PARADIGM PAYROLL SERVICES
NEW CLIENT INFORMATION QUESTIONNAIRE

Date: _____ Payroll Representative: _____

Legal Business Name: _____

Type of Business: Sole Proprietor____ Corp____ LLC_____ PC_____ Partnership____

Federal Tax ID Number: _____

State Tax Number: _____

Address: _____ City, State Zip: _____

Secondary Location: _____

Client Contact:_____ Title: _____

Phone Number: _____ Fax Number: _____

Description of Business: _____

Number of Years in Business: _____

Do you feel you are personally protected by your business structure? ____ Yes ____ No

What are the greatest fears that you face in your industry? _____

Please provide copy of most recent quarterly Tax and Wage Report if available:

Current SUTA rate: _____

Pay Frequency: Weekly _____ Bi-Weekly _____ Semi Monthly _____ Monthly _____

Pay Type: Commission _____ Salary_____ Hourly _____

Number of Employees: _____ Gross Monthly Payroll _____

Current Method of Processing Payroll: PEO _____ Payroll Service _____ In House Staff_____

Other Method (Describe): _____

Estimated current monthly cost of processing payroll: _____

_____

Please provide a copy of the most recent billing invoice for all "Yes" answers.

Do your currently offer to your employees?

Medical	**_____ Yes _____ No**	**If Yes, Renewal Date _____**
Dental	**_____ Yes _____ No**	**If Yes, Renewal Date _____**
Vision	**_____ Yes _____ No**	**If Yes, Renewal Date _____**
Life Insurance	**_____ Yes _____ No**	**If Yes, Renewal Date _____**
LTD/SRD	**_____ Yes _____ No**	**If Yes, Renewal Date _____**
401(K)	**_____ Yes _____ No**	**If Yes, Renewal Date _____**
Employee Assistance Program	**____ Yes ____ No**	**If yes, Renewal Date _____**
Flex Spending Plan	**_____ Yes _____ No**	**If yes, Renewal Date _____**

Please provide a copy of the Declaration Page of Workers Compensation Policy:

Current Workers Compensation Carrier: _____ Policy# _____

Classification Code: _____ Number of Employees: _____

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Do you currently have an Employee Handbook _____ Yes _____ No

Safety Manuel _____ Yes _____ No

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