



CLIENT INFORMATION SHEET

Business Legal Name: _____

Business Address: _____

Telephone Number	County	Employer Identification Number
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Owner / Officer / Member	Title	Social Security Number
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Primary Payroll Contact	Email	Telephone #
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Secondary Payroll Contact (Required)	Email	Telephone #
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Type of Entity (S Corporation / LLC / Partnership / Sole Proprietor)	If LLC, how is the Entity being taxed? (S Corp, Sole Proprietor, Partnership)
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Business Activity (In A Few Words)	Has the Entity had payroll in the past?
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Payroll Frequency: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

Date Of First Payroll: _____ Payroll Period: _____

Is this Entity a semi-weekly filer with the IRS? YES NO

Does the Entity have a payroll account established with:

- Indiana Department of Revenue? YES NO
 If yes, provide the account number: _____

- Indiana Department of Workforce Development? YES NO
 If yes, provide the account number: _____
 If yes, what is the current year's rate: _____

If "no", we will be required to establish these accounts before processing payroll. An account setup fee will apply.

Taxing authorities require that your signature be included on most forms (i.e. Form 940 and 941) that we submit on your behalf. **Please sign** in the box below WITHOUT touching the lines so we can use your signature on payroll forms (as well as payroll checks).

Payroll Documents and Form Distribution

Payroll reports, tax forms, and employee paystubs will be available to download through your portal. You can download these files for your records and/or for distribution to employees (i.e. W-2s) at no cost to you.

- If you prefer that we mail your employees' W-2s to them on your behalf, let us know so we can add this feature to your account. We charge a mailing fee per W-2 mailed.

We strongly recommend that you consider adding Web Employee to your account instead of managing the distribution of payroll documents to employees manually. With this feature, employees can access their own paystubs, earnings history, W-4 information, and W-2s (saving you administration time and/or mailing fees).

Would you like to add Web Employee (\$30/month – covers all employees)? YES NO

How did you hear about us? _____

(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.