



Enrollment Form

Company Information

Legal Name: _____
 DBA: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip: _____
 Delivery Address (if different): _____
 City: _____ State: _____ Zip: _____
 Principal Payroll Contact: _____
 Principal Contact E-mail: _____
 Phone: _____ Fax: _____ Cell: _____
 Secondary Payroll Contact: _____
 Secondary Contact E-mail: _____
 Phone: _____ Fax: _____ Cell: _____

Tax Information

Proof Document(s) From the IRS & Applicable State(s) Showing Legal Name and ID Numbers

Federal ID: _____ 941 943 944

Single State Multi State – Provide Additional State Information

State: _____ SUI Rate: _____ % State ID#: _____

SUI ID#: _____

Company Exempt From: OASDI Medicare FUTA SUI/ETT

Company Calendar

First Check Date: _____ First Call-In Date: _____

Pay Period Begin Date: _____ Pay Period End Date: _____

Second Check Date: _____ Second Call-In Date: _____

Pay Period Begin Date: _____ Pay Period End Date: _____

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

If check date falls on a weekend or holiday, then date the checks the business day:

Before or After the original check date.



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Service Needs

Agency /third party checks or electronic transfers Yes No
(If yes please provide copies of withholding orders)

Time & Attendance: ACX Other _____ Yes No

Direct Deposit Yes No

Full Tax Payment and Reporting Service Yes No

Employee Self-Service/Direct Deposit Email Notification Yes No

(If yes, please provide employees' email addresses)

401k/ Benefits Administrator: Data Transfer Yes No

Fund Transfer Yes No

Paid Time Off Accruals Yes No

(If Yes, please provide company's written policy and employee balances.)

General Ledger Reporting Yes No

(If Yes, please provide chart of accounts.)

Certified Payroll Reporting Yes No

Preferred method for reporting payroll:

Web-Input Time Clock Upload Client Calls ACX ACX Calls Client Fax

Workers Compensation Insurance Information

Please attach invoice and class codes

Current Provider: _____ Renewal Date: _____

Broker Name: _____

Broker Address: _____

City: _____ State: _____ Zip: _____

Payroll Billing (Provide Rates & Codes)

Request Quote

Accountant Information

I authorize my accountant to have access to payroll information.

CPA/Bookkeeper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Account Contact: _____

Phone: _____ Fax: _____

E-Mail: _____

Prior Payroll Provider: _____ Reason for Transfer: _____

Referred to Accuchex by: _____ Phone# _____



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Checklist

Company Name _____ Sales Rep _____ CO# _____

Company & Tax Information:

- Proof document with Federal Employer Tax ID verification
- Proof document with State(s) Employer Tax ID verification
- Proof document with State(s) Unemployment ID & rate verification
- Proof document with any applicable local tax ID verification
- Copy of Time Off Accrual Policy (if applicable)
- Department Levels and/or Labor Distribution Codes (if applicable)
- Workers Compensation codes & rates (if applicable)
- Chart of General Ledger accounts for custom GL (if applicable)
- 401K Data for reporting (if applicable)

Employee Information:

- Employee profiles/demographics
- Employee direct deposit information (if applicable)
- Employee deductions (if applicable)
- Accrual balances (if applicable)

**** Make sure employee data supplied covers all aspects of employee set up. ****

If The Company is Starting Accuchex Services with Zero Wages:

- No Balance Transfers Required – New Business or New Calendar Year Start

When Starting Accuchex Services with the First Payroll of a Quarter:

- All Active and Terminated Employee YTD Wages and Taxes (each tax type) (Totaled by quarter)
- Company YTD Wage and Tax (for each tax type) Totals
- All Prior Quarter Tax Returns for current year (941, State withholding/UI, Local)
- FUTA and State Unemployment Deposits Made for Current Tax Year

**** Depending on tax complexity additional information may be requested. ****

When Starting Accuchex Services in the Middle of a Quarter:

- All Active and Terminated Employee QTD & YTD Wages and Taxes (Each tax type)
- Company QTD & YTD Wage and Tax (for each tax type) Totals
- All Prior Quarter Tax Returns for current year (941, State withholding/UI, Local)
- Federal tax liability breakdown for each current quarter check date
- State tax liability breakdown for each current quarter check date
- Federal tax deposit records for current quarter
- State and Local tax deposit records for current quarter

**** All prior quarter taxes assumed paid in full. ****

Initials: _____



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References

Company Name: _____

Please provide reference company demographic information as well as information on the product(s) and/or service(s) used. If no company references are available, please provide personal references. All vendor/reference information provided will be held strictly confidential.

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Product(s) and /or Service(s) Used: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Product(s) and /or Service(s) Used: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Product(s) and /or Service(s) Used: _____