



(541) 317-0100 Fax (888) 889-6384 (888) 757-6768

COMPANY:			CLIENT #	
ADDRESS:			PHONE:	
CITY:	STATE:		ZIP:	
CONTACT:			DATE:	
TITLE:				
	One Time Setup/Fee		Per Payroll	Per Month
1. Number of Checks		\$		\$
2. Direct Deposit	•	\$		\$
3. Tax Service		\$		<b>\$</b>
4. Quarterly Service Charge		\$		<b>\$</b>
5. Master Link		\$		<b>\$</b>
6		\$		\$
7		\$		<b>\$</b>
8. New Hires				· ——
9. Manual Check Calculation				
10. Certified Payroll		\$		\$
11. Signature Scan				
12. Additional States		\$		\$
13. W-2/Year End Reporting				
15. Company Setup				
TOTAL ONE TIME SET-UP FEE	\$	TOTA	L per Month	<b>\$</b>
PRECISELY PAYROLL provides the Client with the following standa Payroll Register, and Payroll Tax Register.	rd reports: Employee W	orksheet, Attend	ance Register, Income Reg	gister, Deduction Register,
Client agrees that they will not hold PRECISELY PAYROLL in indem tax deposits and reports for providing payroll services. The forms and re of the information provided to PRECISELY PAYROLL by the Client. error at no additional cost. These services are provided with understand professional services. Therefore, PRECISELY PAYROLL assumes no supplied to the Client by PRECISELY PAYROLL.	elated services provided In the event of error by ling that PRECISELY P	by PRECISELY PRECISELY PA AYROLL is not	PAYROLL are guarantee YROLL, PRECISELY PA engaged in renderinglegal,	d to beaccurate to the extent YROLL willcorrect the accounting or other
INVOICES are due and payable upon receipt. Any account that is not c maybe placed on a service hold.	urrent by the 20th will b	e subject to a \$5	.00 service charge. All acco	ounts 60 days in arrears
ALL NSF checks will be charged a minimum of \$25.00, up to a maxim	um of 3-times the check	amount.		
Authorized Signature		cisely Payroll	Representative	