(804) 716-2369 Office
payroll@checkright.net
www.checkright.net

New Payroll Customer Setup

BUSINESS INFORMATION	
Company Legal Name with IRS:	Federal ID Number (EIN):
Doing business as name (DBA):	Who Referred you to Checkright:

Filing address with IRS-Street:

City:	State:	ZIP Code:

Physical address of business (If Different)-Street:

City:	State:	ZIP Code:

Type of Business for Taxation:

☐ C Corp ☐ S Corp ☐ Partnership ☐ Sole Proprietorship
☐ 501(c)3 or Other Nonprofit ☐ Household Employer

Business Phone:	Current Payroll Provider:	Your Company Website:

TAX INFORMATION		
1. Primary state where employees work:	Unemployment ID No:	UI Rate:
2. Additional states where EE's work:	Unemployment ID No:	UI Rate:
3. Primary state where employees live:	Withholding ID No: Filing Frequency:	
4. Additional states where EE's live:	Withholding ID No:	

BUSINESS OWNER OR RESPONSIBLE PARTY INFORMATION	
Owner name:	Email (where sensitive payroll data may be sent):
Primary phone:	Secondary phone:
Type: ☐ Office ☐ Mobile ☐ Other:	Type: ☐ Office ☐ Mobile ☐ Other:

PAYROLL ADMINISTRATOR INFORMATION	
Name:	Email (where sensitive payroll data may be sent):
Primary phone:	Secondary phone:
Type: ☐ Office ☐ Mobile ☐ Other:	Type: ☐ Office ☐ Mobile ☐ Other:

OTHER AUTHORIZED PAYROLL CONTACTS		

	Name:	Title:
1.	Phone:	Email:

Restrictions on data:		

	Name:	Title:
2.	Phone:	Email:

Restrictions on data:		

PAYROLL INFORMATION

Pay Schedule (check one):

☐ Weekly   ☐ Biweekly   ☐ Semimonthly   ☐ Monthly

First pay day that Checkright will process payroll (day and date):

Pay period that corresponds to that pay day:

Please select all types of pay you will offer employees:

☐ Hourly and OT   ☐ Salary   ☐ Bonus (Regular Tax Rate)   ☐ Commission   ☐ Vacation   ☐ Sick

☐ PTO   ☐ Holiday   ☐ Bonus (Supplemental Rate)   ☐ Other (list):

Physical paychecks will be delivered to: ☐ Filing Address   ☐ Mailing Address

Physical paychecks will be delivered to the customer via:

☐ Pickup   ☐ Courier   ☐ FedEx/UPS   ☐ US Mail   ☐ Other (describe):

Will you offer Direct Deposit to your Employees?	☐ Yes	☐ No
If so, will all your employees receive direct deposit?	☐ Yes	☐ No

Average or Estimate Number of Employees on Most Recent Payroll:

How will you communicate your payroll hours and other information to Checkright:

☐ Online Submission (Portal)   ☐ Email   ☐ Fax   ☐ Phone   ☐ Auto-Run

Do you need Checkright to assign departments to your employees for tracking?	☐ Yes	☐ No

1.	Department Number:	Department Name:
2.	Department Number:	Department Name:
3.	Department Number:	Department Name:
4.	Department Number:	Department Name:
5.	Department Number:	Department Name:

Does your company require any "special" or custom reporting other than traditional payroll reports?	☐ Yes	☐ No

If yes, please describe:

Will you provide Checkright with GL account numbers for reporting or require any special GL reporting?	☐ Yes	☐ No
Will you be providing Checkright log-in information to get current payroll and employee data from another payroll company?	☐ Yes	☐ No

Website:	User ID:	Password:	PIN:

VACATION, SICK PAY, AND PTO PLANS			
Does your company have a Vacation/Sick/PTO plan that Checkright will track?		☐ Yes	☐ No
Employees earn _____ hours per _____.			
Describe carry over rules:			
Do available hours reset?		☐ Yes	☐ No
If yes, when do they reset: ☐ 1st day of the Calendar Year ☐ Anniversary of hire date ☐ Hours do not reset ☐ Other (describe):			

RETIREMENT PLANS, DEDUCTIONS, AND GARNISHMENTS			
Do you offer a 401k, Simple IRA, or other retirement Plan?		☐ Yes	☐ No
Please list the pay types selected above from which retirement deductions do not occur:			
Will there be a company match for the retirement plan that Checkright will calculate?		☐ Yes	☐ No
Describe the matching rule:			
Does your company offer pretax cafeteria plan deductions to your employees?		☐ Yes	☐ No
If yes, select all pretax deductions offered to employees: ☐ Health ☐ Dental ☐ Vision ☐ STD ☐ LTD ☐ Health Savings Account ☐ Other (list each):			
What post tax deductions does your company offer: ☐ Advance ☐ Uniform ☐ Post tax Insurance ☐ Other (list each):			
Do your employees have active garnishments?		☐ Yes	☐ No
If yes, select types: ☐ Child Support ☐ Creditor Garnishment ☐ Tax Levy ☐ Bankruptcy			

ADDITIONAL ITEM NEEDED-SIGNATURE
Please provide a neat copy in black ink of your official signature that we will affix to your paychecks in the space below. Please sign no larger than ¼ inch high by one inch long. You can not use Adobe to fill in an "e-generated" signature-Attach separate sheet.

Attach Signature

Signature Size

ADDITIONAL FORMS TO ATTACH
☐ Attach Voided Company Check from which Payroll Funds will be drawn.
☐ Please attach 1 of the following 4 documents: 1. Articles of Incorporation. 2. IRS EIN Letter. 3. Current Business Liscense. 4. Partnership Agreement. <u>This is a NACHA requirement.</u>

OTHER SERVICES CHECKRIGHT PROVIDES				
1.	Will Checkright provide a Timekeeping Solution?	Yes	No	Want to learn more
2.	Will Checkright provide Pay As You Go Workers Comp?	Yes	No	Want to learn more
3.	Will Checkright provide Background Checks for your employees?	Yes	No	Want to learn more
4.	Will Checkright provide Electronic Onboarding for new hires?	Yes	No	Want to learn more
5.	Will Checkright submit retirement plan contributions to your provider?	Yes	No	Want to learn more