

CHARLES J. READ

NEW CLIENT INFORMATION SHEET

Legal Name: _____

DBA: _____
(This will be the name that prints on the direct deposit vouchers.)

Address _____

City: _____ State: _____ Zip: _____

Executive Contact: _____ Title: _____

Ph#: _____ Ext: _____ Fax#: _____

Cell #: _____ Email: _____

Authorized Payroll Contact: _____ Title: _____

Ph#: _____ Ext: _____ Fax#: _____

Email Address: _____
(This is the email address that will be used to send confidential payroll reports.)

Authorized CPA Contact: _____

Ph#: _____ Ext: _____ Fax#: _____ Email: _____

Email Address: _____
(This is the email address that your CPA/Outside accountant will be used copy of payroll reports.)

First Check Date _____ Pay Period Ending Date _____

Pay Period Is (Check one) ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

Federal EIN # _____ Unemployment Tax State: _____

Federal Tax Deposit Freq: (Check One) ___ Semi-weekly ___ Monthly

State Unemployment Tax Id#: _____ State Unemployment Tax Rate: _____

State Income Tax ID #: _____ Other Tax Id#: _____

Earnings Types:

Deductions Types:

Authorized Signature