

CLIENT INFORMATION SHEET

For Office Use Only	GL:
EFTPS Pin:	Billing:
Intercept:	QB:
TWC #:	Excel:
	Schedule:

Corporate Name:							
DBA Name:							
Mailing Address:							
Physical Address:							
i nysicai Address.	-						
Telephone #:				Fax i	#:		
Nature of Business:							
Company Email:							
Entity Type:	Corporation	S-Corp	Partnership	LLC	Sole Proprietor	•	
This business is:	New		Existing		Recently Acqui	red	
State Unemployment	t ID #:			Federal I	D #:		
Rate:		State:		Fed. Filin	g Status:	monthly or semi-weekly	
Quarterly SUTA Paym	nent sent by:	Self or S	Snelling	Electroni	c EFTPS sent by:	Self or Snelling	
Payroll Frequency:	w	BW	SM	M		401K Plan? Y or N SEC 125 Cafeteria Plan? Y or N	
Pay Date Range:	From:		To:		Check Date:		
Tay Date Name.	(Date or	Day)	(Date or	Day)			
Delivery Method:	Mail	Pick up-C	all Pick up	-No Call	Deliver	Paperless	
I'm interested in Snel	lling's Automa	ted Time Ke	eping Service:		Y or N		
Owners Information Name:						Title:	
Home Address:							
City, State & Zip:							
Years in Business:	Social Security #:						
PLEASE LET US KNOW	/ - HOW DID Y	OU HEAR AI	BOUT US?				
Additional Information	on Needed:			Bi		ices: We do not draft your account!	
Employee Info: W-4, Pay rate, deductions					In the last payroll of the month you will find the bill		
Voided Check on the account you wish to use for payroll.					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.