

# HR-1 Source, LLC

## Request for Payroll Service Information

The information on this form is needed to make an accurate quote, as well as a fair comparison with your company's present payroll costs.

We realize that this information is confidential, and we will treat it as such.

(Please fill out and return by fax to: (251) 471-9320 - Attn: Client Development)

Legal Name/ (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Owner/Manager: \_\_\_\_\_ Contact: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

Business Type: "C" Corp "S" Corp LLC Partnership Sole Prop.

FEIN #: \_\_\_\_ - \_\_\_\_ STATE T.I.N. # \_\_\_\_ SUTA T.I.N. # \_\_\_\_

Years in Business: \_\_\_\_ # Physical Locations: \_\_\_\_ States: \_\_\_\_

State Unemployment Compensation Rate (SUI): \_\_\_\_\_

(Attach Copy of Last Quarter UC-Cr4 Report - if available)

What does your company do? \_\_\_\_\_

### Payroll Information:

Estimated Employee Administration Cost % (or \$ amt) 5% 6% 7% 8% 9% 10%: \_\_\_\_\_  
(8.45% indicated as a national average for small & mid-sized businesses)

Average Gross Payroll (per pay period / annual): \$ \_\_\_\_\_ / \$ \_\_\_\_\_

F/T Employees: # Salaried: \_\_\_\_\_ # Hourly: \_\_\_\_\_ # Commission: \_\_\_\_\_

P/T Employees: # Salaried: \_\_\_\_\_ # Hourly: \_\_\_\_\_ # Commission: \_\_\_\_\_

Temp Employees: # Salaried: \_\_\_\_\_ # Hourly: \_\_\_\_\_ # Commission: \_\_\_\_\_

Payroll Cycle: Weekly Biweekly Semi-monthly Monthly

Currently Payroll Is Done: In-house Payroll Service Leasing Co.  
(If currently outsourcing payroll, please attach a copy of a recent invoice)

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_