

New Client Information

Setup Date:	1st Check Date:
Sales Rep:	Prior Service Provider:

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ched Agencies, etc. n rules, etc)
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	Tax Pay & File Y / N Corporation S-Corp Sole Prop. LLC Type: C-Corp Partnership Other:		Duomicoo	Business Manufacturing, Hospitality, etc Type:	
ation	Federal ID Number:	State ID Number:		umber:	SUI Rate:
orm	Locals:				
Tax Information					
Та					
	1st P/E Date:	T			
<u>е</u>		Submission Method: Fax	Call-In Evolu	•	Auto E-Sheet Other
hedu	1st Check Date:	Submission Day:	Check Grouping Or Alpha by: Co		ranch Department Team
Sc	Frequency	Special Instructions:	Tupila by.	Simparry Bivioloff B	Tanon Department Team
	Levels Used: (if more than 1 level, t	use separate page)	Input V Aplha	Norksheet Grouping Orde	er:
	Division Branch	n Department Team		-	ranch Department Team
	Number Title		Che	eck all that apply	
			_	Pressure So	eal Checks
			_	Direct Depo	osit
			_	Evolution	
			_	General Lec	dger
			_{\sigma}	Time Off Ac	ccruals
eam			Services	Pay As You	
int / To			lal Sc	Time & Atte	
epartment / Team			Additional	Electronic F	Reporting
/ Dep			_	Email Chec	ck Stubs
Division / Branch / D			_	Employee S	Self Serve
n / Br			_	☐ Human Res	sources
Divisi			_	Common A	ccount
			_	Other	
			_ 🗀		
				form, and certify	formation contained on this y that to the best of my nformation is accurate.
			Certification	Client Signa	ature Date
				Printed Na	me
					

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	Include Time Off Accrual Rules, Custom Reports, Miscellaneous Details, etc.
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Special Instructions / Notes	
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