

New Client Data Form

Please fax to 866-794-5515 or email to payroll@pinkpayroll.com for prompt attention

Company Name				# Employees:
Company dba				Payroll Frequency: W-BW-SM-M
Organization Type	☐ Corp (S or C_		□Sole Prop	Direct Deposit: Y – N
	☐ Partnership	☐ Individual		Deductions Y-N PTO Y-N
	□ Non-Profit 50	1(c)3 □ Chur	ch	Submits payrollday forday
Account Signer & Prim	nary Business Owne	r		
First Name				PLEASE PROVIDE US:
Last Name				□ Business Check Copy/Scan
Title (title on file w IRS,				☐ Proof of FEIN (Federal Tax ID)
SS# (for ACH Bank Tra	insters)			☐ Proof of EDD # (State Tax ID)
Email Office Phone				☐ Account Signer Driver's License
Office Phone Cell Phone				
	VP for Corp ☐ Own	er if Sole Proprieto	— r □ Managing Member fo	r LLC Other?
	·	·		
Tax IDs				
FEIN (Federal Tax ID)				
EDD# (State Tax ID)				
Company Banking Info)			
Bank Name				
Routing Number				
Account Number				
Company Addresses (write same if applies Physical)	Tax Mailing Address	Paycheck Mailing
Street Address 1	Titysical		Tux Walling Address	r dyericek wannig
Street Address 2				
City, State				
ZIP			-	
Phone				
Other Authorized P	avroll Parties - *aut	horization form v	ou sign will include detai	ls.
	-	•	_	zed, no account access will be given)
Name email Phon	• •		, , , , , , , , , , , , , , , , , , , ,	
Name email Phon				
	•			
				a.) (example: office manager)
Name email Phon	e Title:			
Name email Phon	e Title:			
IF we are setting up	State Employment	Tay ID provide:		_
	and Driver's License	=		
	and Driver's License			-
Owner Name & F				
Date Business St				Cubmitted to Digit Describing
	/ Describe Briefly			
Type of Business	/ Describe Briefly			_ Name Org Ph
				email
				date submitted//
				□ Ck □ FEIN □ EDD □ DL □ Inv