Work Sheet for New Payroll Clients

Business Name: ______________________________

Client Name: ______________________________

Business Address: ______________________________

Contact Name: ____________________ Cell: ____________________

Contact Information: Phone : ____________________ Fax: ____________________

Email : ______________________________

Employee Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Semi Monthly ☐ Monthly

Employee Pay Day: ____________________ Payroll Cut off Day: ____________________

Employee Payroll Checks: **Customized Pay STUB** ☐ **Customer Checks** ☐

If starting payroll with us mid-year we need the amount of your prior YTD Payroll: ____________________

Please ask us what documents we need, to enable you to switch payroll providers.

Copies of W4's & DE4's for Employees: __________ Starting date for Payroll: __________

Copy of SS4 Letter of Application for Employer ID # ☐

Federal Identification Number: ____________________

4 digit PIN Number: ____________________

I am providing letter with 4 digit pin number ☐

Password: ____________________

Enrollment # ____________________

☐ Corporation

☐ Limited Liability

☐ S Corp

☐ Partnership

☐ Sole Proprietorship

DL # ____________________

Date of Birth ____________________

SS# ____________________

State Identification Number: ____________________

Check Routing Number: ____________________

Checking Account Number: ____________________

Amounts from last payment to EDD

SDI Amount __________

SIT Amount __________

Sick Leave Act: ☐ Lump Sum ☐ Accrual

SUI: ____________________ ETT: ____________________

Payroll Reports to be submitted to customer: Picked up Emailed Faxed

Employer settings for Sick Time and Vacation Time

Sick Time - Sick time settings are based on the answers to the questions below.

Employees receive will 40 sick hours per year.

☐ At the beginning of the calendar year – Lump Sum method

☐ Accrued over each pay period

Does the remaining time carry over to the next year?

☐ Yes

☐ No

The maximum number of sick hours an employee can have at any time is: __________

☐

Vacation Time

Employees are given _______ vacation hours per year, at the beginning of the year.

Does the remaining time carry over to the next year?

☐ Yes

☐ No

The maximum number of vacation hours an employee can have at any time is: __________

______________________________________ ___________

Signature Date

Please return a copy of this form to ArrangingNumbers123@gmail.com

Just a few simple steps

Employers

- Mandated for employers with 1 or more employees.
- Registration is quick and easy.
- Employers have limited responsibilities.
- There are no employer fees, no employer contributions and no fiduciary responsibility.
- Employers must register their company by December 31, 2025

By law, mandated California employers must register and facilitate program activities by specific deadlines. Setting up your account is quick and easy. After completing these steps for the first time, you'll maintain your account by adding and removing employees and submitting payroll deductions each pay period.

DETERMINE MANDATE STATUS

Not all employers are required to participate. Only employers who do not sponsor a retirement plan and have one or more California employees must join CalSavers.

REGISTER YOUR COMPANY

Registering takes just a few minutes. You will need your company's Federal Employer Identification Number or Tax Identification Number (EIN/TIN), your CA payroll tax number, and your CalSavers Access Code.

ADD EMPLOYEE INFORMATION

When you register, you'll submit information for each eligible employee. This will begin the automatic enrollment process. Employees will then have 30 days to decide to participate or opt out. If they do not make a selection, they will be auto-enrolled in the program.

SUBMIT EMPLOYEE CONTRIBUTIONS

After you add employee information and the 30 day opt out period ends, you'll begin facilitating payroll deductions each payroll period through bank transfer. These deductions will be added to the employee's account and invested according to their selections.

Employers are not responsible for answering questions about the program, managing investment options, processing distributions, or giving investment/tax advice. Your employees will maintain their account directly through the CalSavers program.

Employers who do not fulfill their responsibilities by the specified deadline date are subject to enforcement action, which will include financial penalties.

Check # ______________

Payroll Cutoff Date: ______________ Check Date : ______________

Payroll: Weekly - Bi Weekly - Semi Monthly - Monthly

Name Last 4 SS#	Wage Hired Date	Regular Hours	Overtime Hours	Sick Time	

Anything over 40 hours per week or 8 hours per day, is overtime.

Arranging Numbers
448 Redcliff Drive, Suite 123, Redding, CA 96002
(530) 276-7573
Fax: 530-244-9393
email: Arranging.Numbers.123@gmail.com

☐ Check/Stubs ☐ Reports ☐ Pencil Sheet ☐ Chart ☐ Liabilities ☐ Invoices ☐ Email