**This form is used to collect as much relevant data and information about your company as possible. Please note that not all fields will apply to your company and needs. Any fields that are not applicable, please indicate N/A.**

# Payroll New Client Requirements
*Phase I – Basic Company Information*

| | |
|---|---|
| **Client Number** (to be filled in by checkmate) **:** | **FEIN:** |
| **Legal Company Name:** | **DBA:** |
| **Company Address:** | **Mailing Address:** |
| **Main Contact (name, Title, phone, email, fax):** *Please add additional contacts in Phase IV* | |
| **Date Legal Entity Formed:** | **Fiscal Year End Date: Month_____ Day_____** |

| **Prior Payroll Provider** <br><br> If "Other", please provide provider name: | **Payroll Entry Type** <br><br> If "Other", please provide provider name: | **Entity Type** |
|---|---|---|

| **Target Dates** |
|---|

| **1<sup>st</sup> payroll date:** |
|---|

**1ˢᵗ payroll date:**

## Pay Period Information (please select all rows that apply)

| | | | Please provide a sample pay cycle | | |
|---|---|---|---|---|---|
| ✓ | **Frequency** | **Employee Types (hourly, salaried, etc)** | **Pay Period Start Day** | **Pay Period End Date** | **Pay Date** |
| | Weekly | | | | |
| | Bi-Weekly | | | | |
| | Semi-Monthly | | | | |
| | Monthly | | | | |
| | User Defined | | | | |

1. If Pay Frequency is other than weekly, do you have NH Dept of Labor approval? Yes or No
2. New Employers that apply for the State ID# themselves need to return a copy of the application to Checkmate within 15 days or Checkmate will charge a fee of $20.

## *Phase II – Payroll*

### Bank Account Information

| Applied to (i.e. ALL, taxes only, etc) | Bank Name | ABA Number | Account Number | Checking/ Savings | Top ABA# / Bottom ABA# | Starting Check # |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Please attach a copy of voided company check: If you can't provide a voided check, you can request from your bank a Magnetic Code Specification Sheet that will provide the needed account numbers**
**Attach a file document of your company logo and check signatures**

### Pay Statements

| | | | | | |
|---|---|---|---|---|---|
| Email Direct Deposit Statements | | Sign Checks | | SSN Format | |
| Print Signature on Employee Checks | | Show Punch Detail | | | |
| Print Signature on Vendor Checks | | Show EIN | | Sort Order 1 | |
| Print Signature on Manual Checks | | Show Goal Amounts | | If Other, please explain: | |
| Print Direct Deposit Statements | | Show Time off Accruals | | Sort Order 2 | |
| Show Rates | | | | | |

Delivery Method          Special Instructions:



### Taxes

***Federal Tax Information*** (need proof of ID number)          **FEIN**

**FUTA Exempt?**          **Yes**          **No**


***State 1*** – (attach supporting documentation for exempt status is REQUIRED (Copy of their 501C paperwork)

| **State** | **State Withholding #** | |
|---|---|---|
| **SUI Rate** | **SUI #** | **SUI Exempt     Yes          No** |
| **Other State information** | | |

***State 2*** – (attach supporting documentation for exempt status is REQUIRED (Copy of their 501C paperwork)

| **State** | **State Withholding #** | |
|---|---|---|
| **SUI Rate** | **SUI #** | **SUI Exempt     Yes          No** |
| **Other State information** | | |

***State 3*** – (attach supporting documentation for exempt status is REQUIRED (Copy of their 501C paperwork)

| **State** | **State Withholding #** | |
|---|---|---|
| **SUI Rate** | **SUI #** | **SUI Exempt     Yes          No** |
| **Other State information** | | |

| Ancillary Services | | |
|---|---|---|
| **Would you like to learn more about our Free Mobile App?** | **Yes** | **No** |
| **Would you like to verify employees eligibility to work in the United States?**<br>**E-Verify is $4.00 per verification with a one time set up fee of $150.00** | **Yes** | **No** |
| **Are you interested in easyBackgrounds a background screening service for your new employees?** | **Yes** | **No** |
| **Are you in need of an HR professional at your fingertips? We offer Think HR which provides forms and on-the-spot advice form a HR professional.**<br>**This service is $20 per month** | **Yes** | **No** |

## Earnings

**Standard Earnings:**  Please check any of the earnings you would like to use.  If using a GL report, please see Phase IV. If  you would like a different name to display on checks, please input under Custom Name.

