

INFORMATION FOR NEW PAYROLL CLIENTS

Company Name _____

Company Address _____

City, State, Zip _____

Contact Name _____

Phone No. _____

Fax No. _____

Email _____

Federal I.D. No. _____

State I.D. No. _____

SUTA I.D. No. _____

SUTA Rate _____

Company Type S Corp C Corp LLC Partnership
 Sole Proprietor Other _____

1. Any city withholdings? _____
(If an employee is exempt from city withholding, mark "exempt" on the employee master form by city name.)

2. Check date? (What day of the week do you pay?) _____ Date of First Check? _____

Pay Period Weekly Bi-Weekly Monthly

Dates of 1st Pay Period: _____

3. Do you want us to print Pay Stubs/Vouchers or Direct Deposit? _____
Information Needed for Direct Deposit:

- Completed Direct Deposit Employer & Employee Forms that are included with this package. Include Voided Checks with these forms to confirm bank account information.

4. How do you file your 941 Deposit? _____ Monthly or _____ Each Pay (check one)
- Have you signed up for EFTPS? _____ If so, what is your pin # _____
 - If you have signed up for the online option, what is your username and password.
 - User name: _____
 - Password: _____

5. Fill out the employee master addition and change form for each employee (**including terminated employees who worked during the current year for W-2 Purposes**). Also, use these forms when making changes or adding a new employee.

IF SETTING UP AFTER THE JANUARY 1, WE WILL NEED THE FOLLOWING:

6. Please provide us with your Quarterly Balances, Gross, Net, Taxes, Etc. per each employee for 1st, 2nd, and 3rd Quarters of current year for W-2 purposes. (**Include terminated employees information for current year also.**)
7. Provide Monthly Balances, Gross, Net, Taxes, Etc. per each employee for any partial Quarter.
8. Copy of 1st, 2nd, & 3rd Quarter Payroll Tax Returns.

- _____ Form 941 Quarterly Federal Tax Return
- _____ IT-501 Ohio Employers Payment of Income Tax Withholding
- _____ Ohio Department of Job & Family Services – Employers Contribution Report
- _____ SD-101 School District Income Tax Withholding
- _____ City Withholding Report
- _____ 940 Deposits (made by coupons) (Federal Unemployment Tax Contributions)
- _____ 941 Deposits (made during current period)

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

9. Provide us with any Payroll Journals, Quarterly Reports, Year to Date Journals, Employee Earnings Records, etc. you may have to document information provided.
10. What reports would you like included with each pay?
- _____
- _____
- _____
- _____



Employer Direct Deposit Authorization Form

Employer: _____ New Request
 Address: _____ Change Request
 Telephone: _____ Cancellation Request
 Fax: _____
 Email: _____

Instructions:

- ✓ Complete the Payroll Bank Account Information below. **PLEASE PRINT.**
- ✓ Sign and date the form.
- ✓ Return the original form to SJC CPA's

Payroll Bank Account Information:

Bank: _____ Checking ___ Savings ___

Payroll Routing/Transit No.: _____

Payroll Account No.: _____

The above named Employer (hereinafter COMPANY) hereby authorizes Stroh Johnson & Company, LLP, CPAs (hereinafter SJC), to withdrawal any amounts we owe to our employees from the financial institution (hereinafter BANK) indicated above. Further, we authorize BANK to accept and to debit any debit entries indicated by SJC to an SJC bank account. In the event that SJC withdrawals funds erroneously out of our account, I authorize SJC to credit my account for an amount not to exceed the original amount of the erroneous debit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect and until SJC and BANK have received written notice from COMPANY of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. Five (5) business days Advance Notice will be required before any changes may be made to this account.

Principal Officer's Name: _____

Principal's Social Security Number: _____ Date of Birth _____

Principal's Home Address: _____

Federal law requires that we store and verify information about the principal officer to help prevent money laundering and the funding of terrorist activity. The principal officer is the person who is the main contact for the bank account from which electronic payments (including direct deposit) are made.

Signature: _____ Title: _____

Date: _____ Federal Tax ID No.: _____