



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



PAYROLL SERVICE SET-UP & AUTHORIZATION

TAXPAYER INFORMATION

Company ID#: _____		Ind ___ Ptshp ___ Corp ___
Taxpayer: _____		
DBA Name: _____		
Street: _____		
City: _____	State: _____	Zip: _____
Phone: () _____	Fax: () _____	E-mail: _____
Contacts (authorized persons only): _____		

PAYROLL INFORMATION

Pay Period: W ___ BW ___ SM ___ M ___	FED ID# _____ - _____	Deposit Frequency: M ___ SW ___
Pay Dates: _____	STATE ID# _____ - _____	Deposit Frequency: M ___ SW ___
First Pay date: ___/___/___	STATE UI RATE: _____ %	
First Pay Period: _____ to _____	ETT RATE: _____ %	
Delivery: Courier ___ Mail ___ UPS (ground) ___ UPS(overnight) ___ Email ___ (blank checks provided)		
Reminder Note: _____		

EMPLOYER SET-UP

Print corporation name on the checks? Yes ___ No ___	Days between period ending & pay date: ___
Will your payroll include tips? Yes ___ No ___	State: _____
Do you provide taxable meals? Yes ___ No ___	Locality 1: _____
Are departments used? Yes ___ No ___	Locality 2: _____
Job Cost reports needed? Yes ___ No ___	
Do you have accrued vacation/sick? Yes ___ No ___	
(If yes, please fill-up accrued vacation/sick set-up.)	

*****FOR EPAY USE ONLY*****

Check if employer is exempt from SDI tax <input type="checkbox"/>	Magnetic Media Filing
Check here to HOLD SDI payments <input type="checkbox"/>	
Check here if Employer pays employee's SDI tax <input type="checkbox"/>	
Check if employer is exempt from SUI tax <input type="checkbox"/>	
Check if employer is exempt from FUTA tax <input type="checkbox"/>	
Check here to Apply Tips Against Minimum Wage <input type="checkbox"/>	
	Employer 941/940 pin: _____
	Employer ST-WH/SUI pin: _____

**CLIENT ACCOUNT AGREEMENT
AND
AUTHORIZATION TO DEBIT**

CLIENT NAME _____

Agent(s), to initiate debit entries for collection of the following:
Client authorizes **ePay Payroll** as the "Payroll Service Provider", or it's

- a) Payroll Tax Obligations
- b) Employee Direct Deposits
- c) Applicable Payroll Service Fees

New account information to the Payroll Service Provider.

-----ATTACH VOID CHECK HERE--=-----
(MUST BE A VOID CHECK, DEPOSIT RECEIPTS DO NOT PROVIDE SUFFICIENT INFORMATION)

This authorization is to remain in full force and effect until the above named Payroll Service Provider has received written notification from Client of it's termination in such time and in such manner as to afford the Payroll Service Provider and Financial Institution a reasonable opportunity to act on it. Client also agrees to hold harmless any third parties involved in this process such as the bank and/or any other third parties, for any damages resulting from transactions initiated by the client or the above named Payroll Service Provider.

I hereby certify that I am a signatory to this account and I have the authority to execute this agreement.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **TITLE** _____

Reporting Agent Authorization

Taxpayer

1a Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)
1b Trade name, if any	4 If you are a seasonal employer, check here <input type="checkbox"/>	
3 Address (number, street, and room or suite no.) City or town, state, and ZIP code		5 Other identification number
6 Contact person	7 Daytime telephone number ()	8 Fax number ()

Reporting Agent

9 Name (enter company name or name of business)		10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.) City or town, state, and ZIP code		
12 Contact person	13 Daytime telephone number ()	14 Fax number ()

Authorization of Reporting Agent To Sign and File Returns

15 Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	944-PR _____	945 _____	1042 _____	CT-1 _____

Authorization of Reporting Agent To Make Deposits and Payments

16 Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____	1041 _____
1042 _____	1120 _____	CT-1 _____	990-C _____	990-PF _____	990-T _____	

Disclosure of Information to Reporting Agents

17a Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on line 15 and/or line 16

b Check here if the reporting agent also wants to receive copies of notices from the IRS

Form W-2 series or Form 1099 series Disclosure Authorization

18a The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning _____.

b The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning _____.

State or Local Authorization

19 Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16

Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

Sign Here

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

	_____		_____		_____
	Signature of taxpayer		Title		Date

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

- a If you also want the second representative listed to receive a copy of notices and communications, check this box
- b If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
Print Name	Pin Number	Print name of taxpayer from line 1 if other than individual
Signature	Date	Title (if applicable)
Print Name	Pin Number	

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer — a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee — a full-time employee of the taxpayer.
 - f Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** in the instructions.

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

See the Part II instructions.

