



NEW CLIENT INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ EIN: _____

Business Code (NAICS): _____ Fiscal Year End (MM/DD): _____

Total Number of Employees: _____ Do You Employ Paid Interns: ☐ Yes ☐ No

Type of Company: ☐ C-Corp ☐ S-Corp ☐ LLC—filing as S-Corp ☐ LLC—filing as Partnership

☐ Sole Prop ☐ LLP ☐ P.C. ☐ PLLC

☐ Other (please indicate): _____

Compass service you have selected: ☐ Traditional TPA Services ☐ 3(16) Services

TRUSTEE(S) [NAME & EMAIL ADDRESS]

1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

PRIMARY DAY-TO-DAY CONTACT [PAYROLL, HR, ETC.]

Name: _____ Email: _____

Phone: _____ Ext.: _____

ACCOUNTS PAYABLE/BILLING CONTACT

Name: _____ Email: _____

Phone: _____ Ext.: _____

CPA

Firm Name: _____

City: _____ State: _____

Contact Name: _____ Email: _____

Phone: _____ Ext.: _____

OWNERSHIP

Name: _____ Email: _____ Percentage: _____

Name: _____ Email: _____ Percentage: _____

Name: _____ Email: _____ Percentage: _____

Name: _____ Email: _____ Percentage: _____

Do the Owners/Partners have any family members working for the company?

If so, please list them and their relation:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OWNERSHIP OF/PARTNERSHIP IN OTHER COMPANIES

Do the Owners/Partners own any other companies? ☐ Yes ☐ No

If Yes, please identify as this is required under IRS Controlled Group rules:

Name: _____ Percentage: _____

Name: _____ Percentage: _____

PAYROLL QUESTIONS

Payroll Company: _____

Which payroll "platform/product" do you use: _____

Payroll Cycle (weekly, bi-weekly, etc.): _____

Day of the week you run/submit payroll: _____

"Check Day" of the week employees are paid: _____

Do you have multiple payrolls? ☐ Yes ☐ No

If Yes, please identify: _____

RETIREMENT PLAN

Do you currently have a retirement plan? ☐ Yes ☐ No

If Yes, please indicate:

Current Recordkeeper Name: _____

Email: _____

Current Administration (TPA) Name: _____

Email: _____

Estimated Plan Assets: _____ ERISA Bond Amount: _____

The first Plan Year that Compass will be administering: _____