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## NEW CLIENT PACKET

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1

Company Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2

Federal Identification Number: \_\_\_\_\_

State Identification Number: \_\_\_\_\_

State Unemployment Rate: \_\_\_\_\_

Are your Federal Tax Deposits due monthly or with each payroll? \_\_\_\_\_

3

How often do you pay your employees?  Weekly  Biweekly  Semi-monthly  Monthly

What day does your pay period end? \_\_\_\_\_

What day do you want your checks dated? \_\_\_\_\_

Delivery Options:  Pick up your payroll at our office  Have the payroll mailed to your location  
 Have the payroll delivered via courier to your location  UPS

Does your company offer Dependent Coverage Health Care? \_\_\_\_\_

4

Please initial by the optional services that you are interested in having:

( See next page for a description of these optional services )

\_\_\_\_\_ **Tax File and Pay** - Additional charge of \$9.50 per payroll

\_\_\_\_\_ **Automatic Direct Debit Billing** - No additional charge

\_\_\_\_\_ **Signature printing on payroll checks** - No additional charge

\_\_\_\_\_ **Stuffing of employee checks in envelopes** - Additional \$0.25 per check

\_\_\_\_\_ **Direct Deposit** - \$3.75 per payroll plus \$0.75 per deposit

# 5

## In order to setup your payroll account we need the following:

1. A copy of a canceled check from the bank account that you want your checks processed on.
2. For each employee the following information:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Pay Rate:** \_\_\_\_\_

**Tax Status from their W-4 & IT2104:** \_\_\_\_\_

**Any special deductions such as health, \*child support, etc...** \_\_\_\_\_

\*If your employee has a child support deduction, we need a copy of the child support garnishment paperwork.

## Description of Optional Services:

### Tax File and Pay:

With this program, we will deposit all of your payroll taxes, file all of your payroll returns and assume responsibility for their accuracy and timeliness. The IRS and NYS requires that all Federal and State Tax Deposits be made electronically; for those members of our Tax File and Pay program we electronically make all of their Federal and State Tax Deposits.

### Automatic Direct Debit Billing:

Once a month, we will electronically debit from your company's designated bank account our monthly service fees. Prior to us debiting the funds, you will receive an invoice indicating the amount we will be debiting and the date the debit will occur.

### Check Signature:

With this service, you authorize Payroll Processing LLC to scan your signature and store this information. We will then produce your signature on your employee's payroll checks. If you would like to participate in this service please sign in the box below. This signature is the signature that will appear on your employee's checks.

New York State requires that all employers have Worker's Compensation and Disability/Paid Family Leave Insurance coverage in place before they hire an employee.

Please check this box if you would like us to have an insurance agent contact you to provide a quote for your company on Worker's Compensation Insurance

Please check this box if you would like us to write your Disability/Paid Family Leave Insurance coverage

Please check this box if you will be obtaining your OWN Worker's Compensation Insurance

Please check this box if you will be obtaining your OWN Disability/Paid Family Leave Insurance

Please sign below to acknowledge that you have read the information above about the insurance coverage requirements, and have indicated your insurance preferences.

X \_\_\_\_\_