

New Client Profile

Client Legal Name:									
DBA:									
Name for Checks:									
Contact Name & Title:									
Alternate Contact & Title									
Address:									
City, State, Zip:									
Shipping Method: Courier / Internet Post / Mail (waiver included) / Pick-up / UPS (Priority / Standard / 2 Day)									
Shipping Address:				,					
City, State, Zip:									
Phone #:			Alternate Phon	e #:			Fax #:		
Email(s):				Total Number of EEs:			Input Date:		
Frequency 1:	Period End D	ate.	First Payday:						
			Thist ayouy.						
Frequency 2:	Period End D	ate:	First Payday:						
Contact Method: Phone / E-mail / Remote / AutoRun									
Tax Information									
FEIN:									
List all Work States:									
State DOR ID:			State DOL ID:	State DOL ID:				SUI Rate:	
State DOR ID:			State DOL ID:	State DOL ID:				SUI Rate:	
State DOR ID:			State DOL ID:	State DOL ID:				SUI Rate:	
State DOR ID:			State DOL ID:	State DOL ID:				SUI Rate:	
State DOR ID:			State DOL ID:	State DOL ID:				SUI Rate:	
FUTA Exempt: Y / N (If yes you must include proof) SUI Exempt: Y / N (If yes you must include proof)									
Local Tax 1:		%:	Local Tax 3:	<u> </u>		%:	Local Tax 5:	%:	
Local Tax 2:		%:	Local Tax 4:			%:	Local Tax 6:	%:	

		Divisions, Lo	ocation	s and	Depar	tment	S	
Division Number:	Division Name:			Location Number:		Location Name:		
Division Number:	Division Name:			Location Number:		Location Name:		
Division Number:	Division Name:			Location Number:		Location Name:		
Division Number:	Division Name:			Location Number:		Location Name:		
Department Details:								
	Department N	lamo:				Assigned to L	acation Number:	
					Assigned to Location Number:			
Department Number	Department Name: Assigned to Location Number:					ocation Number:		
Department Number	Department N	lame:				Assigned to L	ocation Number:	
Department Number	Department N	lame:				Assigned to L	ocation Number:	
Department Number	Department Name:					Assigned to Location Number:		
Department Number	Department Name:					Assigned to Location Number:		
Direct Deposit: Y / N	Check Sig	gnature: Y / N	EE Self-S Y /		-	Self-Self :Y/N	Timekeeping Import: Y / N	
Online Timekeeping: Y / N								
PTO Accruals and B Y / N (if yes include p	alances:	Online Repo Y / N	orts:	User Name):		Password:	
General Ledger: Y General Ledger Export: Y / N GL Export Type: / N								
/ IN Special Reporting Packages and/or Notes:								

	V	-		order for any	y type of Garnishment)		
Deduction	Vendor / Case Number		er		Vendor Address:	Frequency	
			Deduction I	nformation			
Deduction	Pre-Tax	Exempt	Match	Vendor	Vendor Name	Check or EFT	Frequenc
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			
	Yes / No	SS / Med / Fed / State / FUTA / SUI / Local	Yes / No	Yes / No			

Earnings Codes						
Earning Code 1:	Special Information:					
Earning Code 2:	Special Information:					
Earning Code 3:	Special Information:					
Earning Code 4:	Special Information:					
	NOTES					
Form Completed By:	Date:					
Contact us with any questions at 701-237-6128 (Fargo) or 605-336-2458 (Sioux Falls)						
www.cbipayroll.com						