

Advanced Payroll Consultants

Client _____

New Client Start-up Kit Check List

- _____ 1. Company {name, address, EIN, contact person, ph.#....}
 - (a) General Ledger Accounts (Attach copy if applicable)
 - (b) Copy of check
 - (c) 401K Transfer
- _____ 2. Payroll Worksheet, Pay Types, W/C, Departments
- _____ 3. Employee information.
 - (a) W-4, rate of pay, deductions, court ordered deductions.
 - (b) Wages: Summary by quarter. If mid quarter then each payroll.
 - (c) Sick, vacation, holiday policies.
 - (d) For ACH each employee must sign agreement and supply a copy of their check.
- _____ 4. Copies of filed 941, UCT-6 forms.
- _____ 5. Payroll, Tax & W/C Service Agreement
- _____ 6. Federal & Florida Power of Attorney
- _____ 7. Company Direct Deposit Agreement
- _____ 8. WC Power of Attorney
- _____ 9. Fl. Unemployment Registration if applicable
- _____ 11. Time and Attendance
- _____ 12. Binder

Authorized Payroll Check Signature: _____

ADVANCED PAYROLL CONSULTANTS

FEDERAL ID # _____ FL SUTA # _____ FL SUTA RATE _____

Name _____

D/B/A _____

Address _____ City _____ State _____ Zip _____

Mailing address if different _____ City _____ State _____ Zip _____

Authorized Contact _____ Phone _____ Fax _____

Cell _____ E-Mail _____

On-Line Access, Employee Name _____ CPA _____ ph _____ fax _____

PAYROLL INFORMATION

Address _____

Date of 1st payroll to be sent in _____

Payroll: Beginning Day _____ Ending Day _____ Call in Day _____ Delivery Day _____ Check Day(M-F) _____

Payroll Delivery method: Pick Up(free) UPS(stand. Rate) Mail (\$2.00) Courier \$ _____

Standard Pay Period: 40 Weekly 80 BiWkly 87 Semi-monthly Other

Does the Co. pay overtime? Yes No Please Choose: Standard Payroll Check or Self Sealer Payroll Check

Please Choose On-line Payroll Access: ___ Payroll Entry ___HR Entry ___Employee access to checks and wage history

Input Method: Phone Fax On-Line Time Clock

Tax Deposit Frequency: Monthly / Semi-weekly **EEO-1 report required:** YES NO

Tax Power of Attorney: YES \ NO - If yes, we collect and pay taxes: 941, 940, SUTA, State & W.C.

Workers Compensation: PAY-AS-YOU-GO? Yes \ No

WC Carrier: _____ Date policy received: _____

Insurance Agency & Agent: _____

Classifications _____

Are owners exempted from WC? Yes \ No

Payroll Processing Base Charge: *Wkly, Bi-wk, *Check Charge _____ *Delivery \$ _____ *New Hire Reporting \$2.75. *401K transmission \$5.00, * Same day processing \$10.00, * Payrolls submitted after 3:00 for next day delivery \$10.00 * General Ledger setup fee is based on complexity. \$.....

- **Inactive** payroll fee per pay cycle : \$10.00.
- **New company setup** \$35.00_. Register for Fl. Reemployment I.D #. \$35.00
- **Yr End:** *W-2s: Base \$35.00, each W-2 \$3.50 *Annual WC audit \$35.00.
- **Other:** *Changes to previously filed tax forms \$75.00. * Re-activation fee \$150.00
- **Clock:** *Activation fees: swipe card model \$250.00, bio-clock \$700.00, PC \$75.00.* Time Basic Monthly minimum \$40 or \$1.50 ea. Emp. * badges \$1.50 each. * Time Plus minimum mthly \$100 or \$3.00 ea. Emp. * Time Plus Scheduling min. \$100 or \$4.50 ea. Emp.

Notes: _____

*Client is solely responsible, legally or otherwise, for the information that they submit to APC for processing.
*Payroll needs to be received 48 hours prior to check date for processing and delivery, 3 days prior to ACH date.

Signature _____ **Date** _____

Payroll Worksheet Pay types:

(Circle each pay type)

Salary Reg. Hrs OT Tips Sick Vacation Bonus Commissions

**Deductions
After Tax**

**Deductions
PreTax ***

**Non Taxable
Allowances & Reimburse**

- 1) __Advance _____ *) _____ Medical _____ *) __Per Diem_____
- 2) __Long Term Loan _____ *) _____ Dental _____ *) _____
- 3) __Child Support _____ *) _____ Vision _____ *) _____
- 4) __Garnishment _____ *) _____ IRA _____ *) _____
- 5) __Admin fee \$2.00 _____ *) _____ 401K _____ *) _____
- 6) _____ *) _____ *) _____
- 7) _____ *) _____ *) _____

- **Automatic Catch up Option:** If the employee does not make enough money to pay for all of their current deductions do you want the short fall deducted from the next payroll? Y __ N __

Departments: List account number and description

- 1) _____ 2) _____ 3) _____ 4) _____
- 5) _____ 6) _____ 7) _____ 8) _____

General Ledger Accounts. Y _____ N _____ set up cost \$ _____

Client please provide Account Numbers and Expenses

Comments: _____

PAYROLL TAX & WORKERS' COMPENSATION INSURANCE SERVICES AGREEMENT

THIS PAYROLL TAX & WORKERS' COMPENSATION SERVICE AGREEMENT (this "Agreement") is made and entered into as of

this ___ day of _____, 2016 by APC and _____ ("Client"),

whose address is _____.

