

CLIENT INFORMATION SHEET

LEGAL NAME OF BUSINESS _____

BUSINESS ADDRESS _____

EMPLOYER IDENTIFICATION NUMBER _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

BUSINESS ACTIVITY _____

TYPE OF ENTITY _____

FORMATION DATE _____

PAYROLL CONTACT PERSON _____

OWNER/OFFICER/MEMBER _____

TITLE _____

SOCIAL SECURITY NUMBER _____

HAS THIS ENTITY HAD PAYROLL IN THE PAST? _____

YES

NO

DO YOU HAVE AN ACCOUNT ALREADY ESTABLISHED WITH:

INDIANA DEPARTMENT OF REVENUE? _____

YES

NO

IF YES, WHAT IS THE ACCOUNT NUMBER? _____

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT? _____

YES

NO

IF YES, WHAT IS THE ACCOUNT NUMBER? _____

WHAT IS THE CURRENT YEARS RATE? _____

ARE YOU A SEMI-WEEKLY FILER WITH THE IRS: _____

YES

NO

WOULD YOU LIKE THE BENEFIT OF DIRECT DEPOSIT? _____

YES

NO

WHAT IS THE FREQUENCY OF PAYROLL? WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

DATE OF FIRST PAYROLL? _____

DATE ON CHECKS? _____

HOW WILL PAYROLL CHECKS BE DELIVERED? _____

PICK-UP

MAIL

EMAIL

HOW WILL PAYROLL REPORTS BE DELIVERED? _____

PICK-UP

MAIL

EMAIL

FAX

SIGNATURE _____

TITLE _____

DATE _____