NorCal Accounting Services, Inc.

PAYROLL CLIENT INFORMATION CHECKLIST

Fill out this form and return it to our office.

1. BUSINESS INFORMATION

Legal Business Name: _____

DBA / Trade Name: _____

EIN: _____ Entity Type: _____

Business Address: _____

City / State / ZIP: _____ Phone: _____

Contact Person: _____ Email: _____

CA EDD Account #: _____ EDD Rate: _____

2. PAYROLL SCHEDULE & PAY INFORMATION

Pay Frequency: ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly

First Pay Date: _____ Pay Period Ending: _____

Regular Payday: _____ Payroll Start Date: _____

Pay Method: ☐ Check ☐ Direct Deposit ☐ Other

3. TAX & PRIOR PAYROLL INFORMATION

Has payroll already been processed during this calendar year? ☐ Yes ☐ No

Previous Payroll Provider: _____

If yes, please provide year-to-date payroll reports and tax deposit information.

☐ Federal 941 / 940 information

☐ CA DE 9 / DE 9C information

☐ Prior payroll register / YTD employee totals

☐ Federal & state payroll tax deposits made YTD

☐ Prior W-2 information (if applicable)

NorCal Accounting Services, Inc.

PAYROLL CLIENT INFORMATION CHECKLIST

Employee and payroll setup information

4. EMPLOYEE INFORMATION - PROVIDE FOR EACH EMPLOYEE

Attach a completed Form W-4 and California DE 4 (when applicable) for each employee.

Employee Full Name: _____

Home Address: _____

City / State / ZIP: _____ SSN: _____

Date of Birth: _____ Hire Date: _____

Job Title: _____ Phone: _____

Email: _____

Pay Type: ☐ Hourly ☐ Salary ☐ Other

Hourly Rate: _____ Salary Amount: _____

Hours per Pay Period: _____ Overtime Rate: _____

5. EMPLOYEE DOCUMENTS / SETUP CHECKLIST

☐ Completed Form W-4 ☐ Completed CA Form DE 4

☐ Social Security number / required employee identification information

☐ Direct deposit authorization and bank information (if applicable)

☐ Sick / vacation / PTO policy or current balances (if applicable)

☐ Garnishment / child support orders (if applicable)

6. WORKERS' COMPENSATION & OTHER PAYROLL ITEMS

Workers' Comp Carrier: _____

Policy #: _____ Renewal Date: _____

Workers' Comp Class Code(s): _____

Benefits / Deductions: ☐ Health Insurance ☐ Retirement ☐ Other

Other deductions / reimbursements: _____

NorCal Accounting Services, Inc.

PAYROLL CLIENT INFORMATION CHECKLIST

Final authorization and notes

7. BANKING & TAX PAYMENT INFORMATION

Bank Name: _____ Account Type: ☐ Checking ☐ Savings

Routing Number: _____

Bank Account Number: _____

Provide banking information only if NorCal Accounting Services, Inc. will process authorized payroll/tax payments.

8. ITEMS TO PROVIDE BEFORE FIRST PAYROLL

- ☐ Business EIN and CA EDD account information
- ☐ Employee W-4 / DE 4 forms and payroll rates
- ☐ Year-to-date payroll reports (if applicable)
- ☐ Prior federal/state payroll tax deposit information
- ☐ Bank information for payroll/tax payments (if applicable)
- ☐ Workers' compensation information

9. ADDITIONAL NOTES / SPECIAL PAYROLL INSTRUCTIONS

10. CLIENT ACKNOWLEDGMENT

I certify that the information provided is accurate to the best of my knowledge. I understand that timely and accurate payroll processing depends on providing complete payroll information.

Client Name: _____ Date: _____

Signature (type name): _____

For security, please return completed forms and sensitive payroll documents using your normal secure delivery method.