

Payroll by X-Act Computer Service Inc.
1270 Lawrence Station Road Suite I
Sunnyvale, California 94089
Tel 408.245.4787
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www.x-act.co

PAYROLL SIMPLIFIED

**Large company capabilities with small business
standards, values and personalization.**



Welcome to Payroll by X-Act

QUICK AND EASY PAYROLL – TAILORED TO YOUR NEEDS

We are X-act Computer Service, Inc. a small business providing one on one personal service to small business. What do we do? We do payroll. We are located in Sunnyvale and have been serving the small business community for over 40 years. We have built our client base over the years by referrals from our clients to others about our service. Our clients range in size from one check once a year to over one hundred checks each week. Some of our clients have been processing their payrolls with us since we started processing payrolls in 1976. Our goal is to serve our clients with fast, accurate, personalized payroll service. We pride ourselves on customer service and doing whatever it takes to keep our clients happy. If ever there is a need for a payroll service that can provide you with the personal one on one service we can provide, please keep us in mind.

YOUR PAYROLL

Our software features all the same programming as the larger payroll processors out there; what sets us apart is our ability to maintain the one on one customer service you get with a small company. Our multi-tiered program allows different levels of access, depending on your payroll needs. Some clients want 100% control of all facets of the payroll and how it is processed. Some companies may want a fully automatic payroll where it is run without any actions taken by the company at all. X-Act allows your payroll to be completely tailored to your needs. Options for payroll can be:

- Fully paperless payroll, online access, personal company portals, online checks, direct deposit, printed signatures on checks, printed reports and checks, quarterly returns, year-end returns, out of state reporting , 1099's, CPA or bookkeepers online access, and more. Possibilities for personalized payroll are unlimited.

Contact Information

JOHN WANNINGER
C.E.O

LAURAL WANNINGER
PRESIDENT

408.245.4787
INFO@X-ACT.NET

About

OWNERS OF PAYROLL BY X-ACT

Owning and operating Payroll by X-Act Computer Service, they have been married for 41 years and have worked side by side every day. X-Act is a family owned business where both of John and Laural's daughters work as well. Being a tight knit office family they want to treat their clients the same way. John and Laural both strongly believe in creating a one on one relationship with each client, provide them with excellent, personalized service.

Company Information

HOURS OF OPERATION AND INFO

Normal business hours are Monday –Friday.
8am -4pm

Office is closed weekends and holidays, for our holiday schedule please refer to our website.

Please note that throughout the year there may be a flier within your payroll, this will have important information on it – please read over these carefully. If you are to have any questions please feel free to contact us at any time.

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SERVICE INC

1270 LAWRENCE STATION ROAD SUITE I
SUNNYVALE, CALIFORNIA 94089

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FX. 408.733.8111

WWW.X-ACT.CO

New Client Set Up

Date: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: (_____) _____

Email: _____ Fax: (_____) _____

Company Website: _____

The following information is needed to set up and process your payroll.

1. Employee Personal Data — for each employee to be set up (see page 2) - Number of Employees: _____

2. Completed Forms: NATPAY DDPLUS: _____ 8655: _____ EFT Authorization: _____

3. Sample company check (NOT deposit slip): _____ / Starting Check number: _____

4. FED EIN _____ - _____ / State ID _____ - _____ - _____

5. Company Structure: Sole Prop / LLC / S Corp / C Corp / Partnership / Other: _____

6. SUI _____% ETT _____% (I will obtain) or N/A for out of state _____

7. Pay Frequency: Weekly: _____ Bi-weekly: _____ Semi-monthly: _____ Monthly: _____ Qtrly: _____ Annual: _____

Work week Start: (CIRCLE) **M - T - W - T - F - S - S** / Work week End: (CIRCLE) **M - T - W - T - F - S - S**

8. Period end date of the **first** payroll we will write: _____

9. Check date of **each** payroll: _____ / Period end Date for each payroll: _____

10. Delivery method: Email/Paperless: _____ or Print: _____ or Both email & Deliver: _____

Delivery options: **UPS NDA** - **UPS** - **Priority Mail** - **Mail** - **Courier** - **Pick Up**

11. Online access: **Monthly fee of \$25.00**

Employer Portal: _____ - Accountant Portal: _____ - Employee Portal: _____

12. Options for payroll processing:

Direct Deposit: _____ - Pre-sign Checks: _____ - Automatic Payroll: _____ - Other: _____

Accountant/Bookkeeper

My Accountant and/or Bookkeeper information:

Company: _____

☐ CPA

☐ BOOKKEEPER

☐ ENROLLED AGENT

☐ OTHER

Contact: _____

Address: _____

City: _____ Zip: _____

Website: _____

Phone: _____ office - cell - home

Fax: _____

Email: _____

Please allow access:

☐ _____ (name) has access to my payroll info

☐ Allow unlimited access through online or portal*

☐ X-Act sends hard copy information to my CPA/Bookkeeper

☐ Email

☐ Fax

☐ Online

☐ USPS*

☐ UPS*

☐ Please provide my CPA/Bookkeeper with:

☐ All payroll reports

☐ Quarterly Forms

☐ Year End forms

☐ W-2s

☐ 1099s

☐ Other: _____

☐ Limited access – but first must contact me for approval

Employee Personal Data

Company: _____

(Name) First: _____ M: _____

Last: _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Phone: (____) _____ - _____

Email: _____

Birthday: _____ Workers Comp Code: _____

Hire Date: _____ Misc. Date: _____

Wage: _____

Hourly Rate: \$ _____ or Salary: \$ _____

Misc/Notes: _____

Status:

Federal		Married		Exemptions		Extra taxes		Other:	
		Single				\$			

State		Married				\$			
		Single							

Sick and/or Vacation Accrual:

