SmartPay
Payroll Partner Worksheet

Contact and Company Information

Contact Name

State of Incorporation

Key Contact

Phone # (_____) _____   Fax # (_____) _____

Email Address

City   State   Zip

Target Start Date   Name of Payroll Software

Operation Contact

Name

Phone # (_____) _____   Fax # (_____) _____

Email Address

File Transmission Contact

Name

Phone # (_____) _____   Fax # (_____) _____

Email Address

Additional Company Information

Current Workers' Comp Partner

Since year   How long   Number of Clients

Other Ancillary Products Provided