



New Client Requirements

Client: _____

Salesperson: _____

Items	Need	Rcvd	N/A	
1	_____	_____	_____	A document confirming your Federal & State ID Number. This could be a Deposit Coupon (8109), a previous quarter's Tax Return, a preprinted letter by the IRS or state government agency. If a new business, please provide a copy of completed SS-4 and State Registration Form.
2	_____	_____	_____	A VOIDED check from the bank account that will fund your payroll, tax and fee payments.
3	_____	_____	_____	W-4 information for all current year employees, active and terminated. This information must include the employees' name, address, Social Security Number, marital status, number of filing, exemptions, indication of any Federal and/or State withholdings, department or location where they work, wage rate, and court order for garnishments with balance due.
4	_____	_____	_____	A copy of your Workers' Compensation Report showing the current rates, codes, and classifications. (optional)
5	_____	_____	_____	Name, DOB, address and Social Security Number for minor dependent wages. (if applicable)
6	_____	_____	_____	A copy of all Federal & State Tax deposits made this quarter including date and amount deposited.
7	_____	_____	_____	A copy of all FUTA and SUI Tax deposits made from prior quarters including date and amount deposited.
8	_____	_____	_____	Quarterly Tax Returns for all closed quarters: 1st _____ 2nd _____ 3rd _____.
9	_____	_____	_____	Year to Date prior compensation including Gross Wages and all tax deductions, as well as all Gross Pay and Net Pay adjustments.
10	_____	_____	_____	Quarter to Date prior compensation for the open quarter, including Gross Wages and all tax deductions, as well as all Gross Pay and Net Pay adjustments.
11	_____	_____	_____	Chart of Accounts for journal entry report. (if applicable)
12	_____	_____	_____	401K and/or Section 125 plan documents. (if applicable)
13	_____	_____	_____	Vacation/Sick Accrual Policy, with employee accrual rates and current balances. (if applicable)

Field Memo: _____

I, _____, understand that CBS Payroll can not guarantee the accuracy of the payroll if any of the above applicable documents are missing or outstanding. I agree to release CBS Payroll of any and all liability which may occur as a result of any missing documents or inaccurate information as listed above.

Signature: _____ Date: _____