Accrual options:		Limits
SICK	1: S: 0.033333/Hour (California Standard)	48
	2: Stuff in 24 hours and count down	24
	3: S: _____/hour	
	4: S: _____/per pay period	
	5: Stuff in _____ hours and count down	n/a

VACATION	1: V: _____/hour	
	2: V: _____/per pay period	
	3: Stuff in _____ hours and count down	n/a

PTO	1: PTO: _____/hour	
	2: PTO: _____/per pay period	
	3: Stuff in _____ hours and count down	n/a

DDPLUS

CLIENT ACH AUTHORIZATION FORM

-THIS FORM MUST BE ENTIRELY FILLED OUT IN ORDER TO USE DIRECT DEPOSIT AS WELL AS PAY STATE TAXES-

Company Information

Client ID (if applicable) _____

Legal Business Name _____

Trade Name: _____

Type of Business: _____

Tax ID/EIN #: _____

Registered State: _____ State ID #: _____

Business Address Line 1: _____

Business Address Line 2: _____

Business Address City: _____

Business Address State: _____ Zip Code: _____

Mailing Address same as Business Address?: Yes _____ or No _____

If "no" please fill in mailing address below:

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing Address City: _____

Mailing Address State: _____ Zip Code: _____

Listed Phone #: _____

Website: _____

Owner/Principal Name 1: _____

Title : _____ and _____ % owned

Owner/Principal Name 2: _____

Title : _____ and _____ % owned

PPP Information

X-ACT WILL FILL

PPP Name: **X-Act Computer Service Inc.**

PPP Account #: _____ 7 6 7 1

Fees Charged To: x PPP _____ Client

In-Person Contact Made with Client: _____ Yes _____ No

Live Processing Date: _____

Penny Verification: amount: _____ date: _____

Business Account for ACH State Tax Payments (mandatory)

Bank Name: _____

Routing/Transit #: _____

Business Account #: _____

Account Type: Checking _____ or Savings _____

Business Account for (DIRECT DEPOSIT) Transactions

_____ Business Account Above _____ Business Account Below

Bank Name: _____

Routing/Transit #: _____

Business Account #: _____

Account Type: Checking _____ or Savings _____

AUTHORIZED SIGNATURE

By signing this Client Authorization Form, authorization is hereby granted to: **X-ACT COMPUTER SERVICE INC.** and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information associated with the Authorized Account specified on this form.

I acknowledge that: _____ (your company name) shall utilize the services provided by NatPay for the purpose of transferring funds through the Automated Clearing House (ACH) in accordance to the rules of the National Automated Clearing House Association (NACHA), the laws of the State of Florida, and all applicable federal rules and regulations for various purposes that include, but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other applicable reason that the Company may desire to transfer funds electronically through the ACH system. All applicable transfers of funds shall also be in accordance with the Service Agreement signed by the Professional Payroll Processor (PPP) specified on this form. The term of this Agreement shall be for one year, and is subject for review and acceptance each year thereafter. Any of the applicable parties may terminate this Agreement at any time upon written notice to the other applicable parties. This signed Client Authorization Form may be considered as an application for credit, and therefore authorizes the PPP specified on this form and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, and a Company's bank to verify status, history, and other applicable credit information.

COMPANY MANAGERS NAME(PLEASE PRINT)

COMPANY MANAGERS TITLE

COMPANY MANAGERS SIGNATURE

DATE

Authorization for EFT

Employer I.D. Number (EIN)

Taxpayer Legal Name (As on file with the IRS)

Doing Business as (DBA)

Address (As on file with the IRS)

City: _____ State: _____ Zip: _____

I hereby authorize the electronic debit of our company bank account for the funds required to make all necessary Payroll Tax Deposits and certify that I have authorized these debits.

Authorized Signature: _____ Date: _____

Presign Checks – AUTHORIZATION

Please fill out the following information, then place signature inside the center of the blank box, away from the lines, the same size you would sign your checks.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Print Name: _____

Title: _____

Date: _____

- ☐ Use signature for payroll checks until further notice.
- ☐ Use signature only when requested by employer.

Pre-signed checks with payroll processing charges:

- ☐ \$.50 per check signed
- ☐ \$.75 per check signed and stuffed in envelope
- ☐ \$1.25 for signed, stuffed and mailed USPS to employees address on file

Please Place the Signature Below, as you would like to see on the checks.

Automatic Payroll

Please process _____ payroll automatically.

(Company Name)

Signature: _____ Date: _____

1. My payroll is processed:

Weekly: _____ Bi-weekly: _____ Semi-monthly: _____ Monthly: _____ Qtrly: _____ Annual: _____

2. My payroll check date(s):

Date: _____ or Day: M - T - W - T - F - S - S

3. Process my automatic payroll:

- ☐ 5 days before my check date
- ☐ 3 days before my check date
- ☐ On specific day before check date: M - T - W - T - F
- ☐ On a specific date: _____
- ☐ Other: _____

4. Employee Information:

Emp #: _____ Name: _____

Hours/Salary: _____

Emp #: _____ Name: _____

Hours/Salary: _____

Emp #: _____ Name: _____

Credit Card Payment

INVOICE PAYMENTS FROM CREDIT CARD

Please fill out the following information, with the credit card you would like X-Act to hold on file for future payments toward your account balance.

Company Name: _____

1. How would you like to process the credit card: please choose an option below.

- ☐ Run Automatically with each payroll processed
- ☐ Run at the end of the month, paying full statement
- ☐ I will call into X-Act to process payment

2. Type of Credit Card:

- ☐ VISA
- ☐ MASTERCARD
- ☐ OTHER: _____

3. Name on the card: _____

Credit Card Number: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Printed Name: _____ Date: _____

Signature: _____