



## Payroll / PEO Proposal Questions

Company:			
Address:	City:	St:	Zip:
Phone:	Fax:		
Owner:	Phone:	Ext.:	Email:
Contact:			
Multi-Location: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many:		
Number of EINs:	EIN(s)		
Number of State IDs:	ID #(s)/Rate:		
Multiple Delivery Addresses: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Multiple Payroll Bank Accounts: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pay Cycles: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other			
Number of Employees:			
401(k): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vacation/Sick/PTO Accruals: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Direct Deposits: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check Stuffing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Online: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pay Cards: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Use POS or digital time clocks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Own them: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Need Human Resources: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pay-As-Go: <input type="checkbox"/> Yes <input type="checkbox"/> No Carrier:			
Current Payroll Provider or PEO:			
Other Info/Notes:			