



CLIENT PROFILE

Company Information

Legal Name: _____

Name at Bank: _____

DBA: _____

Address: _____

City, State, Zip: _____

Federal Tax ID: _____ Federal Deposit Freq: Semi-weekly Monthly

Pay Freq: Weekly Bi-weekly Quarterly Monthly Semi-monthly Annually

Client Type: Web/Ingenuity Automatic Fax Call-In Call-Out

YTD Employee Count: Active: _____ Terminated: _____

Contact Information

[Owner]

Name: _____ Title: _____

Alt Address: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

[Partner/s]

Partner: _____ Title: _____

Alt Address: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

Partner: _____ Title: _____

Alt Address: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

Contact Information

Payroll Contact

Name: _____ Title: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

Alternate Contact: _____ Title: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

HR Department

Name: _____ Title: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

Alternate Contact: _____ Title: _____

Phone: _____ Alt Phone: _____

Email: _____ Fax: _____

Company Earning Codes

Earning: _____ Earning: _____

Earning: _____ Earning: _____

Earning: _____ Earning: _____

Earning: _____ Earning: _____

Earning: _____ Earning: _____

Earning: _____ Earning: _____

Earning: _____ Earning: _____

Company Deduction Codes

Deduction: _____ Pre/Post Tax: _____

Deduction: _____ Pre/Post Tax: _____

Deduction: _____ Pre/Post Tax: _____

Deduction: _____ Pre/Post Tax: _____

Deduction: _____ Pre/Post Tax: _____

Deduction: _____ Pre/Post Tax: _____

Deduction: _____ Pre/Post Tax: _____

401K Information

Is there a Company Match? Yes No

If YES – What is the Match Formula? _____

Departments

Dept Name & Number: _____

Dept Name & Number: _____

Dept Name & Number: _____

Dept Name & Number: _____

Dept Name & Number: _____

Dept Name & Number: _____

Dept Name & Number: _____

Dept Name & Number: _____

Delivery Information

Delivery Address same as Company Information.

If not, please enter address:

Delivery Method: Courier Mail Next Day Air Client Pick-Up

Payroll Calendar Information

1st Call Date: _____ 2nd Call Date: _____

1st Check Date: _____ 2nd Check Date: _____

Period Begin: _____ 2nd Period Begin: _____

Period End: _____ 2nd Period End: _____

Bank Information

Bank Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

ABA/Routing: _____

Account # _____ Next Check # _____

Local and State Tax Information

State: _____ W/H# _____ Deposit Frequency _____ UI# _____ UI% _____
State: _____ W/H# _____ Deposit Frequency _____ UI# _____ UI% _____
State: _____ W/H# _____ Deposit Frequency _____ UI# _____ UI% _____
State: _____ W/H# _____ Deposit Frequency _____ UI# _____ UI% _____
State: _____ W/H# _____ Deposit Frequency _____ UI# _____ UI% _____
State: _____ W/H# _____ Deposit Frequency _____ UI# _____ UI% _____

Misc: _____

CPA Information

CPA/Broker: _____
Firm: _____
Address: _____
City/State/Zip: _____
Phone: _____ Alt Phone: _____
Email: _____ Fax: _____
Firm Website: _____
Alt Contact: _____ Phone: _____
Email: _____ Fax: _____
Notes concerning CPA/Broker reporting: _____

Authorization

I authorize Integrated Employer Solutions to provide my accountant access to requested payroll information via paper and/or electronic format. This authorization will remain in effect until I notify Integrated Employer Solutions of any change in status.

Client's Initials

Date