



**CLIENT INFORMATION SHEET**

LEGAL BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER COUNTY EMPLOYER IDENTIFICATION NUMBER

BUSINESS ACTIVITY (1-5 WORDS) HAS THE ENTITY HAD PAYROLL IN THE PAST?

PAYROLL CONTACT PERSON EMAIL TELEPHONE #

2<sup>nd</sup> PAYROLL CONTACT PERSON EMAIL TELEPHONE #  
(Required)

TYPE OF ENTITY IF LLC, HOW IS ENTITY BEING TAXED?  
(S CORP/LLC/PTNR/SOLE PROPRIETOR) (S CORP, SOLE PROPRIETOR, PARTNERSHIP)

OWNER/OFFICER/MEMBER TITLE SOCIAL SECURITY NUMBER

DO YOU HAVE AN ACCOUNT ESTABLISHED WITH:  
INDIANA DEPARTMENT OF REVENUE? YES NO (\$75 FEE)  
IF YES, WHAT IS THE ACCOUNT NUMBER?

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT? YES NO (\$75 FEE)  
IF YES, WHAT IS THE ACCOUNT NUMBER AND CURRENT YEARS RATE?

FREQUENCY OF PAYROLL?    WEEKLY (52)    BI-WEEKLY (26)    SEMI-MONTHLY (24)    MONTHLY (12)

DATE OF FIRST PAYROLL: \_\_\_\_\_    PAYROLL PERIOD: \_\_\_\_\_

EMPLOYEE CHECK STUBS AND ALL PAYROLL REPORTS WILL BE AVAILABLE THROUGH YOUR PORTAL.  
WOULD YOU LIKE TO HAVE THE BENEFIT OF WEB EMPLOYEE FOR \$25/MONTH?    YES                      NO

HOW DID YOU HEAR ABOUT THE PAYROLL DEPARTMENT, INC.? \_\_\_\_\_

IS THIS ENTITY A SEMI-WEEKLY FILER WITH THE IRS?                                      YES                      NO

In order for The Payroll Department, Inc. to file your federal forms 940 and 941, the government requires that your signature be on every form that we submit on your behalf. **Please sign** in the box below WITHOUT touching the lines and we will upload your signature to the payroll forms as well as the payroll checks. Thank you.

**(ATTACH COMPANY VOIDED CHECK HERE)**

**Important!** Employers, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes The Payroll Department, Inc. ("Service Bureau") to debit any sums I may owe to Service Bureau from the bank or other financial institution ("Financial Institution") accounts identified below. If any debit is made to my account in error by Service Bureau, Financial Institution is authorized to accept the return of erroneous payment from Service Bureau and to credit my account for the same in an amount not to exceed the amount of the erroneous debit. If the Service Bureau debits my account for any sums I may owe and there are non-sufficient funds in my accounts identified below, I understand that I will be subject to the laws of the Prosecutor in my area if not paid in full within five (5) business days to Service Bureau. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Service Bureau and Financial Institution a reasonable opportunity to act.

---

**Company** Financial Institution Name (please print)

---

City/State/ZIP

---

Bank Account Number

---

Bank Routing Number

I (we) have read the terms of this application and agree to the terms. This authorization will remain in full force and effect until The Payroll Department, Inc. has received written notification from Company represented below of its termination in such time and in such manner as to afford The Payroll Department, Inc. and my financial institution a reasonable opportunity to act on it.