Skyler Corporation Int
Bookkeeping, Payroll & Taxes

Managed by Right Away Management Services, Inc

Start-up Checklist

- ☐ New Hire Support
- ☐ Staff Softskills Training
- ☐ Payroll

Adding clients to Intuit Online Payroll for Accounting Professionals is easy! Just gather some basic client information listed in step 1, set up your client's payroll account as explained in steps 2 and 3, and then go back to your client (step 4) to secure their signature on the necessary enrollment forms that you send back to us.

1. **Gather the general client information** found on the forms that follow:
   - ☐ Employer Information
   - ☐ Employee Information
   - ☐ Contractor Information
   - ☐ Direct Deposit Authorization form (if applicable)

2. **Enter your client's payroll information** to set up their payroll account. To start the process, simply go to your **Client List** and click the **Add Client** link.

3. **Enroll in electronic services** if you want to provide electronic filing and payment or direct deposit for your clients. We'll create customized electronic services enrollment forms (such as Form 8655) after you've entered the general client data above.

   To enroll your client in electronic services:
   1. Log into the client's account.
   2. Click **Setup** > **Electronic Services**.
   3. Select the electronic services you want for this client.
   4. Print the customized authorization form for client to sign.

4. **Print the electronic services enrollment forms and have your client's primary principal sign them**. Send these forms back to us and we'll get to work on the enrollment process.

IMPORTANT: If your client hasn't registered for their federal or state employer identification numbers or if your client's employees haven't filled out W-4s, you can easily find these forms within Intuit Online Payroll for Accounting Professionals. These forms are only available after you have completed the steps above.

To access these forms:

1. Log into the client's account
2. Click **Taxes & Forms** > **Employer Setup** or click **Employee & Contractor Setup Forms**

TIP: To save time, you can provide the federal and state forms to your client before starting the setup and enrollment process using the links below.

Application for Employer Identification Number (SS4)	http://www.irs.gov/pub/irs-pdf/fss4.pdf
Employee's Withholding Allowance Certificate (Form W-4)	http://www.irs.gov/pub/irs-pdf/fw4.pdf
Employment Eligibility Verification (I-9)	http://uscis.gov/graphics/formsfee/forms/files/i-9.pdf
State Specific Forms	https://onlinepayroll.intuit.com/sp/support/resources.jsp

EMPLOYER INFORMATION SHEET

General

Business Name: _____

Business Address: _____

City, State, Zip: _____

Filing Name (if different): _____

Filing Address (if different): _____

City, State, Zip: _____

Contact Name: _____

Phone: _____

Fax: _____

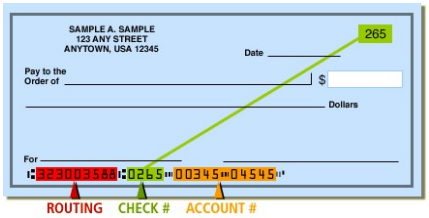
Email: _____

Company Type: ❍ S-Corp ❍ C-Corp ❍ LLC ❍ LLP ❍ Partnership
❍ Sole Proprietor ❍ 501c3 ❍ Other _____

Direct Deposit

Employer Bank Routing Number: _____

Employer Bank Account Number: _____



Principal Officer's Name: _____

Principal's Social Security Number: _____

Principal's Date Of Birth: _____

Federal law requires that we store and verify information about the principal officer to help prevent money laundering and the funding of terrorist activity. The principal officer is the person who is the main contact for the bank account from which electronic payments (including direct deposit) are made.

Payroll

No. of W-2 employees _____

No. of 1099 contractors to be paid through payroll _____

First Date To Run Payroll MM____/ DD____/ YY ____

Federal EIN _____ ❑ Applied For

State Employer Account No. _____ ❑ Applied For

State Unemployment No. _____ ❑ Applied For

State Unemployment Insurance Rate _____% (if known)

Other state tax rates, if applicable:

_____

_____

Federal Deposit Schedule

☐ Monthly
☐ Semi-Weekly
☐ Other_____

State Deposit Schedule
Only applicable to states with income tax

☐ Same as federal
☐ Other_____

Payroll History

Attach any historical payroll information from this calendar year for all active <u>and terminated</u> employees

- ☐ Have not run any payroll yet this year

Beginning of Calendar Quarter Start. If you will begin using our service at the start of the 2nd, 3rd or 4th calendar quarter (April 1, July 1, or October 1), please include the following items.

