

Federal /State/Local  
Supplemental Authorization

COMPANY NAME

CO. CODE

TAX PREFIX

ADP

TO ADD A JURISDICTION

THIS IS THE FIRST TIME I HAVE COMPLETED THIS FORM TO GIVE THE INFORMATION FOR THIS STATE/LOCALITY TO ADP. COMPLETE SECTION 1 AND CHECK THIS BOX

TO CHANGE A JURISDICTION

THIS TAX INFORMATION IS CURRENTLY ON FILE WITH ADP, BUT A CHANGE IS NEEDED. COMPLETE SECTION 2 AND CHECK THIS BOX

SECTION 1

STATE INCOME TAXSTATE UNEMPLOYMENTLOCAL

STATE ABBREVSTATE ABBREVSTATE ABBREV

ID #ID #CITY/COUNTY NAME

PROOF ATTACHED\*DEP FREQPROOF ATTACHEDP/R CITY CODE

SERVICE STARTING QTRINDCITY/COUNTY ID #

NEXT QTRINDADD'L RATEPROOF ATTACHED\*DEP FREQ

\*DEPOSIT FREQUENCIESSERVICE STARTING QTRIND

8=Octal MonthlyW=WeeklyS=Semi MonthlyM=MonthlyQ=QuarterlyNEXT QTRIND

SECTION 2

EFFECTIVE QUARTER YEAR CHECK DATE, I AM REQUESTING THE FOLLOWING ITEM(S) BE CHANGED:

1. CHANGE FILING RESPONSIBILITIES

a. ADP IS TO BEGIN:

DEPOSITINGDEPOSITING & FILING

INCOME TAXUNEMPLOYMENT INSUR.

for the

State ofDep Freq

and/or

City ofDep Freq

Payroll City Code

b. ADP WAS RESPONSIBLE FOR DEPOSITING AND/OR FILING:

INCOME TAXUNEMPLOYMENT INSURANCE

for the

State of

and/or

City ofP/R City Code

ADP SHOULD DISCONTINUE:

DEPOSITING & FILING

FILING ONLY (ADP would continue depositing)

2. CHANGE ID NUMBERS

a. Employer State Income Tax ID/Account number for state of should be

b. Employer Federal Identification Number should be

c. Employer City/County Income Tax ID/Account number for the city/county of

Payroll City Code should be

IF ANY OF THE ABOVE OPTIONS WERE INDICATED AND THE EFFECTIVE DATE IS OTHER THAN THE FIRST PAYROLL OF THE YEAR, INDICATE WHICH ONE OF THE FOLLOWING APPLIES:

All deposits and filings for the year should be moved to the new ID#.

All deposits and filings prior to effective date to remain in old ID#. I will require 2 separate W2 filings.

All deposits and filings prior to effective date to remain in old ID#. One (1) W2 is to be produced containing the wages of both ID's.

d. Employer State Unemployment ID/Account number for the state of should be

3. DEPOSIT FREQUENCY

a. The state of should be

b. The city/county of, Payroll city code should be

4. EXEMPT STATUS - - INDICATE ALL THAT APPLY

All of my employees were taxable for SOCIAL SECURITY/MEDICARE. They are now NOT TAXABLE.

All of my employees were NOT taxable for SOCIAL SECURITY/MEDICARE. They are now TAXABLE.

All of my employees were taxable for FUTA. They are now NOT TAXABLE.

All of my employees were NOT taxable for FUTA. They are now TAXABLE.

All of my employees in the state of were taxable for SUI/DI. They are now NOT TAXABLE.

All of my employees in the state of were NOT taxable for SUI/DI. They are now TAXABLE.

If the effective date is other than the first payroll of the year, which one of the following applies:

Change is retroactive to the beginning of the year.

Change is effective starting with the quarter indicated at the beginning of this section (2).

CLIENT SIGNATURE

CLIENT NAME AND TITLE

ADP AUTHORIZED SIGNATURE

DATE

ADP HAS ACCEPTED THIS INFORMATION AS WRITTEN.

ADP HAS ALTERED THIS INFORMATION PRIOR TO ACCEPTANCE.