



**TEMP**  
FINANCIAL SERVICES, INC.

8554 Katy Frwy, Suite 326  
Houston, TX 77024  
Bus 713-932-6800  
Fax 713-932-6676  
tfs@tfspayroll.com

Date Info Sent: \_\_\_\_\_  
Timesheet \_\_\_\_\_ Received \_\_\_\_\_  
Policy \_\_\_\_\_  
W-4 \_\_\_\_\_  
I-9 \_\_\_\_\_  
Drivers Lic. \_\_\_\_\_  
S.S. Card \_\_\_\_\_  
Passport \_\_\_\_\_  
Contacted Temp \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## "New Start" Information

Start Date: \_\_\_\_\_

Approx End Date: \_\_\_\_\_

New Start # \_\_\_\_\_

Employee Name: \_\_\_\_\_

Empl Hm Ph: \_\_\_\_\_

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

Empl Alt. Ph: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Empl Wk Ph: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

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

## Company Information

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

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

Co. Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Co. City State Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Invoice should be mailed to: \_\_\_\_\_

## Agent Information

Agent with Client: \_\_\_\_\_

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

Agent with Employee: \_\_\_\_\_

## Payroll & Hourly Billing Rates

Client Company Hourly Bill Rate: \_\_\_\_\_

Less Employee Hourly Pay Rate: \_\_\_\_\_

Equals Gross Profit Margin of: \_\_\_\_\_

Less TFS Fee 15% of Bill Rate: \_\_\_\_\_

Agent Profit Margin: \_\_\_\_\_

(Hourly)

Agent with client responsible for paying  
agent with employee. (50% of agent  
profit margin).

Adjusted Profit After Split: \_\_\_\_\_

Mark Up % \_\_\_\_\_

Comments/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_