| ✔ | Name | Custom Name | ✔ | Name | Custom Name |
|---|---|---|---|---|---|
| | Regular | | | Draw (no W2 or 1099) | |
| | Overtime (1.5) | | | Personal use of Auto | |
| | Vacation | | | Group Term Life > 50K | |
| | Sick | | | S/Corp Insurance | |
| | Holiday | | | Taxable Insurance | |
| | Personal | | | Moving Expense –Taxable | |
| | Salary | | | Moving Expense Non-taxed | |
| | Other | | | 3$^{rd}$ party Sick – Short term | |
| | Double Time (2) | | | 3$^{rd}$ part sick Long term | |
| | Bonus (taxed at regular) | | | HSA ER Contribution | |
| | Bonus (supplemental) | | | Charge Tips (memo only) | |
| | Commission | | | Charge Tips (pays to EE) | |
| | Retro Pay | | | Tip Credit Make Up | |
| | Jury Duty | | | Banquet Tips | |
| | Bereavement | | | Minimum Wage Make Up | |
| | Training | | | Mileage Reimbursement | |
| | Severance | | | Expense Reimbursement | |
| | 1099 Misc | | | Cash Tips | |
| | | | | | |

**Custom Earnings:** If there are earnings you use, that are not listed above, please complete the information below.

| ✔ | Name | Description/Notes |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# Deductions

**Standard Deductions:** Pease check any of the deductions you would like to use.  If using a GL report, please see phase IV.  If  you would like a different name to display on checks, please input under Custom Name.

| ✔ | Name | Auto add to all EEs? | Edit at EE | Employee Portion | | | ✔ | Employer Portion | | Special Notes (including match details and Custom Name) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Amount | Limits | Frequency | | Amount | Frequency | |
| | S125 Health Insurance | | | | | | | | | |
| | S125 Dental Insurance | | | | | | | | | |
| | S125 Vision Insurance | | | | | | | | | |
| | S125 Flex Spending Acct | | | | | | | | | |
| | S125 Dependent Care | | | | | | | | | |
| | S125 AFLAC | | | | | | | | | |
| | Health Insurance | | | | | | | | | |
| | Dental Insurance | | | | | | | | | |
| | Vision Insurance | | | | | | | | | |
| | Life Insurance | | | | | | | | | |
| | LTD | | | | | | | | | |
| | STD | | | | | | | | | |
| | HSA (individual) | | | | | | | | | |
| | HSA (family) | | | | | | | | | |
| | Uniform | | | | | | | | | |
| | Union Dues | | | | | | | | | |

| ✓ | Name | Auto add to all EEs? | Employee Portion | | | | ✓ | Employer Portion | | Special Notes (including match details and Custom Name) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Edit at EE | Amount | Limits | Frequency | | Amount | Frequency | |
| | United Way | | | | | | | | | |
| | Loan | | | | | | | | | |
| | Handling Fee | | | | | | | | | |
| | Misc Deduction | | | | | | | | | |
| | Tools | | | | | | | | | |
| | Purchases | | | | | | | | | |
| | 401(k) | | | | | | | | | |
| | Roth 401(k) | | | | | | | | | |
| | Simple IRA | | | | | | | | | |

**Custom Deductions:** If there are deductions you use that are not listed above, please complete the information below.

| ✓ | Name | Auto add to all EEs? | Employee Portion | | | | ✓ | Employer Portion | | Special Notes (including match details and Custom Name) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Edit at EE | Amount | Limits | Frequency | | Amount | Frequency | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*Phase III – Optional/Additional Features*

| Time off Accruals | | |
|---|---|---|
| **Do you want to track accruals in the system?** *(sick, vacation, etc)* **If no, skip to next section** | NO | YES |
| **Name of Benefit Accrual** (*If multiple, please list each and then the answers for each question that follows for each Accrual type*) | | |
| **What are accruals are based on (ex, Tenure, hours worked, etc), and what is the accrual rate?** *(This can be provided in a separate document)* | | |
| **Please list the date in which your accrual schedule is based on (Anchor Date).** *Ex. January 1st, Hire Date, etc.* | | |
| **Do you have a waiting period associated with this time off accrual?** *Ex. 90 days, 1 year, etc.* | NO    YES | |
| **If yes, how does the employee accrue during the waiting period?** | | |
| **Does your company allow carry over?** | NO    YES | |
| **If yes, on what date does carry over apply?** *Ex. January 1st, Hire Date, etc.* | | |
| **How many hours can be carried over?** | | |
| **Are carried over hours moved to another time off category?** *Ex. All carried over Sick time moves to the Unused Sick bucket.* | | |
| **Do carried over hours have to be used by a certain date?** *Ex. I can carry over 40 hours, but I must use that time within the next 90 days.* | | |
| **What should happen to a negative accrual balance?** *Ex. Carried over, zeroed out, moved to a different time off category.* | | |
| **Using the following example, when tenure changes occur mid-accrue period, how should time accrue?** *Ex. I accrue per month, my hire date is 1/15* | | |
| **How often do employees accrue?** *(daily, monthly, per pay period, annually, etc)* | | |
| ***\*\*\* Please attach a copy of Policy from Company Handbook\*\*\**** | | |

