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Financial Services

CLIENT START-UP CHECKLIST

Here is what you will need from you:

Start-Up Item	Location
❑ Completed Employer Information Sheet	Attached
❑ Completed Employee Information Sheet	Attached
❑ Completed Contractor Information Sheet	Attached
❑ Electronic Services Authorization Form	1. Log into client's account 2. Click on **Setup> Electronic Services** 3. Select the electronic services you want for this client 4. Print the customized authorization form for client to sign
❑ Authorization for Direct Deposit	1. Log into client's account 2. Click on **Taxes &Forms>Employee & Contractor Setup Forms** 3. Print the **Bank Verification Form** for each employee or contractor to be paid via direct deposit
❑ Employer Setup Forms	1. Log into client's account 2. Click on **Taxes &Forms>Employer Setup Forms** 3. Print the necessary federal and state forms

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EMPLOYER INFORMATION SHEET

General Information

Business Name _____	Contact Name _____
Business Address _____	Phone _____
City, State, Zip _____	Fax _____
	Email _____
Filing Name (if different) _____	
Filing Address (if different) _____	
City, State, Zip _____	

Company Type ❍ S-Corp ❍ C-Corp ❍ LLC ❍ LLP ❍ Partnership
❍ Sole Proprietor ❍ 501c3 ❍ Other _____

Payroll Information

No. of W-2 employees _____
No. of 1099 contractors to be paid through payroll _____

First Date To Run Payroll MM____/ DD____/ YY ____

Federal EIN _____ ❑ Applied For

State Employer Account No. _____ ❑ Applied For

State Unemployment No. _____ ❑ Applied For

State Unemployment Insurance Rate _____% (if known)

Other state tax rates, if applicable:

_____

_____

Federal Deposit Schedule

❑ Monthly
❑ Semi-Weekly
❑ Other_____

State Deposit Schedule
Only applicable to states with income tax

❑ Same as federal
❑ Other_____

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Attach any historical payroll information from this calendar year for all active <u>and terminated</u> employees

❑ We have not run any payroll yet this year

If you will begin using our service at the start of the 2nd, 3rd or 4th calendar quarter (April 1, July 1, or October 1), please include:

❑ Year-to-date wages, taxes, and deductions for each employee

❑ Dates and amounts of all payroll tax payments made to date for current year tax liabilities

If you will begin using our service in the middle of a calendar quarter, please include:

❑ Year-to-date wages, taxes, and deductions for each employee as of the most recent payroll

❑ Year-to-date wages, taxes, and deductions for each employee as of the end of the most recent calendar quarter *(not applicable if you're starting in the middle of the first calendar quarter)*

❑ Payroll register or other summary for <u>each</u> payroll date in the current quarter, including total amounts for each wage item, tax, and voluntary deduction on that date.

❑ Dates and amounts of all payroll tax payments made to date for current year tax liabilities

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EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name	_____	Birth Date	MM____/DD____/YY____
Address	_____	Hire Date	MM____/DD____/YY____
City, State, Zip	_____	Social Security No.	_____
Email Address	_____	Gender	❍ Female ❍ Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit ❍ Yes ❍ No If yes, attach completed Authorization of Direct Deposit form

Tax Information

Please attach or specify the following information for this employee:

❑ Attach completed federal Form W-4

❑ Attach completed state withholding form
Only applicable if state income tax and filing status/allowances are different from federal

❑ Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

_____

❑ Specify any local taxes that need to be withheld from this employee's paycheck: _____

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Pay Information

How often will this employee be paid?

Pay Frequency	**Payday details**
❍ Every Week ❍ Every Other Week ❍ Twice a Month ❍ Every Month ❍ Other_____	Date(s) or day(s) employees paid _____ *(e.g. 1st and 15th of the month)* Period Covered _____ *(e.g. Paycheck on the 1st covers the 16th to the end of the prior month)*

Which types of pay does this employee receive?

❑ Salary _____ per ____	❑ Bonus	❑ Clergy Housing (Cash)
❑ Hourly _____ per hour	❑ Commission	❑ Clergy Housing (In-Kind)
❑ 2nd hourly rate _____ per hour	❑ Double overtime	❑ Bereavement Pay
❑ Overtime Pay	❑ Allowance	❑ Group Term Life Insurance
❑ Sick Pay	❑ Reimbursement	❑ S-Corp Owners Health Ins.
❑ Vacation Pay	❑ Cash Tips	❑ Personal Use of Company Car
❑ Holiday Pay	❑ Paycheck Tips	❑ Other:

Select the voluntary deductions that apply and enter the $ or % amount to be deducted from each paycheck

Deduction	**$ Amount or % of Gross**	**Deduction**	**$ Amount or % of Gross**
❑ Pre-tax medical ❑ Pre-tax vision ❑ Pre-tax dental ❑ Taxable medical ❑ Taxable vision ❑ Taxable dental ❑ 401K ❑ Simple 401K		❑ 403b ❑ Simple IRA ❑ SAR SEP ❑ Medical expense FSA ❑ Dependent care FSA ❑ Loan Repayment ❑ Cash Advance Repayment ❑ Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?
❑ Yes ❑ No If yes, attach copies of all garnishment orders

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Sick and Vacation *If this employee earns paid time off, complete the section below; otherwise, leave blank.*	
Sick Pay No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____ Current Balance _____ Hours are accrued: ❍ As a lump sum at the beginning of year ❍ Each pay period ❍ Each hour worked	**Vacation Pay** No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____ Current Balance _____ Hours are accrued: ❍ As a lump sum at the beginning of year ❍ Each pay period ❍ Each hour worked

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CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information

Contractor Type ❍ Individual ❍ Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security No./
Employer Identification No. _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

Direct deposit ❍ Yes ❍ No If yes, attach completed Authorization of Direct Deposit form.

Pay Information

Has this contractor already been paid this calendar year?

❍ Yes ❍ No

If yes, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

Compensation amount $ _____

Reimbursement amount $_____

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Notes