



Client Enrollment Form

Legal Name: _____
(as registered with the IRS)

DBA _____

Legal Address:

Street: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Federal ID: _____ Federal Tax Deposit Frequency: _____

State ESD ID: _____ Rate %: _____

Are you exempt from any taxes? If so, please explain and list: _____

For your company's security an "Access Code" will be assigned. In order for Millennium Payroll Solutions to discuss any payroll matters regarding your company the individual will need to provide the access code. Please list below individuals that will be given the Access Code.

Name _____

Name _____

Name _____

Name _____

CPA: _____

Phone: _____

PRINCIPAL/OWNERS NAME _____ TITLE _____

EMERGENCY/HOME PHONE _____

I agree that the information on this form is correct to the best of my knowledge and agree to hold **Millennium Payroll Solutions** harmless for any errors or penalties resulting from any inaccuracy in the information provided herein, including incomplete items.

Print Name

Title

Client Signature

Date