SOLUTIONS *for* Small Businesses

solutions4sb.com
707.267.7923

New Payroll Client Setup

Employer Information

Business Name:

Business Address:

Phone #:

Email address:

Principal Officer's Name:

Principal Officer's SSN#:

Principal Officer's DOB:

Principal Officer's Phone #:

Mailing address:

FEIN #:

CA Tax ID #:

Best Contact:

Best Contact Phone #: Best

Contact Email Address: Pay

Period Requested: PTO

Policy: Yes ☐ No ☐

Health Insurance: Yes ☐ No ☐

IRA Plans: Yes ☐ No ☐

For each employee, please upload the following:
Direct deposit forms (optional)
W-4's
CA DE4 (Tax Withholding Form)

Existing Employers, please upload the following:
Payroll summary report for each completed quarter
Payroll summary report for each payroll of current quarter

Please list each employee and provide the following information:

Name:

Address:

Email address:

Birth date:

Hire date:

Rate of pay/salary:

Name:

Address:

Email address:

Birth date:

Hire date:

Rate of pay/salary:

Name:

Address:

Email address:

Birth date:

Hire date:

Rate of pay/salary:

Name:

Address:

Email address:

Birth date:

Hire date:

Rate of pay/salary:

Name:

Address:

Email address:

Birth date:

Hire date:

Rate of pay/salary:

Include additional pages as neccessary