

Company Legal Name:_

STATE AUTHORIZATION: ADD / CHANGE

(To be kept by employer for future additions and/or changes)

_Company Code:___

State: State: State: Complete state. State: State: State: State: State: State: State: State:	To ADD a new jurisdiction, co	mplete the appropriate part of this section, sign and date	form
State I.D. #	STATE INCOME TAX	STATE UNEMPLOYMENT	LOCAL
State I.D. #	State:	State:	attached
Agency Registration Attached Agency Registration Attached ff applicable. Service Starting Qtr.:	State L.D. #	State LD. #	
SUI Base Rate:Add'l Rate: Deposits ONLY			
Deposits ONLY Deposits & Filing A \$75.00 handling fee will be charged per month, per jurisdiction, until a valid I.D. number is received ALL "APPLIED FOR" ACCOUNT NUMBERS MUST BE ACCOMPANIED BY A COPY OF THE AGENCY REGISTRATION FORM TO CHANGE an existing jurisdiction. (Tax information currently on file with PTP) Effective Quarter: Vear: Check Date: The requesting that the following item(s) be changed: CHANGE DEPOSIT FREQUENCY a. The State of Should be* CHANGE TO MANDATED EFT PAYMENT METHOD CHANGE I.D. NUMBERS a. Employer State Income Tax I.D./Account number for state of Should be b. Employer State Unemployment I.D./Account number for the City/County of Should be c. Employer State Unemployment I.D./Account number for the state of Should be MID-QUARTER CHANGES IF ANY OF THE ABOVE OPTIONS HAS AN EFFECTIVE DATE OF OTHER THAN THE FIRST PAYROLL OF THE YEAR, INDICATE WHICH OF THE FOLLOWING API a. All deposits and filings for the year should be moved to the new I.D. number. b. All deposits and filings prior to effective date are to remain in old I.D. number. I understand that it will require two separate W-2 filings. Any noted change in I.D. number information and/or filing status must be supported with valid proof from the respective taxing autho Any notices, penalties, and/or interest resultant from erroneously provided information will be the Client's responsibility.	Service Starting Qtr.: Dep. Freq.*	Service Starting Qtr.: Dep. Freq.*	
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