

CLIENT INFORMATION SHEET

Corporate Name:							
DBA Name:							
Mailing Address:							
Physical Address:							
Telephone #:				_ Fax #	Fax #:		
Nature of Business:							
Company Email:							
Entity Type:	Corporation	S-Corp	Partnership	LLC	Sole Propriet	tor	
This business is:	New		Existing		Recently Acquired		
State Unemployment ID #:				Federal ID #:			
Rate:				Fed. Filing Status:		monthly or semi-weekly	
Quarterly SUTA Payn	nent sent by:	Self or	Snelling	Electronic	c EFTPS sent by	y: Self or Snelling	
Payroll Frequency:	w	BW	SM	М		401K Plan? Y or N SEC 125 Cafeteria Plan? Y or N	
Pay Date Range:	From:		To:	r Davi	Check Date:		
Delivery Method:	Mail		,	o-No Call	Deliver	Paperless	
I'm interested in Sne	lling's Automa	ted Time K	eeping Service	:	Y or N		
Owners Information Name:						Title:	
Home Address:							
City, State & Zip:							
Years in Business:	Social Security #:						
PLEASE LET US KNOV	V - HOW DID Y	OU HEAR A	ABOUT US?				
Additional Information Needed: Employee Info: W-4, Pay rate, deductions Voided Check on the account you wish to use for payroll.				Billing For Our Services: We do not draft your account! In the last payroll of the month you will find the bill for our services. We accept checks & cash.			

If we convert an employer after the first of the year, then we will also need to get salary information on any previously processed payrolls. We need this information to ensure that the quarterly and year-end reports are correct. This is usually done by making copies of the previously processed payroll journals.