



Saving businesses time and money

# CLIENT REQUIREMENTS and CHECK LIST

Client \_\_\_\_\_

Sales Rep. \_\_\_\_\_

NEED	RECEIVED	N/A	DESCRIPTION
			EDD & EIN #'s - A document confirming your Federal & State ID Number & State Tax Rate (i.e. Deposit Coupon-8109, a previous quarter's tax return, and printed letter from the IRS & EDD). If new business, please provide a copy of your completed SS-4 and State Registration Form.
			A voided Check from the bank account that you want to use for your payroll and tax account
			IRS letter stating a "Monthly" or "Semi-monthly" depositor. (If none available, ePay Payroll will automatically use "Semi-monthly" for tax deposits.
			A copy of your Worker's Compensation Report showing current rates, codes & classifications.
			A copy of all Federal & State Tax Deposits made this quarter including dte and amount deposited.
			Any garnishments or court orders.
			Quarterly Tax Returns (Federal 941 & DE6) for all quarters - 1st, 2nd, 3rd.
			QTR-TO-DATE payroll for all closed quarters - 1st, 2nd, 3rd.
			W-4 information for all active & terminated employees for the current year. This includes: Name, Address, SS#, Marital Status, Number of Exemptions, Department, Hire Date, Termination Date, Rate of Pay, and loans, court orders or garnishments with balance due.
			W-5 (Earned Income Credit).
			Complete detailed payroll information (in format provided) for all payrolls processed in the current quarter with year-to-date totals.
			Direct Deposit authorization forms and Employee's voided checks. <i>(if applicable)</i>
			401 K and/or Section 125 policies. <i>(if applicable)</i>
			Vacation/Sick Accruals. <i>(if applicable)</i>
			Power of Attorney. <i>(If Tax Pay Client)</i>
			Completed and Signed Agreement.
			Signed Signature sample & authorization form.
			Signed "Authorization to Debit" form <i>(for Direct Deposit and/or Tax impounding)</i>
			Completed payroll Set-Up Service forms.
			Signed "Check Debit Authorization" form.
			Signed "Form 8655".

MEMO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ understand that ePay Payroll cannot guarantee the accuracy of the payroll if any of the above applicable documents are missing or outstanding. I agree to release ePay Payroll of any and all liability, which may occur as a result of any missing documents, or inaccurate information as listed above.

x \_\_\_\_\_  
 Authorized Signature

x \_\_\_\_\_  
 Payroll Consultant

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date