## Holiday Schedule

Please select the holidays observed by your organization. Please add additional holidays in the blank spaces provided.

| ✓ | HOLIDAY | DATE |
|---|---------|------|
| | New Year's Day | January 1 |
| | Martin Luther King, Jr. Day | Third Monday in January |
| | Presidents' Day | Third Monday in February |
| | Memorial Day | Last Monday in May |
| | Independence Day | July 4 |
| | Labor Day | First Monday in September |
| | Columbus Day | Second Monday in October |
| | Veterans Day | November 11 |
| | Thanksgiving Day | Fourth Thursday in November |
| | Day after Thanksgiving | Fourth Friday in November |
| | Christmas Eve | December 24 |
| | Christmas Day | December 25 |
| | New Year's Eve | December 31 |
| | | |
| | | |

**\*If holiday schedule varies between different groups of employees, please attach all applicable holiday policies.**

## E-mail Notifications

Please select all e-mail notifications you would like to implement:

**To Employee:**
Birthday
Employment Anniversary
Pay Statements are ready

**To Manager / Supervisor / Administrator:**
Account Contact Added/Changed
Account Status Changed
Anniversary
Base Compensation Changed
Employee Birthday Notification
Date Based Reminder (e.g. Start/Hired/Review)
Dependent Reaches Age
Direct Deposit Changed
Locked After Max Login Tries
Login By Locked Account
Login From Restricted IP
Password Reset
Review Date
Tax Jurisdiction Added to Account
Negative Balance
Waiting Period Ended
Benefit End Date
Benefit Plan Was Added/Changed
Company Tax Was Added/Changed
Cost Center Was Added/Changed
Deduction Was Added/Changed
Earning Was Added/Changed
Time Off Was Added/Changed
Vendor Was Added/Changed
Pay Statement (Pay Date Based)
Pay Statement Finalized
Payroll (Pay Date Based)
Payroll (Submit Date Based)
Payroll Finalized
Payroll Rolled Back
Payroll Submitted
New Company Document Added
New System Event

## General Ledger

**If requesting a General Ledger Report, please provide the formatting requirements:**



**Provide the applicable codes:**

| E/D/T | Earning/ Deduction/ Tax Name | Earning GL Code | Employee GL Code | Employer Portion GL Code | Offset GL Code |
|-------|------------------------------|-----------------|------------------|--------------------------|----------------|
|       |                              |                 |                  |                          |                |
|       |                              |                 |                  |                          |                |
|       |                              |                 |                  |                          |                |
|       |                              |                 |                  |                          |                |
|       |                              |                 |                  |                          |                |
|       |                              |                 |                  |                          |                |
|       |                              |                 |                  |                          |                |

**\*Please provide the applicable codes in the spaces above, or attach this information in a separate document.**

## IP Address Restrictions

| **If you would like to control where the employees access the website from, please supply a list of IP addresses from your company's network that employees should be allowed to log in from.** |  |
|---|---|

## Company Structure

| **Please provide your location/departmental costing structure (list both names & numbers, if applicable) Please provide in a separate document.** |  |
|---|---|
| **Will employees be working in multiple locations or departments? Please explain.** |  |
| **Would you like salaried employees to have automatic labor distribution for multiple locations/departments?** |  |

## Retirement Plan

| Do you have a Retirement/Pension plan to be tracked within the application? If no, skip to next section. | | | | | | | **NO** | **YES** |
|---|---|---|---|---|---|---|---|---|

| **Type of Plan:** | | 401(k) | | SIMPLE 401(k) | | 457 | | Roth 401(k) |
|---|---|---|---|---|---|---|---|---|
| | | 403(b) Annuity | | SIMPLE IRA | | SEP IRA | | Other |

**Plan Administrator Information**

| Name: | | Contact: | |
|---|---|---|---|
| Phone #: | | Fax #: | |
| Email Address: | | | |
| Plan ID #: | | Policy ID: | |

**Eligibility**

| Is there a waiting period for employee Eligibility? | | NO | YES |
|---|---|---|---|
| If yes, explain | | | |
| Is there a waiting period for employer match? | | NO | YES |
| If yes, explain | | | |
| What is the minimum age for participation? | | | |

