



Exact Corporation Name & DBA Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**Fed EIN** \_\_\_\_\_ **State Tax ID** \_\_\_\_\_

State Unemp Acct# \_\_\_\_\_ State Unemp Tax Rate \_\_\_\_\_

Multple States Attach Separate List

Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Principle/Owner \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Prin/Own DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Prin/Own SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Dept Names** \_\_\_\_\_ **Locations** \_\_\_\_\_

1 \_\_\_\_\_ 1 \_\_\_\_\_

2 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 4 \_\_\_\_\_

5 \_\_\_\_\_ 5 \_\_\_\_\_

1st Pay Pd Beg Date \_\_\_\_\_ 1st Check Date \_\_\_\_\_

Direct Deposit  Yes  No

Signature Sample (Stay In Box)

Pay Cycle  Wky  Bwky  Semi  Mo

Payroll Call In Day  S  M  T  W  Th  F  S

Processing Method  Fax  Online  Remote

Accountant \_\_\_\_\_

Acctg Firm \_\_\_\_\_

Acct Email For Reports \_\_\_\_\_

Phone \_\_\_\_\_

**Special Delivery Instructions:**

401k  Simple  403b  None

Co Match Detail & Provider Info

Plan ID \_\_\_\_\_

Direct Deposit  Yes  No

Vac/Sick Accrual  Yes  No (Attach Vac/Sick Benefits Plan)

Print Vac/Sick On Check  Yes  No

Garnishments Or Child Sup  Yes  No

Are Court Orders Attached?  Yes  No

Starting Check Number For Payroll \_\_\_\_\_

**List All 940 Futa Payments Previously Paid**

Quarter 1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 3 \_\_\_\_\_ \$ \_\_\_\_\_

**List All Suta Payments Previously Paid**

Quarter 1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 3 \_\_\_\_\_ \$ \_\_\_\_\_

**Federal Tax Deposits Previously Paid**

Quarter 1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 3 \_\_\_\_\_ \$ \_\_\_\_\_

**State Tax Deposits Paid**

Quarter 1 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 2 \_\_\_\_\_ \$ \_\_\_\_\_  
 Quarter 3 \_\_\_\_\_ \$ \_\_\_\_\_

AND/OR

AND/OR

**Fed Deposits Made This Quarter**

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**State Deposits Made This Quarter**

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
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 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**TIMEKEEPING OPTIONS**

Payday Netclock  Yes  No

**WILL PAYDAY BE PROVIDING WORKERS COMP REPORTING?**  Yes  No

Insurance Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Filing Address \_\_\_\_\_

**CLASS CODES AND RATES**

Code \_\_\_\_\_ Rate Per \$100= \_\_\_\_\_  
 Code \_\_\_\_\_ Rate Per \$100= \_\_\_\_\_  
 Code \_\_\_\_\_ Rate Per \$100= \_\_\_\_\_  
 Code \_\_\_\_\_ Rate Per \$100= \_\_\_\_\_  
 Code \_\_\_\_\_ Rate Per \$100= \_\_\_\_\_

**LIST ALL DEDUCTIONS YOU WILL USE**

Ded 1 \_\_\_\_\_ Pre Tax  Yes  No  
 Ded 2 \_\_\_\_\_ Pre Tax  Yes  No  
 Ded 3 \_\_\_\_\_ Pre Tax  Yes  No  
 Ded 4 \_\_\_\_\_ Pre Tax  Yes  No  
 Ded 5 \_\_\_\_\_ Pre Tax  Yes  No  
 Ded 6 \_\_\_\_\_ Pre Tax  Yes  No

**CHECK LIST:**

- Employee Info, Ytd,Qtd And Co Totals
- Signed Proposal Form
- Child Support And Garnishment Orders
- Copy Of Co Checking Account
- Employee Checks For Direct Deposit
- Clean Signature Sample
- Any Special Instructions
- Vac/Sick Seniority Or Accrual Plan
- Any Special Earning Codes Required
- Attach Separate Sheets For More Lists Of Any Items From This Form



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