



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

Tax Information				
Jurisdiction	Withholding ID	WH Payment Freq.	Unemployment ID	Rate
<i>State or Locality</i>		<i>Weekly, SemiWkly, Monthly, Qtrly</i>		

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

Deduction Codes			
Code	Title <i>(appears on paystub)</i>	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 <i>(please list):</i>				
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
<i>(ex. Department)</i>	<i>(Sales, Admin, Production)</i>

Earning Codes				
<i>Please check all that apply; add any additional codes below</i>				
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: