Client Checklist - Fourth Quarter Start.

Employee Data Required				
]*First name]*Last Name]*Social Secur	ity Number	☐ Birthday☐ Street Address/ City /Zip	/State	Worksite Pay Schedule Hire Date
☐ State number ☐ Unem ☐ SUI rate exempt	c Information withholding account er ployment account number ate FUTA/SUTA ptions?	Deductions (if applicable) Name of deduction Type of deduction Medical, HSA Pre or Post-Tax? Any Child Support garnishment Inform	applicable) ie 401k,	e, ie Vacation, Sick, PTO ual type ie per pay period, vear/ann date, per hour ual amount Max accrual unt he accrual hours expire?
Quarter 1 Payroll Summary		ssed with check dates of J uld include the following deta ges		
Quarter 2 Payroll Summary	_ ' '	ed with check dates of Apr 1 uld include the following deta ges		
Quarter 3 Payroll Summary		essed with check dates of aud include the following detages	•	
Quarter 4 Payroll Data	afterward.	EACH payroll processed thus uld include the following deta ges	•	October 1 and any payrolls