**Employee Contribution**

| How is contribution computed? | Percent % | Fixed $ | Both |
|---|---|---|---|
| Is a "catch up" contribution allowed? | | NO | YES |
| Please list any earnings which are NOT to be included as pensionable | | | |
| Do you have automatic enrollment for participants? | | NO | YES |
| If yes, what is the initially deferral, and any additional increase schedule? | | | |

**Employer Contribution**

| Does the employer match employee contribution? | | NO | YES |
|---|---|---|---|
| Are employee "catch-up" contributions matched? | | NO | YES |
| What type of match is used? | | | |
| How is the match computed? | | | |
| Does the match stop when the employee contributions stop? | | NO | YES |
| Does the match calculation use the same earnings as the employee contributions? | | NO | YES |
| Do you want the match to appear on the check stub? | | NO | YES |

## Prior Earnings
(This does not apply to New Employers)

**Information:**

      All Payroll Reports for each payroll in the current quarter

      For each employee paid during the year (including terminated employees) we need totals by Quarter of: wages paid, hours worked, deductions taken for all completed quarters of the calendar year

| *Quarter 1* | *Quarter 2* | *Quarter 3* | *Quarter 4* |
|---|---|---|---|
| | | | |

**Payroll Tax Returns**

We need copies of all payroll tax returns filed for every quarter in the current calendar year or most recent quarterly returns if none have been filled in the current year.

| *940* | *941* | *NH Employer quarterly tax & wage report* | *Other State Returns* |
|---|---|---|---|
| | | | |

    List of FUTA tax deposits made in the current year

---

**Additional Information – please provide any additional details of your plan not listed above:**

# Checkmate Workforce Management Solutions

## Workers Compensation

| Do you currently have workers' comp? | NO | YES |
|---|---|---|
| If no, would you like us to put you in touch with a workers' comp provider for Pay-As-You-Go Worker's Comp? | NO | YES |
| Will you be tracking workers compensation premiums within the application? If no, skip to next section. | NO | YES |

| Workers compensation carrier name | |
|---|---|

| Wage Limit | | GL Debit: | | GL Credit: | |
|---|---|---|---|---|---|

**Experience (or other rate) Modifiers:**

| State | Code |
|---|---|
| | |
| | |
| | |
| | |

**\*Please provide the applicable states/codes in the spaces above, or attach this information in a separate document.**

## Info Needed for Benefit Set Up

| Client Name | | Benefit Type | |
|---|---|---|---|
| Provider Name | | Description | |
| Certificate # (**optional**) | | Policy # (**optional**) | |
| Effective *From* Date: | | Effective *To* Date: | |

| Open Enrollment *Start* Date: (**optional**) | Open Enrollment *End* Date: (**optional**) | Can be waived (**optional**) |
|---|---|---|

| Are all employees eligible for this benefit | Who is eligible: **If answer is no indicate which employees are eligible** |
|---|---|

## Waiting Period

| | |
|---|---|
| _____ ☐ Day(s) ☐ Week(s) ☐ Month(s) ☐ Year(s) | **From Date** ☐ Hired ☐ Started ☐ Birthday ☐ Seniority ☐ Re-hired ☐ Review Date ☐ Last Raise Date |
| **Adjusted to** ☐ Immediately After ☐ First of Following Month ☐ First of Following Quarter | |
| Enrollment *Opens :* _____ Days Before | Enrollment *Closes:* _____ Days After |

## Coverage Levels

| Coverage Level **Single** | |
|---|---|
| Monthly Premium | Monthly Total $ | Monthly Employer Contribution $ |

| Coverage Level **Two Person** | |
|---|---|
| Monthly Premium | Monthly Total $ | Monthly Employer Contribution $ |

| Coverage Level **Parent/Child(ren)** | |
|---|---|
| Monthly Premium | Monthly Total $ | Monthly Employer Contribution $ |

| Coverage Level **Family** | |
|---|---|
| Monthly Premium | Monthly Total $ | Monthly Employer Contribution $ |

Checkmate
WORKFORCE MANAGEMENT SOLUTIONS

*Phase IV – Additional Information*

| Additional Contacts | | | | | |
|---|---|---|---|---|---|
| **Name** | **Title** | **Email** | **Phone** | **Special Instructions - level of authority** | **Signer of Legal Forms** **(**One Signer Only) |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

**What are the different security roles within your company?**



**What type of security rights will each of these roles have?**



**To the best of my knowledge, this is everything requested for payroll set up: Initials_____ Date: _____**

**What I am submitting is partial information for payroll set up. I will submit the remaining information required to Checkmate by:_____**

**Initials_____Date_____**