- ☐ Year-to-date wages, taxes, and deductions for each employee
- ☐ Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Middle of Calendar Quarter Start. If you will begin using our service in the middle of a calendar quarter, please include the following items.

- ☐ Year-to-date wages, taxes, and deductions for each employee as of the most recent payroll
- ☐ Year-to-date wages, taxes, and deductions for each employee as of the end of the most recent calendar quarter *(not applicable if you're starting in the middle of the first calendar quarter)*
- ☐ Payroll register or other summary for <u>each</u> payroll date in the current quarter, including total amounts for each wage item, tax, and voluntary deduction on that date.
- ☐ Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Notes

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____

Address _____

City, State, Zip _____

Email Address _____

Birth Date MM____/DD____/YY____

Hire Date MM____/DD____/YY____

Social Security No. _____

Gender ☐ Female ☐ Male

Direct Deposit Information

Will this employee be paid by direct deposit?

☐ Yes. If so, please complete the Authorization of Direct Deposit form

☐ No

Tax Information

Please attach or specify the following information for this employee:

☐ Attach completed federal Form W-4

☐ Attach completed state withholding form. *Only applicable if state income tax and filing status/allowances are different from federal*

☐ Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

_____

☐ Specify any local taxes that need to be withheld from this employee's paycheck:

_____

Notes:

Pay Information

Which types of pay does this employee receive?

☐ Salary $_____ per _____

Hourly Rates (up to 8 different)

☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour
☐ $_____ / hour

☐ Overtime Pay
☐ Double Overtime
☐ Sick Pay
☐ Holiday Pay
☐ Vacation Pay
☐ Bonus
☐ Commission
☐ Allowance
☐ Reimbursement
☐ Cash Tips
☐ Paycheck Tips

☐ Clergy Housing (Cash)
☐ Clergy Housing (In-Kind)
☐ Bereavement Pay
☐ Group Term Life Insurance
☐ S-Corp Owners Health Ins.
☐ Personal Use of Company Car
☐ Other: _____

Pay Frequency	Payday details
☐ Every Week ☐ Every Other Week ☐ Twice a Month ☐ Every Month ☐ Other_____	Date(s) or day(s) employees paid _____ *(for example, the 1st and 15th of the month)* Period Covered _____ *(for example, Paycheck on the 1st covers the 16th to the end of the prior month)*

Payroll Deductions

Select the voluntary deductions that apply and enter the $ or % amount to be deducted from each paycheck.

Deduction	$ Amount or % of Gross	Deduction	$ Amount or % of Gross
☐ Pre-tax medical		☐ 403(b)	
☐ Pre-tax vision		☐ Simple IRA	
☐ Pre-tax dental		☐ SARSEP	
☐ Taxable medical		☐ Medical expense FSA	
☐ Taxable vision		☐ Dependent care FSA	
☐ Taxable dental		☐ Loan Repayment	
☐ 401(k)		☐ Cash Advance Repayment	
☐ Simple 401(k)		☐ Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?

☐ Yes If so, attach copies of all garnishment orders

☐ No

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____	No. of Hours Earned Per Year _____ Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued: ☐ As a lump sum at the beginning of year ☐ Each pay period ☐ Each hour worked	Hours are accrued: ☐ As a lump sum at the beginning of year ☐ Each pay period ☐ Each hour worked

Notes

CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information

Contractor Type: □ Individual □ Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security No./

Employer Identification No. _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

□ Yes If so, complete the Authorization of Direct Deposit form.

□ No

Pay Information

Has this contractor already been paid this calendar year?

□ Yes

If so, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

□ No

Compensation amount $ _____

Reimbursement amount $ _____

NOTES

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit.

I authorize _____to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Primary Direct Deposit

Name on bank account: _____

Bank account number: _____Checking ___ Savings ___

Bank routing number: _____

Amount: $ _____ or entire paycheck: _____

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

*Note: Split payments are not available for contractors.

Secondary Direct Deposit (balance after direct deposit entry above)

Name on bank account: _____

Bank account number: _____Checking ___ Savings ___

Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.