



Client Processing Profile Short Form

Company Legal Name _____ DBA (if applicable) _____ Ref by _____

Company Address Business Home Office PostBox Check Delivery Address Business Home Office PostBox

Address _____ Address _____

City _____ St _____ ZIP _____ City _____ St _____ ZIP _____

Primary Payroll Administrator _____, Title _____

Phone _____ Cell _____ Email _____ Fax _____

Other's authorized & limitations _____

OWNER'S AND OFFICERS

Name _____ Title _____ % Ownership _____

Phone _____ Cell _____ Email _____ Fax _____

Name _____ Title _____ % Ownership _____

Phone _____ Cell _____ Email _____ Fax _____

ENTITY TYPE

Sole Prop S Corp C Corp Partnership LLC (S?) LLP NonProfit Corp Other _____

NEXT PAYROLL

Payroll Frequency Weekly Bi-Weekly (Every 2) Semi-Monthly (2x/mo) Monthly Other _____

Pay Period Begin & End Dates ____/____/____ - ____/____/____ Next Check Date ____/____/____ Last Check Date ____/____/____

If your check date falls on a weekend or banking holiday, move the check date to the banking day BEFORE AFTER SAT-SUN/Mon

Active Employees _____ # Active 1099'd _____

INPUT - CHECKS - REPORTS

Input Method ON-LINE EMAIL FAX IMPORT AUTO + APPROVE AUTOPROCESS

Check Delivery Method ON-LINE SELF PRINT EMAIL COURIER FEDEX/UPS USPS NONE

Report Delivery Method ON-LINE SELF PRINT EMAIL COURIER FEDEX/UPS USPS NONE

TAX & BANK INFORMATION

FEIN _____

Federal Tax Deposit Frequency: Semi-Weekly Monthly Quarterly

State # _____ SUI Rate _____%

State Tax Deposit Frequency: Semi-Weekly Monthly

IRS FUTA TAX Exempt Non-Exempt

STATE SUTA TAX Exempt Non-Exempt

OWNER/SPOUSE TAX EXEMPTIONS: _____

Bank Name _____ Routing # _____ Account #: _____ Main Payroll Ck# _____

Existing Business with Payroll History Current Year Yes No Prior Year: Yes No

OnLine Access

Company: EOD EGO EGO HR Online (free) HR Pro \$25.00/mo + \$1.00/ee > 10

Employee: EOD Ess MyGo ESS EOD TK MyGO TK

Products Requested

Poster e-Update (free) New LL All-In One Poster HR Online (free) HR Pro \$25.00/mo + \$1.00/ee > 10

Employee Manual Workers Comp Quote Employment Screening _____ _____ _____

Location | Department

| | Code | Name | Code | Name | Code | Name |
|--|------|------|------|------|------|------|
|--|------|------|------|------|------|------|

| | | | | | | |
|--------------------|-------|-------|-------|-------|-------|-------|
| Level 3 Department | _____ | _____ | _____ | _____ | _____ | _____ |
|--------------------|-------|-------|-------|-------|-------|-------|

| | | | | | | |
|------------------|-------|-------|-------|-------|-------|-------|
| Level 2 Location | _____ | _____ | _____ | _____ | _____ | _____ |
|------------------|-------|-------|-------|-------|-------|-------|



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Earning Codes

Common Earning Codes (Circle) Reg OT Misc Bonus Commission

Write in others: _____

Timekeeping

- Webclock EOD Orig \$_____
 Webclock EGO \$_____
 Tranz380 EOD \$_____
- MyGO Physical \$_____
 MyGO Fingerprint \$_____
 ←
 Ethernet
 Landline
 Wireless
- Swipeclock Physical \$_____
 Swipeclock Fingerprint \$_____
 ←
 Ethernet
 Landline
 Wireless

Write in others: _____

Accruals

Track Accruals? Setup \$_____ + _____/pr or ee.

CA Sick
 Pink Basic Lump Sum
 Pink Basic Accrual
 Custom Sick (\$99 Setup) + .80/ee/mo.

| Other Name | Mo fr/to | Pay By EC | Accrual Rate | Accrue by | Caps | Rollover | Comments |
|------------|----------------|-----------|-----------------|-----------|-------|----------|----------|
| _____ | _____ to _____ | _____ | _____ hr/period | _____ | _____ | _____ | _____ |
| _____ | _____ to _____ | _____ | _____ hr/period | _____ | _____ | _____ | _____ |

Insurance

| | NeedQ | Broker | Renewal Date | Contact Info |
|------------------------------------|--------------------------|--------|--------------|--------------|
| Workers Comp: | <input type="checkbox"/> | _____ | _____ | _____ |
| Group Health / Indiv Health | <input type="checkbox"/> | _____ | _____ | _____ |
| Voluntary (Accident) | <input type="checkbox"/> | _____ | _____ | _____ |

Deductions

| Code | Deduction Name | Pretax Deduction? | Notes |
|------|----------------|-------------------|-------|
| | | Y / N | |
| | | Y / N | |
| | | Y / N | |

Notes

I agree to the above processing and payroll rules set, and agree that the above name person(s) can authorize payroll processing and have access to payroll records:

Signature _____ Date _____