



Client Information

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Cell:** _____

Company Contact: _____

Type of Industry: _____

Notes: (Departments, Job Costing, Direct Deposit etc.)

Employer Tax ID's

Federal: _____ **State:** _____

Fed Deposits: Semi-weekly Monthly **State Deposits:** Monthly Quarterly

Unemployment: _____ **UI Rate:** _____

Pay Period Information:

Weekly Bi-Weekly Semi-Monthly Monthly Other

Payroll Taxes:

Invoiced With Payroll

Retained By Client

Payment Method:

Account Used:

Check ACH

Majestic Client

Set-up Fee: _____

Check Fee: _____