

NEW CLIENT TRANSITION

Company _____ **DBA** _____

Type of Entity (LLC, Corp, Inc, etc.) _____ Taxed as (if applicable, i.e. SCorp) _____

Address _____
(Legal/Physical) STREET CITY STATE ZIP

Address _____
(Mailing) STREET CITY STATE ZIP

Federal EIN ___ - ___ - _____ **State Tax ID** ___ - ___ - _____ (same as Dept of Rev)

State Unemp Acct # _____ . 00 - _____ State Unemp Tax Rate _____
(Multiple States Attach Separate List)

Owner/Principal _____ Phone _____ Email _____

Payroll Contact _____ Fax _____ Phone _____ Email _____

CPA/Accountant _____

Pay Schedule Weekly Bi-Weekly Semi-Monthly Monthly

1ST Pay Period Start and End Date _____ to _____ Workweek _____

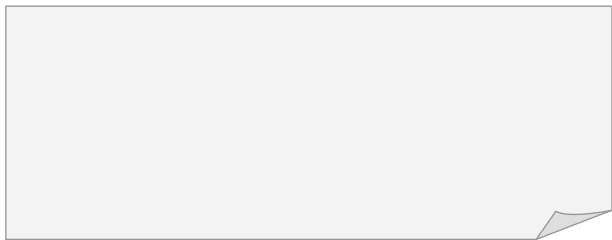
1st Pay Period Check Date _____ If on holiday or weekend, process *before* or *after*

Call In/Process Date _____ \$ Check Stuffing/Mailing Yes No

Processing Method Email Fax Timeclock E-Sheet Auto-Pay Other _____

Delivery Pick-up Mail Online Print Self-Serve FedEx Other _____

Special Delivery Instructions: _____ **# of Employees** _____



Name of Bank _____

Branch/Location _____

ABA/Routing Number _____

Account Number _____

Starting Check Number (for ASAP) _____

Standard Reports: Including Check Register, Tax Liabilities, Total Liabilities, General Ledger, Timesheet, EEs Not Paid

Email Print Other _____ Notes _____

\$ Superior Reports:

Customized Gen Ledger Labor/Dept Analysis Time-Off Accruals and Balances WComp

\$ Garnishments/Child Support Yes No \$ Digital Check Signature, Print? Yes No
(Please attach copies of Court Orders) (Attach Check Sig Agreement)

How did you hear about ASAP? _____ ASAP Rep _____

<< ATTACHMENTS TO INCLUDE: Voided Company Check; Court Order/Garnishment Docs;
Chart of Accounts; Vacation/Sick Benefits Plan; etc.

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Dept Names

1 _____
 2 _____
 3 _____
 4 _____

(Please note if separate rate tables apply. For example: Front of House, Back of House)

Locations

1 _____
 2 _____
 3 _____
 4 _____

List all Deductions

1 _____
 2 _____
 3 _____
 4 _____

Pre Tax yes no
 Pre Tax yes no
 Pre Tax yes no
 Pre Tax yes no

Benefits Administration:

401K Simple 403B HSA Other _____ Company Match Detail/Provider Info _____

_____ Plan ID _____

\$ Will ASAP be providing Benefits Reporting? yes no

\$ Vacation/Sick Accrual yes no
 (Attach Vac/Sick Benefits Plan/Policy)

Print on Check yes no

\$ Will ASAP be providing Workers Compensation Reporting? yes no

Insurance Company _____ Contact _____
 Policy _____
 Address _____

Year to Date Totals:

Employee Information

If in the middle of a calendar year, we will need itemized YTD and previous Quarter Totals for each employee paid; including gross earnings and all deductions.

Year to Date Tax Return Information

Please attach and confirm the following;

- 940 FUTA Payments Previously Paid
- SUTA Payments Previously Paid
- Federal Tax Deposits Previously Paid/Made This Quarter
- State Tax Deposits Paid/Made This Quarter

\$ ASAP's EMPLOYER SERVICES:

Employee Self Serve eHR Online HR Support Center
 (Provide Username/Pass Suggestions) Free Trial Expires on _____

Time and Labor Solutions

PYG Workers Comp Flex Plan Admin

SET UP CHECKLIST

- Complete Company Information
- Contact Information
- Bank Account Information
- Signed Payroll Agreement
- Signed EFT Agreement
- Signed Rep Agent Auth
- Digital Check Signature (IA)
- Employee Information
- Direct Deposit Information (IA)
- Child Support/Garnishment Orders
- Delivery Instructions
- Special Earnings Codes (IA)
- YTD, Quarterly Total (IA)
- _____
- _____

Making Business As Simple As Possible

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