

HGB Payroll, Inc.

Client Information for Quoting

- ✓ Number of employees _____
- ✓ Frequency of payroll (weekly, bi-weekly, semi-monthly or monthly)
- ✓ Normal Check Day _____ Normal Transmit Day _____
- ✓ Period Begin _____ Period End _____
- ✓ Direct Deposit
- ✓ Digital Check Signature - YES or NO
- ✓ Fold and Stuff payroll – YES or NO
- ✓ Any special reporting needs

- ✓ Type of input – PHONE FAX ONLINE EMAIL AUTO-PAY
- ✓ Delivery – Messenger Website Upload Email Pick Up House Delv
- ✓ Section 125 plan for insurance deductions/do you need us to administer

- ✓ Any 401(k) reporting needs – YES or NO
- ✓ Job Costing – YES or NO
- ✓ Time Keeping Solutions – YES or NO
- ✓ Pay as you go workers comp – YES or NO

Quarterly _____
Discount _____
Term _____
Year End _____

- ✓ 1st Check Date _____

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Client Information for Quoting

✓ Company Name/Address

✓ Years in Business _____

✓ Phone # _____

Fax # _____

✓ Email _____

✓ Primary Product or Service

✓ What do you like most about current way of processing

✓ What would you like to do differently

Earnings

HGB Payroll, Inc.

Client Information for Quoting

Deductions (Subject to the following taxes)

FICA/MHI	FED WH	STATE WH	SUTA	FUTA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Departments

_____	_____	_____
_____	_____	_____

State W/H Deposits Made for Current Quarter (Date and Amount)

_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZED CONTACTS:

_____	_____
_____	_____

Other:
