____ Part Time _____

With PEO Now? Yes No Name Of PEO(Leasing Company) _____

Outside Payroll Service? Yes No Name of Payroll Service _____

W/C Policy # _____ Expiration Date _____ Modification Factor (MOD): _____

Description of Business: _____

WORKER'S COMP CODE BREAK DOWN (SEE SAMPLE BELOW)

W/C CODE	W/C DESCRIPTION	EE COUNT	ANNUAL PAYROLL	JOB DESCRIPTION
8810	Clerical	8	\$120,000.00	Office Staff

IF IN-HOUSE / PAYROLL SERVICES

IF with PEO SERVICES

Fax the following documents:

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<input type="checkbox"/> State UCT page last quarter OR Last Payroll Run <input type="checkbox"/> Workers Compensation Declaration Page <input type="checkbox"/> Worker Comp: Loss Runs report for last 3 years <input type="checkbox"/> Do you offer employee benefits <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> Copy of last medical premium bill (if yes)	<input type="checkbox"/> Worker Comp: Loss Runs report for last 3 years <input type="checkbox"/> Last Payroll Run Complete <input type="checkbox"/> Do you offer employee benefits <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> Copy of last medical premium bill (if yes)
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Fax it back to: **Maritza M. Diaz 305-395-5218** or Email: infinityconnections@msn.com

Cell: (305) 401-2006