ASAP As Simple As Possible
ACCOUNTING & PAYROLL SERVICES, INC.

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
(Please attach copies of Court Orders)

$ Digital Check Signature, Print? ☐ Yes ☐ No
(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 _____ Pre Tax ☐ yes ☐ no
2 _____ Pre Tax ☐ yes ☐ no
3 _____ Pre Tax ☐ yes ☐ no
4 _____ 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 Print on Check ☐ yes ☐ no
(Attach Vac/Sick Benefits Plan/Policy)

$ 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
(Provide Username/Pass Suggestions)

☐ eHR Online HR Support Center
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)
☐ _____
☐ _____