

# Payroll Client Intake Form

Please complete, attach to the Contact Me form, and send it to me. Thank you.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Contact Phone: \_\_\_\_\_

Business Contact Email: \_\_\_\_\_

Business Website (if you have one): \_\_\_\_\_

Primary Business Activity/Type:

\_\_\_\_\_

Calendar or Fiscal Year: \_\_\_\_\_ If Fiscal, when is your year-end? \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Employee Types: \_\_\_ Salaried \_\_\_ Hourly \_\_\_ Contractors

Do you currently use a payroll services provider? \_\_\_ Yes \_\_\_ No

If Yes, who is your provider? \_\_\_\_\_

Indicate Frequency of Service Needed:

\_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_ Other