Payroll Resources

New Client Checklist

CLIENT: ______________________ **SALES REPRESENTATIVE:** ______________________

1st PROCESSING DATE: __________ **1st CHECK DATE:** __________ **1st PERIOD END DATE:** __________

FREQUENCY:

☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

INPUT METHOD:

☐ Online ☐ Email ☐ Phone ☐ Automatic ☐ Fax

DELIVERY METHOD:

☐ Mail ☐ Courier ☐ Other

New/Zero Balance Business ☐ YES ☐ NO

Business with Prior Wages ☐ YES ☐ NO

Multiple State ☐ YES ☐ NO How many total states: __________

☐ Direct Deposit ☐ Signed & Sealed Checks ☐ Omni Account

DOCUMENT COLLECTION:

☐ **Price Proposal and Service Agreement (must be signed by client)**

☐ Direct Deposit Agreement Employer & Employee (if applicable)

☐ Monthly Depositor Confirmation or Lookback Info (if applicable)

☐ **New Client Profile**

☐ Voided Company Check

☐ Retirement Plan Information

☐ Vacation/Sick Accrual Information

☐ Garnishment Information

☐ Signatures and Logos

☐ CPA Information

☐ **Payroll Binder**

☐ Employee Profiles (or equivalent)

☐ YTD & QTD Wage/Tax Information

☐ IRS Source Document (IRS correspondence, preprinted 941)

☐ Previous Quarter(s) Returns (Fed 941, State Withholding, State Unemployment)

☐ Previous Quarter(s) FUTA Deposits

☐ Current Quarter Tax Liabilities/Deposits (Fed 941, State Withholding)

☐ Agency Checks (copies of court orders if applicable)

COMMENTS/SPECIAL INSTRUCTIONS: ______________________

____

____

I verify the completion of this New Client Set-up: ______________________

Rep's Signature