

## Payroll Client Data Sheet

Client Name	_____
DBA	_____
Industry/Service	_____
Contact Person	_____
Address	_____
City	_____
State	OR _____
Zip Code	_____
Phone	_____
Cell Phone	_____
E-mail Address	_____
EIN	_____
BIN	_____

Business Type	_____	(Sole Proprietor, Corporation, Partnership, Non Profit)
Accounting Method	_____	(Cash/Accrual)

Pay Type	_____	(Hourly/Salary)
Pay Frequency	_____	(Bi-weekly/Monthly/Semi-Monthly/Annually)
# of Employees	_____	
# of Subcontractors	_____	
Benefits (Check all that apply, if applicable.):		
	_____ Vacation	_____ Other (specify below)
	_____ Sick	_____

Employee Full Name	Pay Rate	Hourly or Salary
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

*The employee's name must match what is on their Social Security Card or Form W-7.*