New Client Information Form

Company Information

Employer Legal Name			
Employer DBA Name			
FEIN		Applied for Date	
Previous HCM System		Access to System?	
Filing Type	941 943	944	

Primary Address (printed on check)

Street Address					
Street Address					
City		State		Zip	
Phone Number		Time Zone			

iSolved Services

Time Keeping   Benefits/Open Enrollment   Onboarding

Authorized Contacts – All Access

The following people will be provided full Client User access to all applicable roles.
Modified access accounts will be created per request those listed below.

First Name		Last Name	
Title			
Email Address			
Contact Type	All Access W3	Primary	
Primary Phone		Alternate Phone	

First Name		Last Name	
Title			
Email Address			
Contact Type	All Access W3	Primary	
Primary Phone		Alternate Phone	

First Name		Last Name	
Title			
Email Address			
Contact Type	All Access W3	Primary	
Primary Phone		Alternate Phone	

Work Locations					
Please list the address of each home and office location for which you have employees working					
Street Address	City	State	Zip	County	Time Zone

Tax Information				
Jurisdiction	Withholding ID	WH Payment Freq.	Unemployment ID	Rate
State or Locality		*Weekly, SemiWkly, Monthly, Qtrly*		

Bank Account Information					
Account Name					
Routing Number		Account Number			
Starting Check #		Logo on check?	Yes	No	
Use Account for:	*mark all that apply*	Taxes	Fees	Checks	EE Direct Deposit

Deduction Codes				
Code	Title *(appears on paystub)*	Description	Taxability	
			Pre	Post
			Pre	Post
			Pre	Post
			Pre	Post
			Pre	Post
			Pre	Post
			Pre	Post
			Pre	Post

Deferred Compensation				
401(k)	401(k) Roth	401(k) Loan	401(k) Simple	
408(p) SIMPLE IRA				
Other *(please list)*:				
Company Match	Yes No	Would you like us to track the match?		Yes No

Do you offer Group Term Life?   Yes   No

Do you have a Paid Time Off policy?   Yes   No

Organization Values

Please list all categorical values your company uses with regard to employee organization (such as locations, departments, benefit classes, jobs, etc.)

Title	Values
(ex. Department)	*(Sales, Admin, Production)*

Earning Codes						
Please check all that apply; add any additional codes below						
Regular		1099		Commission		Bonus
Shift Differential		PTO		Holiday		Expense Reimbursement
Additional Earnings		**Taxability**			**Pay Out**	
		Taxable	Non-taxable		Paid	Nonpaid
		Taxable	Non-taxable		Paid	Nonpaid
		Taxable	Non-taxable		Paid	Nonpaid
		Taxable	Non-taxable		Paid	Nonpaid
		Taxable	Non-taxable		Paid	Nonpaid
		Taxable	Non-taxable		Paid	Nonpaid

Pay Group Information	
Payroll Frequency	Weekly Bi-Weekly Semi-Monthly Monthly
Pay Period Start/End Dates	
First Payroll Check Date	

If your check date falls on a weekend or holiday, would you like your check date moved to:

                Previous Business Day   Next Business Day

Additional Pay Group Information	
Pay Group Name	
Payroll Frequency	Weekly Bi-Weekly Semi-Monthly Monthly
Pay Period Start/End Dates	
First Payroll Check Date	

Payroll Delivery Information			
Deliver on:	Pay Date	Day Prior to Pay Date	
Deliver to:	Primary Address	Delivery Address	Split-Wrap
Street Address			
City		State	Zip
Special Instructions:			
Year End:	Individual Mail-out		Bulk Delivery

General Questions

Do you have a Pay-As-You-Go Workers' Compensation Policy?   Yes   No

Will you need your General Ledger set up in iSolved?   Yes   No

If yes, please provide your Chart of Accounts, copy of your latest journal entry, and any GL rules associated with payroll

Do you have a time and attendance provider or POS system?   Yes   No

Name of current provider/POS system:

Additional Notes: