

Legal Company Name: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

Doing Business As Name: \_\_\_\_\_ Line 2: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Contact: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ # of EE's paid \_\_\_\_\_

CPA Firm Name: \_\_\_\_\_ CPA Contact: \_\_\_\_\_ CPA Phone: \_\_\_\_\_

- How did you hear about PayPros, Inc.? \_\_\_\_\_
- How often does your company run payroll? (Circle One): Weekly Bi-Weekly Semi-Monthly Monthly
- What day is your companies check date (circle one)? Mon Tue Wed Thurs Fri 1<sup>st</sup> Check Date \_\_\_\_\_
- When does your period end (P/E) for payroll, i.e., prior Saturday? \_\_\_\_\_ 1<sup>st</sup> P/E Date \_\_\_\_\_
- How does your company send in payroll hours & what day?(Circle One): Call In Service Calls Fax E-Mail Spreadsheet Online PC Software Automatic Other \_\_\_\_\_ Day \_\_\_\_\_
- Will PayPros file and pay your taxes?(Circle One): \*Yes OR No  
\*If Yes, Fill out the Limited Power of Attorney Form and attached a voided check from your payroll account.
- Will your company use Direct Deposit? (Circle One): \*Yes OR No  
\*\*If yes, fill out the Employee Direct Deposit Authorization Agreement
- Will your company use Workers Comp with PayPros, Inc.? \_\_\_\_\_
- Does your company need breakdowns by job, Department, Division or Other \_\_\_\_\_
- Will your company utilize any other PayPros Ancillary Products? List \_\_\_\_\_
- What Delivery Method does your company use?(Circle One): Pick-up Drop-off UPS Next Day Air UPS Ground UPS Ground Resident Paperless Mail Courier
- Please detail all your companies earnings and deductions on a blank sheet of paper. (401k plan,PTO, etc.)
- Does your company report Fringe Benefits, please list (Sub S Hlth, Personal Use of Company Car, Life)  
\_\_\_\_\_
- How many states do you pay employees in and list them? \_\_\_\_\_
- Are there any other payroll needs you have that you want to let us know? (Use Additional Sheet)
- Please list the following Identification Numbers and rates: Federal ID: \_\_\_ - \_\_\_\_\_
- Federal Filing Frequency Monthly/Semi-Weekly/Quarterly State Filing Frequency \_\_\_\_\_

State ID: \_\_\_\_\_ State Unemployment ID: \_\_\_\_\_ SUI Rate: \_\_\_\_\_

*PayPros, Inc. official use only.*

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