

New Payroll Client Profile

Company Name: _____ EIN: _____
Entity Type (Sole Prop, 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: _____
SSN: _____ E-Mail: _____

General Payroll Information

Pay Period Begin Date: _____ 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 Holder (Business/Personal): _____

Routing #: _____ Account #: _____

Payroll Tax Information

EIN: _____ 941 Payment Frequency (Semi-Weekly/Monthly/Quarterly): _____

PA Employer ID (8-digits): _____ PA UC #: _____ PA UC Rate: _____

PA Payment W/H Frequency (Semi-Weekly/Semi-Monthly/Monthly/Quarterly): _____

Local HAB ID: _____ Local PSD Code: _____

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



Additional Notes/Comments

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