



## CLIENT SET UP FORM

### A. Company Information

PEO \_\_\_\_\_ ASO \_\_\_\_\_

Legal Business Name (Include DBA) \_\_\_\_\_ Tax ID# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Contact \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Email \_\_\_\_\_

Company Contact \_\_\_\_\_ Contact's Email \_\_\_\_\_

Detailed Business Description \_\_\_\_\_

SIC Code \_\_\_\_\_ County \_\_\_\_\_

### B. Payroll Information

Do you use a payroll service? Yes No (if so please attach a current invoice)

Payroll Frequency? Weekly Bi-Weekly Monthly Semi-Monthly

Payroll Submission Method \_\_\_\_\_ Checks are Typically Dated \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Annual Payroll \_\_\_\_\_

Do you offer employees direct deposit? Yes No

Will direct deposit be mandated? Yes No

Will Submit Payroll to Sequoia on \_\_\_\_\_ Checks Needed By \_\_\_\_\_

First Check Date with Sequoia \_\_\_\_\_ First Period End Date w/Sequoia \_\_\_\_\_

Payroll Delivery Method? \_\_\_\_\_ Client Payment Method? \_\_\_\_\_

### C. General Information

Are there Unions or Collective Bargaining Agreements in Place? Yes No

Are Certified Payroll Reports Needed? Yes No

Are there employees with court ordered deductions? Yes No

Are Automated Time Clocks currently used? Yes No

Are there employee ID numbers or badge numbers? Yes No

Payroll Reports sorted by Departments? Yes No

Payroll Reports sorted by Cost Centers? Yes No

**List any Departments Currently in Use**

Dept. Code	Department Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**List any Cost Centers Currently in Use**

Cost Code	Cost Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D. State Unemployment Information**

UIA Account Number \_\_\_\_\_ State \_\_\_\_\_ Current Rate \_\_\_\_\_

UIA Account Number \_\_\_\_\_ State \_\_\_\_\_ Current Rate \_\_\_\_\_

*Attach the Current Year Tax Rate Determination for each State of Employment*

**E. Workers' Compensation Information**

Attach a current year **WORKERS' COMPENSATION DECLARATIONS PAGE** and three year loss run

*Fill out each section below for each job title*

Job Title & Code	Workers' Comp Rate	# of Employees	Annual Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. Employee Benefit Information**

Benefits Contact \_\_\_\_\_ Email Address \_\_\_\_\_

When is the Open Enrollment Period? \_\_\_\_\_

Are there benefits currently in place? Yes\* No *\*Gather Deduction Amounts*

Are benefit deductions based on 48 or 52 weeks? 48 52

Will Sequoia be named Agent of Record on existing plans? Yes No

Do you currently offer a 401(k)/IRA/Pension Plan? Yes\* No *\*Gather Deduction Amounts*

Are there outstanding loans in place? Yes\* No *\*Gather Deduction Amounts*

Is the Client interested in Sequoia 401(k) Plan? Yes No

Is the Client interested in obtaining a quote for benefits? Yes No

Is there interest in flex spending? Yes No

**Health and Dental Insurance Information**

*Attach a plan description, recent invoice and current census*