Designation — Insert above letter (a - h)	Jurisdiction (state) or identification	Signature	Date



This form will be the basic record of YOUR Account.
DO NOT FILE FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00 IN CALENDAR QUARTER.
 Please read **INSTRUCTIONS** on page 2 before completing form. **PLEASE PRINT OR TYPE in BLUE OR BLACK INK ONLY.**
 Return form to

EMPLOYMENT DEVELOPMENT DEPARTMENT
 ACCOUNT SERVICES GROUP, MIC 28
 P.O. BOX 826880
 SACRAMENTO CA 94280-0001
 (888) 745-3886 FAX (916) 654-9211
www.edd.ca.gov

REGISTRATION FORM FOR COMMERCIAL EMPLOYERS See page 2 for registration instructions for other business types.

EDD ACCOUNT NUMBER				Dept. Use Only:	QUARTER		ONLINE PROCESS DATE		TAS CODE						
A. LIST NAMES OF: OWNER(S), PARTNER(S) *, CORP OFFICERS, OR LLC/LLP Members/Managers/Officers				TITLE		PERCENT OF OWNERSHIP		SOCIAL SECURITY #		CALIFORNIA DRIVER'S LIC #					
<i>Note: If entity is a Limited Partnership, indicate General Partner with an (*). List additional partners, LLC/LLP members/officers/managers on a separate sheet.</i>															
B. BUSINESS NAME: (If none, enter N/A)					C. DATE OWNERSHIP BEGAN OPERATING: MM __ DD __ YYYY			D. FEDERAL TAX ID #:							
E. CORPORATION / LLC / LLP/LP NAME: (If none, enter N/A)								E1. SECRETARY OF STATE CORP / LLC / LLP ID #							
F. PHYSICAL BUSINESS LOCATION: (Number and Street, not P.O. Box)					CITY		STATE		ZIP CODE		PHONE NUMBER				
G. MAILING ADDRESS: (P.O. Box / Number and Street, only if different than F)					CITY		STATE		ZIP CODE		PHONE NUMBER				
<i>Note: If you have multiple CA locations, please attach the physical business addresses on a separate sheet of paper.</i>															
H. INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED \$100: <input type="checkbox"/> Jan-Mar 20__ <input type="checkbox"/> Apr-Jun 20__ <input type="checkbox"/> Jul-Sept 20__ <input type="checkbox"/> Oct-Dec 20__															
I. HAVE YOU EVER OWNED OR BEEN A PRINCIPAL OWNER IN A BUSINESS REGISTERED WITH EDD: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete J.					J. FORMER EDD ACCOUNT NUMBER(S): _____ BUSINESS NAME: _____ ADDRESS: _____										
<small>NOTE: If necessary, please provide additional information on a separate sheet.</small>															
K. THIS IS A: <input type="checkbox"/> New Business <input type="checkbox"/> Hired Employees <input type="checkbox"/> Purchased a Business ** <input type="checkbox"/> Other (Specify) _____															
<small>** If business was purchased, mark appropriate box and complete the information below: <input type="checkbox"/> All <input type="checkbox"/> Part</small>															
1. Previous Owner		2. Previous Business Name			3. Previous EDD Account #		4. Purchase Price		5. Date of Transfer						
<small>Note: For all other changes in form/ownership to your account, please use the Change of Employer Account Information (DE 24).</small>															
L. NUMBER OF CA EMPLOYEES: _____ <small>See page 2 for information on CA employees.</small>					M. EMPLOYEE IS: <input type="checkbox"/> Spouse <input type="checkbox"/> Minor Child (Under 18) <input type="checkbox"/> Employer's Parent <small>If Yes to any of the above, please refer to instructions on page 2.</small>										
N. ORGANIZATION TYPE:															
<input type="checkbox"/> Individual Owner			<input type="checkbox"/> Limited Partnership			<input type="checkbox"/> Estate Administration			<input type="checkbox"/> Other (Specify) _____						
<input type="checkbox"/> Co-Ownership			<input type="checkbox"/> Association			<input type="checkbox"/> Trusteeship									
<input type="checkbox"/> General Partnership			<input type="checkbox"/> Limited Liability Company			<input type="checkbox"/> Joint Venture									
<input type="checkbox"/> Corporation			<input type="checkbox"/> Limited Liability Partnership			<input type="checkbox"/> Receivership									
<input type="checkbox"/> Bankruptcy			<input type="checkbox"/> Liquidation												
O. EMPLOYER TYPE:				P. INDUSTRY ACTIVITY: Check the industry, product, or service that represents the greatest portion of your sales or revenue:											
<input type="checkbox"/> COMMERCIAL				<input type="checkbox"/> Services		<input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Professional Employer Organization			
<input type="checkbox"/> PACIFIC MARITIME				<input type="checkbox"/> Temp Services		<input type="checkbox"/> Leasing Employer		<input type="checkbox"/> Other (Specify) _____							
<input type="checkbox"/> FISHING BOAT				Also, describe specific product and/or service in detail: _____											
Q. CONTACT PERSON FOR BUSINESS:				TITLE/COMPANY NAME				ADDRESS				DAYTIME PHONE NUMBER			
R. DECLARATION															
I certify under penalty of perjury that the above information is true, correct and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business.															
Signature: _____						Title: _____									
<small>(Owner, Corporate Officer, Partner, LLC/LLP Member/Manager, or authorized Agent)</small>															
Printed Name: _____				Phone Number: _____				Date: _____							



