



# CBIZ Payroll Request for Proposal Form

(Please complete with as much information as possible)

Email to: [mtdnewgrpbiz@cbiz.com](mailto:mtdnewgrpbiz@cbiz.com)

Questions: 1-800-231-1559

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Who is your current payroll provider: \_\_\_\_\_

How do you currently transmit payroll? Fax\_\_ Web\_\_ PC\_\_

#Employees on payroll: \_\_\_\_\_

List all Pay Frequency(s): \_\_\_\_\_

# States Income Tax Filings: \_\_\_\_\_

# Local Jurisdiction Income Tax Filings, if any: \_\_\_\_\_

Do you prefer Pre-signed checks? \_\_\_\_\_ Enveloped checks? \_\_\_\_\_

Do you Use Direct Deposit? \_\_\_\_\_ If so, how many accounts? \_\_\_\_\_

Do you Track "Time Off" Accruals in Payroll: \_\_Yes \_\_No

Do you have Pre-tax deductions? \_\_Yes \_\_No

401(k) Provider? \_\_\_\_\_

Do you require any Custom Reports? \_\_\_\_\_

What is your Current Accounting Software: \_\_\_\_\_

What is your Current Management Software: \_\_\_\_\_

**Please complete this section if you are a Broker or Consultant**

Broker/Consultant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_