

New Client Profile

Company Name: _____ EIN#: _____
Entity Type (S Corp, LLC, etc.): _____ Years in Business: _____ Product/ Service Provided: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Business Phone Number: _____ Cell Phone Number: _____
Contact Name / Title: _____
Home Address of Contact: _____
SS#: _____ Best E-Mail: _____

General Payroll Information

Pay Period End Date: _____
Pay Date:
Monday Tuesday Wednesday Thursday Friday
Payroll Frequency:
Weekly Bi-weekly Semi-monthly Monthly
Estimated Number of Employees: _____

Startup Fee: \$ _____

Payroll Fee: \$ _____

Banking Information

Bank Name: _____
Account Type: _____
Accounting #: _____
Routing #: _____

Payroll Tax Information

PA Withholding #: _____ PAUC#: _____ UC Rate: _____
HAB ID: _____ PA 100 Complete? _____

Welcome to SBA – Our team looks forward to working with you. Make it a great day!