POWER OF ATTORNEY DECLARATION

SEE INSTRUCTIONS ON PAGE 2

I. EMPLOYER/TAXPAYER INFORMATION *(please type or print)*

California Employer Account Number:	Federal Employer Identification Number (FEIN):	
Owner/Corporation Name:	Social Security Number (SSN)/Corporate Identification Number:	
Business Name/Doing Business As (DBA):		
Business Mailing Address:		
City	State:	Zip
Business Telephone No.: ()	Business FAX No.: ()	
Business Location <i>(if different from above)</i> :		
City	State:	Zip

II. REPRESENTATIVE DESIGNATION

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business:		
Representative's Name:	Telephone No.: ()	FAX No.: ()
Street Address:		
City	State:	Zip

III. AUTHORIZED ACT(S)

- GENERAL AUTHORIZATION:** If you want to give the representative general authority to perform all acts on your behalf with regard to your state tax matters.
- SPECIFIC DECLARATION:** If you want to give the representative limited authority with regard to your state tax matters, indicate the specific dates and acts you are authorizing.
- To represent the employer/taxpayer for any and all Tax Reporting Benefit Reporting Both matters relating to the reporting period indicated above.
- To represent the employer/taxpayer for changes to their mailing address for any and all Tax Reporting Benefit Reporting Both matters relating to the reporting period indicated above.
- Other acts: *(describe specifically)* _____
- Subject to revocation, the above representative is authorized to receive confidential information.

IV. SIGNATURE AUTHORIZING POWER OF ATTORNEY

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the Employer/taxpayer – If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.

Signature	Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
Print Name	SSN
	Date

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	<u> </u>
6 Additional amount, if any, you want withheld from each paycheck	6	\$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
----------------------	------------------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	------------------------------------------------------------------

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
-----------------------	-------------------	-----------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
----------------------------------------------------	------------------------------



Direct Deposit Authorization Form

<u>Client Location Name</u>	
<u>Employee Name</u>	<u>Social Security No.</u>

<u>Direct Deposit #1 - Circle One:</u> Checking Savings Bank Name _____ Routing # _____ Account # _____	<u>Specify One</u> _____ % of Net Pay \$ _____ of Net Pay
<u>Direct Deposit #2 - Circle One:</u> Checking Savings Bank Name _____ Routing # _____ Account # _____	<u>Specify One</u> _____ % of Net Pay \$ _____ of Net Pay
<u>Direct Deposit #3 - Circle One:</u> Checking Savings Bank Name _____ Routing # _____ Account # _____	<u>Specify One</u> _____ % of Net Pay \$ _____ of Net Pay

I authorize ePay, on behalf of my employer, to direct deposit funds to my account(s) at the financial institution(s) listed above each pay period. If funds to which I am not entitled are deposited in my account(s), I authorize ePay to initiate a correcting (debit) entry to correct any overpayments.

Employee Signature: _____ Date: _____

To ensure accuracy in setting up your direct deposit request(s) please attach a voided check or a copy of a check for each financial institution. Important Note: Deposit Tickets generally are imprinted with the bank's internal processing numbers (not the required ACH routing #) and can NOT be used for setting up an employee pay check direct deposit.

Attach here a copy of a CHECK with your bank's ACH routing number.

Fax To ePay @ 909-393-0430

6.5 Internal Security Procedures. Processor, Company, and/or TPA agree to (i) adopt and implement commercially reasonable policies, procedures and systems to receive, store, transmit and destroy Consumer-Level ACH Data in a secure manner and to protect against data breaches; and (ii) implement commercially reasonable policies, procedures and systems to detect the occurrence of a data breach within its respective organization. The term "Consumer-Level ACH Data" means a bank account number together with a bank routing number, or a customer's name together with a customer's social security number. Processor, Company and/or TPA further agree to comply with any prevention, detection, investigation, and escalation (notification) requirements of any NACHA policies relating to ACH data breach notification requirements and any applicable state or federal laws.

COMPANYPROCESSORINTERCEPT CORPORATION_____
Signature of Authorized Agent_____
Signature of Authorized Agent_____
Signature of Authorized Agent_____
Name Printed_____
Name Printed_____
Name Printed_____
Title_____
Title_____
Title_____
Telephone Number_____
Federal Tax ID NumberTPA (If Applicable)_____
Signature of Authorized Agent_____
Name Printed_____
Title_____
Telephone Number

Rev 8/10