

## CLIENT START-UP CHECKLIST

Start-Up Item	Notes
<input type="checkbox"/> Completed Employer Information Sheet	
<input type="checkbox"/> Completed Employee Information Sheet	
<input type="checkbox"/> Completed Contractor Information Sheet	
<input type="checkbox"/> Authorization for Direct Deposit	
<input type="checkbox"/> Employer Setup Forms	
<input type="checkbox"/> Employee & Contractor Setup Forms	

# EMPLOYER INFORMATION SHEET

## General Information

Business Name _____ Business Address _____ City, State, Zip _____ Filing Name (if different) _____ Filing Address (if different) _____ City, State, Zip _____	Contact Name _____ Phone _____ Fax _____ Email _____
Company Type <input type="radio"/> S-Corp <input type="radio"/> C-Corp <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> 501c3 <input type="radio"/> 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 _____ <input type="checkbox"/> Applied For State Employer Account No. _____ <input type="checkbox"/> Applied For State Unemployment No. _____ <input type="checkbox"/> Applied For State Unemployment Insurance Rate _____% (if known) Other state tax rates, if applicable: _____ _____	<h3>Federal Deposit Schedule</h3> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Other _____ <h3>State Deposit Schedule</h3> <i>Only applicable to states with income tax</i> <input type="checkbox"/> Same as federal <input type="checkbox"/> Other _____
--	--

**Attach any historical payroll information from this calendar year for all active and terminated employees**

We have not run any payroll yet this year

**If you will begin using our service at the start of the 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> 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 each 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

**Notes:**

# 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 <input type="radio"/> Female <input type="radio"/> 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: \_\_\_\_\_

Notes:

## Pay Information

How often will this employee be paid?

### Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other \_\_\_\_\_

### Payday details

Date(s) or day(s) employees paid \_\_\_\_\_  
(e.g. 1<sup>st</sup> and 15<sup>th</sup> of the month)

Period Covered \_\_\_\_\_  
(e.g. Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)

**Which types of pay does this employee receive?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____                     | <input type="checkbox"/> Bonus           | <input type="checkbox"/> Clergy Housing (Cash)       |
| <input type="checkbox"/> Hourly _____ per hour                      | <input type="checkbox"/> Commission      | <input type="checkbox"/> Clergy Housing (In-Kind)    |
| <input type="checkbox"/> 2 <sup>nd</sup> hourly rate _____ per hour | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay             |
| <input type="checkbox"/> Overtime Pay                               | <input type="checkbox"/> Allowance       | <input type="checkbox"/> Group Term Life Insurance   |
| <input type="checkbox"/> Sick Pay                                   | <input type="checkbox"/> Reimbursement   | <input type="checkbox"/> S-Corp Owners Health Ins.   |
| <input type="checkbox"/> Vacation Pay                               | <input type="checkbox"/> Cash Tips       | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay                                | <input type="checkbox"/> Paycheck Tips   | <input type="checkbox"/> 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
<input type="checkbox"/> Pre-tax medical <input type="checkbox"/> Pre-tax vision <input type="checkbox"/> Pre-tax dental <input type="checkbox"/> Taxable medical <input type="checkbox"/> Taxable vision <input type="checkbox"/> Taxable dental <input type="checkbox"/> 401K <input type="checkbox"/> Simple 401K		<input type="checkbox"/> 403b <input type="checkbox"/> Simple IRA <input type="checkbox"/> SAR SEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance Repayment <input type="checkbox"/> 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

**Sick and Vacation**

*If this employee earns paid time off, complete the section below; otherwise, leave blank.*

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued: <input type="radio"/> As a lump sum at the beginning of year <input type="radio"/> Each pay period <input type="radio"/> Each hour worked	Hours are accrued: <input type="radio"/> As a lump sum at the beginning of year <input type="radio"/> Each pay period <input type="radio"/> Each hour worked

**Notes:**