In consideration of mutual covenants and condition herein, the parties agree as follows:

1. **Payroll Tax & W.C. Services.** Subject to the terms and conditions of this Agreement, APC agrees to provide its payroll tax & W.C. services to Client. The Services shall include the following:

1.1 Payroll Services. APC shall provide Client with any and all of the payroll services covered by the Price Quotation previously delivered to Client or delivered concurrently herewith, a copy of which is attached hereto "Price Quotation").

1.2 Tax, W/C & Payroll Services. The next day after the payroll is processed APC shall APC will draft the clients' per Section 2 & 3.3 below, to cover all current and past due payroll processing fees, federal, state and local payroll taxes, plus workers' compensation premiums and any insufficient fund charges under Section 3.3 below. In addition, APC shall make all appropriate deposits and filings with respect to federal, state, and local payroll taxes, plus workers' compensation insurance payments with the appropriate agencies on or before the statutory deadlines. Is WC included?

Yes _____ No _____

2. **Term and Termination.** Except as may otherwise be provided under this Agreement, the term of this Agreement shall become effective and shall commence as of the date hereof and shall continue until terminated by either party. Either party may terminate the Agreement at any time, without cause, by giving 30 days written notice to the other party. If the client terminates this agreement APC reserves the right to not make any tax or W.C. payments or filings on behalf of the Client. APC shall return to the Client all not deposited taxes and insurance payments less any outstanding invoices from APC. If the client requests APC to make additional tax, W.C. insurance filings and or payments after the termination date APC reserves the right to assess the client a fee of \$250 plus normal processing fees. Processing of the year end W-2s and W-3 plus mailing are subject to the standard charges in Exhibit A.

3. **Conditions of Performance.** APC's obligation to provide the Services is expressly conditioned of the following:

3.1 **Reporting Agent Authorization.** Client shall have designated APC as the reporting agent in a method approved the Internal Revenue Service, each state where taxes are due, and by workers' compensation insurance carrier.

3.2 **Designation of TAX and W.C. PAYMENT.** Client shall authorized APC to make the withdrawals under Section 1.2 above.

3.3 **Sufficient Funds.** Client shall, at all times during which it is receiving the Services, have sufficient collected funds in its designated bank account to cover the anticipated tax and W.C. related withdrawals under Section 1.2 above. If sufficient collected funds are not in the designated account at the time of an attempted withdrawal by APC, APC shall assess Client a charge for insufficient funds at the prevailing rate designated from time to time by APC, (currently up to \$40 or 5% for checks over \$300, per Fl. Statute 832), and reserves the right to terminate this Agreement without notice and without the obligation to make any further payroll or W.C. deposits or filings on behalf of the Client. Client and or the corporate officers shall indemnify APC for any loss APC may sustain if sufficient collected funds are not in the designated bank at the time of an attempted withdraw by APC, including, but not limited to, APC's advancement of sufficient funds on behalf of Client so as to make all appropriated deposits by the statutory deadlines.

3.4 **Employer Information.** Client shall have provided APC, as reasonably requested by APC from time to time, with all information necessary to the performance by APC of the Services.

4. **General Provisions.**

4.1 **Amendment.** This Agreement may be amended, supplemented, modified or rescinded only through an express written instrument signed by both parties or their respective successors and assigns.

4.2 **Attorney's Fees.** In any action between APC and Client arising out of or in connection with this Agreement (including arbitration), the prevailing party in any such action shall be awarded, in addition to any damages, injunctions or other relief, its costs and expenses, including reasonable attorney's , accountants' and experts' fees.

4.3 **Integration.** Subject to Section 1.1 above, this Agreement sets forth the entire Agreement between the parties with regard to the subject matter of this Agreement. All agreements, covenants, representations and warranties, express or implied, oral or written, of the parties with regard to the subject matter of this Agreement are contained in this Agreement, in the Exhibits to this Agreement, the Price Quotation and or implied, oral or written, have been made by either party to the other with respect to the subject matter of this Agreement are waived, merged in this Agreement and supersede by this Agreement. This is an integrated agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date first set out above.

APC _____

Signature of Client Representative

By: _____

By: _____

Print name

Tracking 941 & 940 Payments

Dear Valued Client:

Using a payroll service provider makes good business sense for many reasons; however the IRS ultimately looks to the employer to ensure that all payments made on their behalf are remitted in a timely fashion to the Internal Revenue Service (IRS). Businesses are encouraged to register with the IRS's free electronic payment service, known as the Electronic Federal Tax Payment System (EFTPS).

EFTPS is a 24/7 system which allows employers to register online and view their payment history, as well as make payments that their payroll provider may not be equipped to handle (i.e. Corporate Income Taxes and Excise Taxes).

You can find more information about EFTPS by visiting www.eftps.gov, or the IRS website at www.irs.gov, and searching for EFTPS. A step-by-step IRS/EFTPS publication can also be found by accessing the following website: <http://www.irs.gov/pub/irs-pdf/p4132.pdf>

Employers may also register for EFTPS by calling 800-555-4477, and requesting an EFTPS Business Enrollment Form (Form 9779).

If you have any questions please contact Advanced Payroll Consultants @ 727-938-0610.