

# Federal /State/Local Supplemental Authorization

COMPANY NAME	CO. CODE	TAX PREFIX
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## 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 TAX

#### STATE UNEMPLOYMENT

#### LOCAL

STATE ABBREV _____	STATE ABBREV _____	STATE ABBREV _____
ID# _____	ID# _____	CITY/COUNTY NAME _____
PROOF ATTACHED _____ *DEP FREQ _____	PROOF ATTACHED _____	P/R CITY CODE _____
SERVICE STARTING QTR _____ IND _____	SUI BASE RATE _____	CITY/COUNTY ID # _____
NEXT QTR _____ IND _____	ADD'L RATE _____	PROOF ATTACHED _____ *DEP FREQ _____
*DEPOSIT FREQUENCIES 8=Octal Monthly    W=Weekly    S=Semi Monthly    M=Monthly    Q=Quarterly		SERVICE STARTING QTR _____ IND _____
		NEXT QTR _____ IND _____

### 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:

DEPOSITING     DEPOSITING & FILING  
 INCOME TAX     UNEMPLOYMENT INSUR.

for the

State of \_\_\_\_\_ Dep Freq \_\_\_\_\_  
 and/or

City of \_\_\_\_\_ Dep Freq \_\_\_\_\_

Payroll City Code \_\_\_\_\_

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

INCOME TAX     UNEMPLOYMENT INSURANCE  
 for the

State of \_\_\_\_\_

and/or

City of \_\_\_\_\_ P/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

a.  All of my employees were taxable for SOCIAL SECURITY/MEDICARE. They are now NOT TAXABLE.  
 b.  All of my employees were NOT taxable for SOCIAL SECURITY/MEDICARE. They are now TAXABLE.  
 c.  All of my employees were taxable for FUTA. They are now NOT TAXABLE.  
 d.  All of my employees were NOT taxable for FUTA. They are now TAXABLE.  
 e.  All of my employees in the state of \_\_\_\_\_ were taxable for SUI/DI. They are now NOT TAXABLE.  
 f.  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.