NEW CLIENT DATA FORM

Please fill out online and submit, or fill this form out and email to payroll@pinkpayroll.com

PINK PAYROLL

Company Name:

Company DBA:

Organization Type: Corp (S or C   )   LLC   Sole Prop

Partnership   Individual   Non-Profit 501(c)3

 # EMPLOYEES: _____
Payroll Frequency: W-BW-SM-M- _____
Direct Deposit: Y – N
Deductions: Y – N   PTO: Y – N
Submits Payroll _____ **Day For** _____ **Day**

ACCOUNT SIGNER & PRIMARY BUSINESS OWNER

First Name:

Last Name:

SS# (for ACH Bank Transfers):

Email:

Office Phone:

Cell Phone:

Title (title on file w/ IRS) :   President   Vice President   Managing Member   Owner

Beneficial Ownership Person 1 above: % Ownership _____% Date of Birth ___/___/___ Home Address:_____
_____, ST_____ ZIP _____

PLEASE PROVIDE US:
- ☐ **Business Check Copy/Scan**
- ☐ **Proof of FEIN (Federal Tax ID)**
- ☐ **Proof of EDD # (State Tax ID)**
- ☐ **Account Signer Driver's License**

TAX IDS

FEIN (Federal Tax ID):   Date Business Started (approx):

EDD# (State Tax ID):   Type of Business / Describe Briefly:

COMPANY BANKING INFO

Bank Name:

Routing Number:

Account Number:

COMPANY ADDRESSES
*if the address is the same, write "same"

Tax Mailing Address (Must be same as corporate mailing address on your corporate tax returns)	Physical	Mailing
Street Address 1:		
City, State:		
ZIP:		
Phone:		

BANKING BENEFICIAL OWNERSHIP INFORMATION   *Person 1 info is above as the signer. List all persons who own 25% or more.

Beneficial Owner Name 2:   Beneficial Owner Name 3:

Beneficial Owner % of Ownership 2:   Beneficial Owner % of Ownership 3:

Beneficial Owner Date of Birth 2:   Beneficial Owner Date of Birth 3:

Beneficial Owner Residence Address 2:   Beneficial Owner Residence Address 3:

_____   _____

AUTHORIZED USERS

OTHER AUTHORIZED PAYROLL PARTIES - * AUTHORIZATION FORM YOU SIGN WILL INCLUDE DETAILS

Limited (Payroll Submission, new employee setup, wage changes, view reports etc.) (example: office manager)

Name | Email | Phone | Title: N_____   e/m_____   Ph ☐mobile ofc (   ) -   Title_____