

New Payroll Client Setup

Employer Information

Business Name:	
Business Address:	
Phone #:	
Email address:	
Principal Officer's Name:	
Principal Officer's SSN#:	
Principal Officer's DOB:	
Principal Officer's Phone #:	
Mailing address:	
FEIN #:	
CA Tax ID #:	
Best Contact:	
Best Contact Phone #:	
Best Contact Email:	
Pay Period Requested:	
PTO policy: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
IRA Plans: Yes <input type="checkbox"/> No <input type="checkbox"/>	

For each employee, please upload the following:

- Direct deposit form (optional)
- W-4
- CA DE4 (Tax Withholding Form)

Existing Employers, please upload the following:

- Payroll summary report for each completed quarter
- Payroll summary report for each payroll of current quarter

Please list each employee and provide the following information:

Name: Address: Email address: Birth date: Hire date: Rate of pay/salary:	
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