

 **PaySmart: Client Company Info**
This data will reflect on the reports, checks, etc.

Company Name	
DBA	
Address	
City	
State	
Zip Code	
Primary Contact Person	
Primary Contact Person Title	
Primary Contact Email	
Primary Contact Business Telephone	
Primary Contact Cell Phone	
Business Fax	
Contact 2	
Contact 2 Title	
Contact 2 Email	
Contact 2 Business Telephone	
Contact 2 Cell Phone	

 **Client Bank Information**

N/A

We need a voided check or copy of a voided check from all client bank accounts being used.

Bank Account/Description	List all items that account being used for:	Other Notes:

* Client agrees to have funds available in account for payroll, taxes, insurance, and fees as needed by Paysamrt for payroll processing. Failure to do so may result in termination and/or a requirement for wired funds only.

 **Any Additional Service Billing Information**
Ex: delivery fee, multiple shipments fee, etc.

Billing Fee	Billing Item Description	Other Notes

Pay Frequency - type (X) next to code that applies

Weekly

Bi-Weekly

Semi Monthly

Monthly

Calendar - Pay Period & Check Date

Check off the appropriate days and indicate the actual date in the column to the right

Date

Beginning Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Ending Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Pay Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Calendar Rules: Weekends

Back to Friday
 Forward to Monday

Holidays

Previous Business Day
 Next Business Day

1st Scheduled Input Date:

1st Scheduled Delivery Date:

Reports

Standard Payroll Reports-check off desired reports

<input type="checkbox"/> Pack Out (special instructions)	<input type="checkbox"/> Employee Change Listing	<input type="checkbox"/> Monthly Check Register
<input type="checkbox"/> Delivery (address & delivery inst.)	<input type="checkbox"/> Input Worksheet	<input type="checkbox"/> Monthly Tax Summary
<input type="checkbox"/> Payroll Summary	<input type="checkbox"/> Invoice	<input type="checkbox"/> Month-Quarter-Year to Date
<input type="checkbox"/> Payroll Register	<input type="checkbox"/> Labor Distribution	<input type="checkbox"/> Annual FICA Tip Credit
<input type="checkbox"/> Check Register	<input type="checkbox"/> Worker's Compensation	

Indicate Any Special Reports Needed

Start Here...

Delivery Instructions

Will print out on delivery report with clients name and address.

Start here...

 **Taxes**

Client's Federal ID Number

Enter data under CLIENT section for taxes being paid under the CLIENT ID & SUTA rate.

CLIENT Tax ID & Rate Info

State Colorado ▼	State Choose a State ▼	State Choose a State ▼
Tax Type		
<input type="checkbox"/> State W/H <input type="checkbox"/> SUTA <input type="checkbox"/> Local	<input type="checkbox"/> State W/H <input type="checkbox"/> SUTA <input type="checkbox"/> Local	<input type="checkbox"/> State W/H <input type="checkbox"/> SUTA <input type="checkbox"/> Local
Tax ID Number	Tax ID Number	Tax ID Number
Tax Rate	Tax Rate	Tax Rate
Deposit Frequency	Deposit Frequency	Deposit Frequency
State Choose a State ▼	State Choose a State ▼	State Choose a State ▼
Tax Type		
<input type="checkbox"/> State W/H <input type="checkbox"/> SUTA <input type="checkbox"/> Local	<input type="checkbox"/> State W/H <input type="checkbox"/> SUTA <input type="checkbox"/> Local	<input type="checkbox"/> State W/H <input type="checkbox"/> SUTA <input type="checkbox"/> Local
Tax ID Number	Tax ID Number	Tax ID Number
Tax Rate	Tax Rate	Tax Rate
Deposit Frequency	Deposit Frequency	Deposit Frequency

 **Accruals/Paid Time Off**

Does the client track paid time off/accruals? Yes No

Check off those that apply & add any necessary codes.

Vacation	<input type="checkbox"/>
Sick	<input type="checkbox"/>
Personal	<input type="checkbox"/>

 **Agencies**

If wage garnishments are processed through payroll a pre-printed agency check can be produced. Would you like this service? Yes No

If yes please provide the details. Agency name & address, frequency (ex: every payroll, monthly, etc.), employee name, case number, etc.

Earning Codes

Check off those that apply & add any necessary codes. Indicate any complex calculation methods & if they have special taxability.

Regular	<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Bonus	<input type="checkbox"/>
Salary	<input type="checkbox"/>	Sick	<input type="checkbox"/>	Other	<input type="checkbox"/>
Holiday	<input type="checkbox"/>	Personal	<input type="checkbox"/>	Tips	<input type="checkbox"/>
Overtime	<input type="checkbox"/> Time & 1/2	<input type="checkbox"/> Double Time	<input type="checkbox"/> Triple Time	<input type="checkbox"/> Weighted OT: more than 1 shift worked at diff rates & OT rate is the average of all rates at time and a half	

Deduction/Reimbursement Codes

Check off those that apply & add any necessary codes. Indicate any complex calculation methods & if they have special taxability.

Miscellaneous	<input type="checkbox"/>	Garnishment	<input type="checkbox"/> Child Support	<input type="checkbox"/> Tax Levy	<input type="checkbox"/> Other	401K	<input type="checkbox"/>
Advance	<input type="checkbox"/>	Medical	<input type="checkbox"/> Sect 125 Pre Tax	<input type="checkbox"/> Post Tax		Simple IRA	<input type="checkbox"/>
Loan	<input type="checkbox"/>	Dental	<input type="checkbox"/> Sect 125 Pre Tax	<input type="checkbox"/> Post Tax		Expense Reimbursement	<input type="checkbox"/>

Pay Check Attributes

Check off all that apply (Additional Attribute Information will be Required)

Bonus Check	<input type="checkbox"/>
Commission	<input type="checkbox"/>
Other	<input type="checkbox"/>

Departments

Does client use dept. structure? Yes No If yes how many levels? 1 2 3 4 5 Provide necessary dept. level details below.

Other - Special Notes/Instructions

Direct Deposit

Will employees be using direct deposit? Yes No

If yes direct deposit authorization forms will need completed with a copy of a sample check attached.

Job Costing - Certified Payroll

Does the client require job costing? Yes No
Do they require a certified payroll report? Yes No

How is the client to be notified of their wire transfer amount? N/A Phone Fax Email

Notes & Instructions

Start here...