



CLIENT PROFILE SHEET

Contract Effective Date: [Click here to enter a date.](#)

Type of Service Requested: Payroll ASO (No Co-Employment) PEO (Co-Employment)

Company Name:

Industry:

Address:

City: State: ZIP:

Phone: Fax:

Payroll Contact Name: Title:

Phone: Fax::

Email:

Business Establishment Date:

Business Type: C-Corp S-Corp LLC Partnership Sole Proprietor

Number of Employees:

Federal Tax I.D. #:

(Please provide document with I.D.#)

State I.D.#:

(Please provide document with I.D.#)

TAX / WORKERS COMP. INFORMATION

State UI Tax Rate (SUTA): (Attach Letter from EDD)

Workers Comp. Carrier:

Policy Number:

Workers Comp. Renewal Date:

Loss Runs: Please attach 3 years

Workers Comp. Classification Codes:

State	WC Class Code	Position/Job	Number of Employees	Annual Wages

PAYROLL INFORMATION

Pay Schedule:

Weekly Bi-Weekly

Payroll Period:

Begin Day:

End Day:

Check Day:

Semi-Monthly



Payroll Period:

Begin Day:

End Day:

Check Date:

Begin Day:

End Day:

Check Date:

Monthly

Payroll Period:

Begin Day:

End Day:

Check Date:

Time Reporting Method: Email Time Clock Webportal

(Hours must be submitted 4 days prior to check date)

Reporting Requirements: Payroll Detail Register Payee Liability Report

Check Reconciliation Report

TIME OFF

Holidays

Please note which holidays you observe.

- New Year's Day
- Day after New Year's Day
- Martin Luther King Jr. Day
- Presidents' Day
- Good Friday
- Memorial Day
- July 4 – Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve: all day 1/2 day
- Christmas Day
- Day after Christmas Day
- Employee's Birthday
- Floating Holiday: if yes, please detail here:
- Other: if yes, please explain:

Vacation

Do you offer vacation? (Please choose one)

- No.
- Yes: if yes, do you offer to:
 - Full-time employees
 - Part-time employees (on a pro-rated basis)

How many hours per year are allowed?

Does vacation accrue?

- No. Please explain:
- Yes: if so, please choose one of the following:
 - First day of hire (Recommended)
 - After introductory period. If yes, how long is introductory period?
 - Other, please explain:

Does your vacation rollover? Please explain:

(We recommend establishing a maximum accrual such as two times the annual accrual. Once an employee has accrued the maximum, the employee will cease to accrue any further vacation.)

CA Sick Leave

How many hours per year are allowed?

Is sick leave granted annually?

- No.
- Yes:

Does sick leave accrue?

- No. Please explain:
- Yes:

Does your sick leave rollover? Please explain:

(We recommend that sick leave not carry over from year to year.)

Other Paid Time-Off

Do you offer additional Paid Time-Off? (Not recommended)

- No.
- Yes: if so, do you offer to:
 - Full-time employees
 - Part-Time Employees (on a pro-rated basis)

How many hours per year are allowed?

Does Paid Time-Off accrue?

- No. Please explain:
- Yes: if yes, please choose one of the following:
 - First day of hire (Recommended)
 - After introductory period. If yes, how long is introductory period?
 - Other: please explain:

Does your Paid Time-Off rollover? Please explain:



Jury Duty

Does the Company pay for any time off while an employee is serving jury duty?
(Please choose one)

- No.
- Yes: if so, how many work days do you allow:

Bereavement Leave

Do you offer Bereavement Leave?

- No.
- Yes: if so, how many work days do you allow:

EMPLOYEE STATUS, CLASSIFICATION, AND LOCATION

Do you have any employees who work outside of California? Yes No
If yes, which states?

Any 1099 employees? Yes No

Are you a 940 or a 944 filer? (Attach Letter)

What is your normal work week?

Full-time employees work _____ hours per week

Part-time employees work _____ hours per week

Other, please explain:

BANKING INFORMATION

Bank name:

Routing #:

Account #:

BENEFITS INFORMATION

Does the employer offer benefit plans? Yes. No.

If yes, please check the appropriate option: Health Dental Group Life 401k

Are plans Section 125 pre-tax? Yes. No.

If no, are you interested in providing: Health Dental Group Life 401k

GENERAL INFORMATION

Tell us a little bit about your company and your products or services.
