



ACCOUNTING. BOOKKEEPING. TAX SERVICES.

# Payroll Client Intake Form

Business Type: \_\_\_\_\_

Specific Category \_\_\_\_\_

|                       |   |   |           |                 |   |   |           |
|-----------------------|---|---|-----------|-----------------|---|---|-----------|
| Initial Consultation: |   |   |           | Referred by:    |   |   |           |
| First Visit:          |   |   |           | Thank you sent: |   |   |           |
| NL                    | Y | N | Completed | HC              | Y | N | Completed |
| BC                    | Y | N | Completed |                 |   |   |           |

**Business Name**

**Address**

**City** **State** **Zip**

**Contact Person, Position:** **Date of Birth:**

**Spouse:** **Interests/Hobbies:**

**Business Phone:** **Cell:**

**Business Fax:** **E-mail:**

**Preferred Method of Contact:** **Best Time to Reach:**

**What is the nature of the business?**

**Federal Id #:** **# of years in business:**

**Number of Employees:** **Annual Revenues:**

|                            |                          |                    |                          |               |                          |                   |                          |
|----------------------------|--------------------------|--------------------|--------------------------|---------------|--------------------------|-------------------|--------------------------|
| <b>Sole Proprietorship</b> | <input type="checkbox"/> | <b>Corporation</b> | <input type="checkbox"/> | <b>S-Corp</b> | <input type="checkbox"/> | <b>LLC</b>        | <input type="checkbox"/> |
| <b>Partnership</b>         | <input type="checkbox"/> | <b>Non Profit</b>  | <input type="checkbox"/> | <b>LLP</b>    | <input type="checkbox"/> | <b>Individual</b> | <input type="checkbox"/> |

**Name(s) of owner(s), partner(s), or proprietor(s):**

Name: Title: %ownership?:

Address: City State Zip

Phone: Fax: Email:

Name: Title: %ownership?:

Address: City State Zip

Phone: Fax: Email:

**Name of CPA/Tax Accountant:**

Name:

Address: City State Zip

Phone: Fax: Email:

|                                     |                              |
|-------------------------------------|------------------------------|
| <b>Payment Information</b>          |                              |
| EFT Authorization Date:             | Online Bill Payment:         |
| Routing Number                      | Client Set Up Date:          |
| Account Number                      | Verification Date:           |
| Transfer Date                       | First Payment Date           |
| Amount                              | Amount                       |
| Payment Frequency                   | Payment Frequency            |
| <b>Accounting Budget per month:</b> | <b>Estimate of Services:</b> |



# Payroll Client Intake Form

Who does your payroll currently? \_\_\_\_\_

If so, what do they charge? \_\_\_\_\_

What is your pay frequency? \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

Do you have current W-4 information for all employees? \_\_\_\_\_

Do you have I-9 information for all employees? \_\_\_\_\_

Do you want us to print checks, or will you prepare paychecks? \_\_\_\_\_

Do you offer direct deposit, or would you like to offer direct deposit? \_\_\_\_\_

Do you track paid time off? \_\_\_\_\_

Do you offer benefits to your employees? \_\_\_\_\_

Do your employees get bonuses? \_\_\_\_\_

Do your employees get commissions? \_\_\_\_\_

Are you interested in pay as you go workers compensation? \_\_\_\_\_

Do you have documentation of your state unemployment rate? \_\_\_\_\_

What is your state unemployment number? \_\_\_\_\_

Do you have employees who live outside of NH? \_\_\_\_\_

If so, what are the state ID numbers for those states? \_\_\_\_\_

Do you have non-employees that will make over \$600 this year? \_\_\_\_\_

If beginning payroll services mid-year, do you have prior payroll reports? \_\_\_\_\_

What is your bank account number for paying payroll and tax liabilities? \_\_\_\_\_

What is your routing number used for paying payroll and tax liabilities? \_\_\_\_\_

Are you registered with EFTPS? \_\_\_\_\_

Are you enrolled for Efile? \_\_\_\_\_

Do you use QuickBooks? \_\_\_\_\_

Will you prepare journal entries for payroll, if needed? \_\_\_\_\_

If so, how do you record your payroll? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_