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Implementation Guide

Implementation & Customer Support Team

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NEW CLIENT CHECKLIST

WELCOME TO BETTER BUSINESS PLANNING! WE LOOK FORWARD TO HAVING YOU AS A PARTNER. IN ORDER TO CONVERT YOUR PAYROLL ACCURATELY, WE NEED THE FOLLOWING INFORMATION:

NEW CLIENT DOCUMENTATION CHECKLIST:

- Client Service Agreement and Terms and Conditions signed
- Void check(s) from the account(s) you'll use for payroll and tax drafts
- Your commercial banker's contact information
- Copies of current year 941 forms, state withholding and unemployment returns
- *MID-QTR STARTS ONLY* Liabilities and deposits for 941 tax by check date for current quarter
- Amounts and dates of quarterly 940 (FUTA) deposits
- State Withholding ID#'s and deposit frequencies
- Amounts and dates of state withholding deposits
- Unemployment ID #'s and contribution rates
- Copy of all current year payroll registers
- Signature digitization form (see last page)
- Complete listing of earnings and deductions codes with descriptions
- Complete listing of locations and departments
- Copy of Vacation/sick accrual policy if applicable
- Company Logo to print on paychecks (jpeg format)
- Power of Attorney Forms signed and notarized where applicable (these will be delivered later)
- Copy of Chart of Accounts and most recent Journal Entry for General Ledger setup

EMPLOYEE INFORMATION (for each employee paid in the current year)

- Personnel information- Name, address, social security number, birth and hire dates, marital status, exemptions, department, salary or hourly rate, etc.
- Vacation and sick day – accruals and balances, if applicable
- Wages, taxes and deductions for all employees paid in this calendar year
- Copy of all Garnishments and Child Support Orders

FIRST PAYROLL WITH HR TECHNOLOGY SOLUTIONS:

- Pay period begin date _____ Pay period end date _____
- First Payroll input date _____
- First Check Date _____

Payroll Frequency: _____ (WK,BW,SM,MO)

Thank you very much for your accurate and timely information. If you have any questions about what we need, please call 630-773-2228.



Client Company Information (Please copy this page and fill out for each EIN)

Company Name	
Address:	
City, State & ZIP:	
Phone	
Contact Name	
Contact Phone / Fax	
Contact E-mail	
Federal EIN	

Type of Corporation: Sole Proprietor: ____ Partnership: ____ S Corp: ____ Non-Profit: ____

Total Number of Employees: Active: _____

Termed: _____

W2 Forms Processed Last Year: _____ 1099 Forms Processed Last Year: _____

Payroll Payment Methods: # of Check Forms: _____

of ACH Forms: _____ # of Checking _____ # of Savings _____

of Pay Cards: _____

Current HR Vendor(s): _____

Current Payroll Vendor(s): _____

Report Writer Vendor(s): _____

Additional Information: _____

Time Entry Method and Number of Employees:

Time Clock: _____ Web Punch: _____ Pay Grid: _____ Excel Spread Sheet: _____

Time Clock Vendor: _____

Time Clock Interface Needed: _____

Attach a voided check.

Bank Information

Bank Name	
Address	
Bank Contact	
Contact Title	
Contact Phone / Fax	
Contact E-mail	
Routing (ABA#) Number	
Account Number	
Starting Check Number	
Starting ACH advice Number	
Do you have a debit block on your account?	

TAX INFORMATION:

State	State ID number	State Tax Payment Frequency	State Unemployment Number	State Unemployment Rate

Copies of quarterly 941 and all state returns for current year – to include the following information:

QUARTER	941	FUTA	State Income Tax	SUI	Local
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY WAGE AND TAX TOTALS:

Prior quarters – final payroll of the quarter

Current quarter – all payrolls processed

	QUARTER 1	QUARTER 2	QUARTER 3
GROSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEDERAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FICA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Notes: _____

Earnings Codes (10 characters)	Description
Regular	
Overtime	
Holiday	
Vacation	
Sick	
Other Earnings	
Personal	
Bereavement	
Jury	
GTL	
Phone Reimbursement	

Do Employees maintain multiple pay rates for jobs?

 Yes No Not usually, but on rare occasions they may have an employee that has multiple pay rates for jobs.

Deductions (10 char.)	Description	Freq	Pre Tax (indicate which taxes)	Create Vendor Payment

Employee Numbering:

Retain current numbering system: _____

Assign New Numbers to all Employees: _____

First Number: _____

Location and Department information

Location- Number (10 characters)	Location Name

Dept. Number (10 characters)	Dept Name

Sub-Dept. Number (10 characters)	Dept Name

ADDITIONAL CHECK TYPES:

<u>BLOCK deducts for:</u>	Deferred Comp.	Pre Tax Ded.	Post Tax Ded.	Special Taxing Days
BONUS:	—	—	—	_____
COMMISSION:	—	—	—	_____
EXPENSE:	—	—	—	_____
MANUAL:	—	—	—	_____
SECOND:	—	—	—	_____
THIRD:	—	—	—	_____
VACATION:	—	—	—	_____

CUSTOM ROLE NEEDED: Yes No

Explain Custom Role: _____

If check date falls on or before a holiday or weekend will the check date be before or after.

- Check date before
 Check date after

Deferred Comp Benefits

Deferred Compensation Plan: 401K 403B SEC125 None

Notes:

Deferred Comp Company Contr.: Yes No 10% Discretionary contribution each pay period.

Company Contribution Percentage: _____%

Company Maximum \$\$\$ Match: \$ _____

Explanation of Employer Match: _____

What are your reporting needs for 401k reporting? Attach (and email) sample file showing format and specifications.

General Ledger Set-up Required: Yes No

Please Define General Ledger Vendor and Platform: _____

Payroll System General Ledger Interface Required: Yes No

Please attach a journal entry from your most recent payroll.

Third Party Vendor Information

1. Vendor Name _____

Vendor Address _____

Vendor Deduction _____

2. Vendor Name _____

Vendor Address _____

Vendor Deduction _____

Third Party Vendor Information – continued -

3. Vendor Name _____

Vendor Address _____

Vendor Deduction _____

4. Vendor Name _____

Vendor Address _____

Vendor Deduction _____

5. Vendor Name _____

Vendor Address _____

Vendor Deduction _____

Please attach copies of all active garnishments, tax levies, and child support orders.

Payroll Package

How would you like your payroll packaged?

1. Long Form (8 1/2 x14) Self Seal – Ready for Mailing Yes No
- Sorted by department or location
 - Company Logo on Check
 - Signature

2. Short Form (8 1/2 x 11) in Self-Sealing Envelope Yes No

Special Packaging Instructions:

Special Delivery Instructions:

Printed Vendor Check Returned to Client for Mailing Yes No

HRTS mails Vendor Checks on Check Date: (Additional Cost) Yes No

Custom Reports or Files to be Created (401k, G/L)

1. Report Requested:

2. Report Requested:

3. Report Requested:

4. Report Requested:

Would you like to utilize EEOC reporting in HRTS Online? Yes No

Would you like to utilize Work Comp reporting in HRTS Online? Yes No

GMF does track gender, ethnicity and work comp codes for each employee. We will set this up on each employee and they can utilize the reports if necessary.

Benefit Plan	Coverage(s)	Vendor	Eligibility Rule	Pre-Tax
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

Process Employer's Portion of Premiums in Payroll? Yes No

