NEW CLIENT INFORMATION FORM

☐ PEO ☐ ASO ☐ HRO ☐ BAO ☐ PAO

1. Type of Business: _____

2. Client Legal Name: _____

dba (if applicable) _____

3. Address: _____

4. City/State/Zip: _____

5. Office Phone Number: (_____) _____ Cell Number: (_____) _____ Fax Number: (_____) _____

6. Client was Incorporated on _____(Date) in the State of _____

7. Client Federal ID# _____State ID# _____

8. Client Additional Locations:

1._____

2._____

3._____

4._____

9. Owner's Name: _____

10. Owner's Email Address: _____

11. Owner's Phone Number: (_____)_____

12. Employer Insurance Contribution:

Medical Benefits: Employee _____% $ _____ Spouse _____% $ _____

Child _____% $ _____ Family _____% $_____

Supplemental Benefits: Dental _____% $ _____ _ Vision _____% $_____Other _____% $_____

13. Payroll Frequency: Wkly ☐_____Bi-Wkly ☐_____Semi-Monthly ☐_____Monthly ☐_____

14. Payroll Timesheet Submitted: Mon ☐ Tue☐ Wed☐ Thu☐ Fri☐

15. First Pay Period Start Date: _____

16. Pay Period End Day: Sun Mon☐ Tue☐ Wed☐ Thu☐ Fri☐ Sat☐ Semimonthly☐ Monthly ☐

17. First Payroll Check Date: _____

18. Payroll Pay Day: Mon ☐ Tue ☐ Wed☐ Thu☐ Fri☐ Semimonthly ☐ Monthly ☐

19. Payroll Delivery Day: Mon☐ Tue☐ Wed☐ Thu☐ Fri☐

All payroll information must be submitted to Pinnacle 72-hours before the payroll check date.

20. Certified Payroll: Job Costing Payroll:

☐ Yes ☐ No ☐ Yes ☐ No

21. Payroll Mailing Address:

Company/Location Name: _____

Address: _____

City:_____State: _____Zip: _____

Name of Person Authorized to Receive Payroll: _____

Receiver Phone Number: (_____) _____

☐ Business ☐ Residence

22. Payroll Invoice Mailing Address: _____

Sales Representative Name: _____

EMPLOYER PACKET

Please Complete and Return This Entire Packet To:

Pinnacle
Attn: Onboarding Department
9311 San Pedro Avenue, Suite 700
San Antonio, Texas 78216

If you need assistance, please contact your Sales Representative at:
210-344-2088