



# NEW CLIENT PROFILE



Page 1

## BUSINESS OWNER/OWNERS INFORMATION:

Beneficial Owner Name 1: \_\_\_\_\_

Beneficial Owner % of Ownership 1: \_\_\_\_\_ Beneficial Owner Date of Birth 1: \_\_\_\_\_

Beneficial Owner Residence Address 1: \_\_\_\_\_

Beneficial Owner SS# 1: \_\_\_\_\_ Beneficial Owner Email Address 1: \_\_\_\_\_

Beneficial Owner Name 2: \_\_\_\_\_

Beneficial Owner % of Ownership 2: \_\_\_\_\_ Beneficial Owner Date of Birth 2: \_\_\_\_\_

Beneficial Owner Residence Address 2: \_\_\_\_\_

Beneficial Owner SS# 2: \_\_\_\_\_ Beneficial Owner Email Address 2: \_\_\_\_\_

## BUSINESS INFORMATION:

Legal Name of Business: \_\_\_\_\_

If LLC, please circle one:            Individual                      Partnership                      Corporation

DBA (***Doing Business As***) Name: \_\_\_\_\_

Name for Checks: \_\_\_\_\_

Payroll Contact Name & Title: \_\_\_\_\_

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address same as Business Address?:     Yes             No    (***If not, please fill out below.***)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



# NEW CLIENT PROFILE



Page 2

Pay Frequency: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_  
*If multiple frequencies, please check all that apply.*

If Semi-Monthly or Monthly, list pay dates: Pay Day #1: \_\_\_\_\_ Pay Day #2: \_\_\_\_\_

Workweek: (ex. Sun-Sat or Mon-Sun) \_\_\_\_\_ Day of Payday: \_\_\_\_\_

First Pay Begin Date: \_\_\_\_\_ First Pay End Date: \_\_\_\_\_ First Pay Date: \_\_\_\_\_

## TAX INFORMATION:

Federal EIN: \_\_\_\_\_ State Tax Deposit EIN: \_\_\_\_\_

State Unemployment ID#: \_\_\_\_\_ State Unemployment Tax Rate %: \_\_\_\_\_

If you do not have a State Withholding or an Unemployment Account ID, would you like Time & Payroll to apply for them or obtain it yourself?

\_\_\_\_\_ I will apply for the \_\_\_\_\_ State ID and/or \_\_\_\_\_ Unemployment ID numbers and submit them within the next 2 weeks.

\_\_\_\_\_ Please obtain the \_\_\_\_\_ State ID and/or \_\_\_\_\_ Unemployment ID numbers for me. I understand that I will be billed \$25 per ID number for this service.

## ADDITIONAL INFORMATION:

Direct Deposit: \_\_\_\_\_ Time Clock: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Delivery Options: UPS \_\_\_\_\_ FedEx \_\_\_\_\_ Email \_\_\_\_\_ Pick Up \_\_\_\_\_ US Mail \_\_\_\_\_

### **PLEASE ATTACH THE FOLLOWING: (#5 - #10 if applicable)**

1. Blank voided company check.
2. Signature Form. (This was emailed along with this form.)
3. Federal Form SS-4. (This was mailed to you when you obtained your Federal EIN.)
4. Employee Profile & Direct Deposit Forms with blank voided check.
5. Department Listing. List any department names you may use.
6. Multiple Locations: List any other locations your company may have under the same Federal ID.
7. Prior Pay: If your company has had payroll in this current year, we will need all prior pay, along with all Quarterly reporting's.
8. PTO/Vacation/Sick – Explanation of Accrual policy.
9. Deductions: List any deductions your company may have.
10. Holidays: List all paid holidays.