



New Client Interview

_____ Date: _____

GENERAL

What is your company's legal name? _____

What is the company's FEIN? _____ NAICS code? _____ SIC code? _____

What is the company's legal address? _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

What is the company's mailing address (if different)? _____

City: _____ State: _____ Zip: _____

What is the company's email address? _____

Does your company have a DBA? Yes No If yes, DBA: _____

What type of entity is your business?

- Limited Liability Corporation S-Corporation C-Corporation Individual/Sole Proprietor Partnership
- Limited Partnership Limited Liability Partnership Professional Corp. Personal Service Corp.
- Board Owned Joint Venture Tax Exempt Trust Church Organization Not For Profit Other

Where should we deliver the payroll checks? _____

What is the **primary owners's** name and contact info?

Name: _____ Email: _____

Phone: _____ Fax: _____

How long has the company been in business? _____

Who is the company's current payroll provider? _____

Why is the company changing providers? _____

Please provide a detailed description of operations (at least 3 sentences):

CONTACTS

Name	Email Address	Phone	Title
Contact Type: <input type="checkbox"/> Benefits <input type="checkbox"/> Billing <input type="checkbox"/> Payroll <input type="checkbox"/> Payroll Tax <input type="checkbox"/> HR <input type="checkbox"/> Workers' Comp/Safety <input type="checkbox"/> Owner/Exec			
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PAYROLL

Who has permission to review and approve payroll reports? _____

Who has permission to make rate/salary changes? _____

How do you track employee time?

- Time Clock Internet Paper Time Sheets Other Not Applicable

If computerized, what system do you use? _____

What is your pay cycle?

- Weekly Bi-Weekly Semi-Monthly Other: _____

What is your pay period start and end **day**? _____

What is your last pay period start **date**? _____ End **date**? _____

What is your pay date / check date? (Friday, 5th & 20th, etc.)? _____

What if your pay date falls on a Saturday? _____ Sunday? _____

Note: Cannot violate 16 day pay cycle limit and the pay date is always the day before a holiday.

How many days before the **check date** will you be submitting payroll (2 day minimum)? _____

What is your preferred method of submission?

- Web Email Time Clock POS Other: _____

Would you be interested in automating your payroll process? Yes No

How many days before the check date do you need the payroll delivered? _____

Do you wish to review the payroll reports prior to final processing of the payroll? Yes No

How do you wish to receive your final payroll reports? Email Online Other: _____

Would you like to offer direct deposit for your employees? Yes No

If yes, we will need completed direct deposit forms with voided checks.

Phone: 480.428.6171

email: Team@DebitFire.com

www.DebitFire.com

Would you like your reports broken down by department and/or location? Yes No N/A
 If yes, we will need employees broken down by department or location.

What work locations do you have? Please attach a list if the space below is not adequate.

Location Name	Address

What jobs, departments and divisions do you have? Please attach a list if the space below is not adequate.

Job Title	Department	Division

Do you require any other special reports? Yes No If yes, please describe: _____

Do you have any 1099 employees? Yes No If yes, we will need them identified separately.

What pay codes do you use? (Please check all that apply)

- Regular Pay Overtime Piece Work Commission Reported Tips
 Bonus Holiday Cash Tips Charged Tips
 Vacation Sick Personal Time Other: _____

What deductions do you have? (Please check all that apply)

- Health Dental Vision Supplemental
 401k FSA HSA Other Garnishment
 Life Tax Levy Child Support Other: _____

Do you require G/L upload files? Yes No If yes, what G/L system do you use? _____

Can we get copies of the following reports from your current payroll provider?

- 2 most recent payroll registers? Yes No
- YTD summary report (includes termed employees)? Yes No
- End of prior year YTD summary (shows year-end W-2 additions e.g. life insurance comp?) Yes No
- Any other misc. report that you receive each payroll or as scheduled? Yes No

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FINANCE

Our policy is that the first 2 payrolls must be paid by wire or a cashiers check. After that you may qualify for ACH payment. Are you interested in that? Yes No If yes, complete the form in the CSA

Checks to employees and taxes will be paid from Client Bank Account

Do you require your invoice broken down by location, division and/or department? Yes No

If yes, which criteria? _____

BENEFITS

Does the company have employee benefit programs? Yes No If yes, what kind?

Health: Carrier: _____ Renewal Date: _____

Dental: Carrier: _____ Renewal Date: _____

Vision: Carrier: _____ Renewal Date: _____

Life Insurance: Company Paid Voluntary Long Term Disability: Company Paid Voluntary

Short Term Disability: Company Paid Voluntary

Supplemental 401k EAP FSA HSA HRA Perks Program

Individual Plans Other: _____

If no, do you have any interest in offering any? Yes No If yes, what kind?

Health Dental Vision Life FSA HSA HRA

Supplemental 401k EAP Perks Program

Life Insurance: Company Paid Voluntary Long Term Disability: Company Paid Voluntary

Short Term Disability: Company Paid Voluntary

Other: _____

If you have a 401k program offered, please outline. Eligibility? ROTH? Match %? Vesting?
(We will need this in writing. An email is fine. A copy of the Summary Plan Description page is better.)

How many pay periods do you want benefit deductions taken out of each year?

If bi-weekly? 24 - Preferred 26 If weekly? 48 - Preferred 52

Note: Child support and other garnishments, such as FSA or HSA, come out of checks in all pay periods regardless of payroll frequency.

Owner(s)/Officer Information:

1. Name: _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Percent Ownership: _____

Is this person on the Payroll? Yes No If yes, annual income: _____

Does this person hold more than 20% ownership in any other company? Yes No

2. Name: _____ Title: _____

Social Security Number: _____ Date of Birth: _____ Percent Ownership: _____

Is this person on the Payroll? Yes No If yes, annual income: _____

Does this person hold more than 20% ownership in any other company? Yes No

Employee Information:

Class Code	Description/ Duties	# of FT & PT Employees	Annual Payroll

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