



Accounting Unlimited, LLC

Payroll Client Intake Form

Date: _____

Payroll Contact: _____ Phone: _____

Business Type: Sole Proprietor ___ LLC ___ Partnership ___ Corporation ___ S-Corp ___ N-Profit ___

Business Name: _____

Federal ID Number (EIN): _____ State ID Number (WEIN): _____

Legal Name Attached To EIN & WEIN: _____

SUI Number _____ SUI Rate _____

Banking Information:

Routing Number _____ Checking Account Number _____

Business Mailing Address: _____

Business Physical Address: _____

Business Phone: _____ Business Fax: _____

Business E-Mail: _____

Business Website: _____

Number of Employees: _____ Pay Period Schedule: ___ Weekly ___ Bi-Weekly ___ Monthly

Day Pay Period Starts: _____ Day Pay Period Ends: _____ Check Date: _____

Please provide copies of W-4 forms for each employee