



# STATE AUTHORIZATION: ADD / CHANGE

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

Company Legal Name: \_\_\_\_\_ Company Code: \_\_\_\_\_

**ALL "APPLIED FOR" ACCOUNT NUMBERS MUST BE ACCOMPANIED BY A COPY OF THE AGENCY REGISTRATION FORM**

To <b>ADD</b> a new jurisdiction, complete the appropriate part of this section, sign and date form		
<p style="text-align: center;"><b>STATE INCOME TAX</b></p> <p>State: _____</p> <p>State I.D. # _____</p> <p><input type="checkbox"/> Agency Registration Attached</p> <p>Service Starting Qtr.: _____ Dep. Freq.* _____</p> <p><input type="checkbox"/> Deposits ONLY      <input type="checkbox"/> Deposits &amp; Filing</p>	<p style="text-align: center;"><b>STATE UNEMPLOYMENT</b></p> <p>State: _____</p> <p>State I.D. # _____</p> <p><input type="checkbox"/> Agency Registration Attached</p> <p>Service Starting Qtr.: _____ Dep. Freq.* _____</p> <p>SUI Base Rate: _____ Add'l Rate: _____</p> <p><input type="checkbox"/> Deposits ONLY      <input type="checkbox"/> Deposits &amp; Filing</p>	<p style="text-align: center;"><b>LOCAL</b></p> <p>Complete attached document, if applicable.</p>

**A \$75.00 handling fee will be charged per month, per jurisdiction, until a valid I.D. number is received**

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To <b>CHANGE</b> an existing jurisdiction. (Tax information currently on file with PTP)		
<p style="text-align: center;">Effective Quarter: _____ Year: _____ Check Date: _____</p>		

I am requesting that the following item(s) be changed: \_\_\_\_\_

**CHANGE DEPOSIT FREQUENCY**

- a.  The State of \_\_\_\_\_ should be\* \_\_\_\_\_
- b.  The City/County 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 City/County Income Tax 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 APPLIES:**

- 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 authority. Any notices, penalties, and/or interest resultant from erroneously provided information will be the Client's responsibility.**

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_