Office: 1.919.556.5993

## New Client Profile FAX: 1.866.977.6077

Legal name:	DBA name:		
Name for Checks:			
Full Contact Name & Title:			
Address:			
City:	State:Zip:		
Phone:	Fax:		
Email:	Web Site:		
PAY FREQUENCY:			
Pay Frequency: <u>Weekly</u> or <u>Bi-weekly</u> or <u>Semi Monthly</u> or <u>Monthly</u> or <u>Multiple Frequency</u>			
If Semi-Monthly or Monthly, list pay dates: Pay Day #1: Pay Day #2:			
Workweek: (ex. SunSat. or MonSun.) Day of payday:			
TAX INFORMATION:			
Federal EIN:			
State Unemployment ID#: State Unemployment tax rate %:			
For ID# you do not have, would you like for Time & Payroll to apply for them?			
ADDITIONAL INFORMATION:			
Direct Deposit: Time Clo	ock: Total # of employees:		
Delivery Options: UPS Next Day FedEx Overnight Email			
Pick Up US Mail (not recommended)			

## **OVERTIME & HOLIDAYS**

Overtime rules:			
Paid Holidays:		Hours:	
Christmas Election Day Labor Day President's Day	Christmas Eve Flag Day Martin Luther King, Jr. Thanksgiving	Columbus Day Fourth of July Memorial Day Thanksgiving Friday	Easter Good Friday New Years Eve Veterans Day
DEDUCTIONS:			
Name Type Frequency Maximum amount po	etions (401k, Health Ins., Denta er year benefits matching:		
PLEASE ATTACH A	COPY OF THE FOLLOWING	):	
State Unemployment Form 941's Schedule B's State Tax reports for Any past payroll hist	thorization for Direct Deposit t reports each quarter		
SIGNATI	URE WITH TITLE	DATE	