



Payroll for Partners

941 Filer 943/944 Filer

Client Order Form		
Firm Name _____		
Firm IID/CODE _____		
SETUP RESPONSIBILITY	<input type="checkbox"/> ADP	<input type="checkbox"/> Firm Client IID/Code _____

SALES REPRESENTATIVE EMAIL: _____

Please e-mail completed paperwork to:
Runwholesaleorders@adp.com

CLIENT INFORMATION	
Client Name:	_____
Business Type:	<input type="checkbox"/> New – no prior payrolls <input type="checkbox"/> Existing – prior payrolls <input type="checkbox"/> Existing – transfer from other ADP Platform
	Current processing: Branch _____ Company Code: _____
Payroll Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly Total Employees: _____ Active Employees: _____
Date Range of First Pay Period:	____/____/____ to ____/____/____ Input Date of First Payroll: _____ Check Date of First Payroll: _____

CHOOSE ONE BUNDLE BELOW

NON TAX FILING

Features Include: Payroll Signature-ready tax forms Payroll reports

Select Feature: eFile/ePay General Ledger Integration Employee Access

Labor Law Poster Compliance Service (Indicate number of sets: ____ English ____ Spanish) *(Additional Fees Apply)*

Select Option: FIRM MICR Print FIRM Print Preprinted Check Stock CLIENT Print Preprinted Check Stock

TAX FILING

Features Include: Payroll Tax filing and depositing

Payroll reports Client access

W2s New Hire Reporting

Select Feature: Tipped Establishment

General Ledger Integration

Employee Access

Garnishment Payment Services

eTimecard

Labor Law Poster Compliance Service *(Additional Fees Apply)*
(Indicate number of sets: ____ English ____ Spanish)

Select Payment Option: 24-Hour Direct Deposit

Aline Pay card

ADP Check *(Must choose ADP Service Center Print and Delivery)*

Client Checks

Select Print Option: ADP Service Center Print

Client Check
Check Signing and Stuffing? (Yes No)

ADP Check
Check Stuffing? (Yes No)

Firm Print

Preprinted Check Stock

MICR Print

Client Print - Preprinted Check Stock

Select Delivery Option: Delivery of Payroll

Delivery of Payroll and Reports

No Delivery

Shipping Label Client Contact Information:
Contact: _____
Address: _____
City, State, Zip: _____

TAX FILING AND HR

Features Include: Payroll Tax filing and depositing

Payroll reports Client access W2s

New Hire Reporting Employee Handbook Wizard

Job Description Wizard HR Toolkits

HR Forms & Documents Live HR HelpDesk

State and Federal Compliance Database

HR Compliance Updates

HR Fundamentals Online Tutorial

State and Federal Resources Quarterly Newsletter

Tip of the Week

Select Feature: Tipped Establishment

General Ledger Integration

Employee Access

Garnishment Payment Services

eTimecard

Labor Law Poster Compliance Service *(Additional Fees Apply)*
(Indicate number of sets: ____ English ____ Spanish)

Select Payment Option: 24-Hour Direct Deposit

Aline Pay card

ADP Check *(Must choose ADP Service Center Print and Delivery)*

Client Checks

Select Print Option: ADP Service Center Print

Client Check
Check Signing and Stuffing? (Yes No)

ADP Check
Check Stuffing? (Yes No)

Firm Print

Preprinted Check Stock

MICR Print

Client Print - Preprinted Check Stock

Select Delivery Option: Delivery of Payroll

Delivery of Payroll and Reports

No Delivery

Shipping Label Client Contact Information:
Contact: _____
Address: _____
City, State, Zip: _____

FIRM SIGNATURE	
<p><i>"The signature below of an authorized representative of Firm confirms that Firm will be responsible for submitting copies of all prior quarter tax returns, proof of deposits for all taxes paid, and copies of all payrolls for the current quarter, listed payroll by payroll, to ADP in order to set up Firm's client as an ADP Full Level Tax Filing client."</i></p>	
Firm Signature:	_____
Firm Contact Name:	_____
Date:	_____
<p>Client Contact Name for HR411: _____</p> <p>Client Contact Email for HR411: _____</p> <p>Client Contact Phone Number: _____</p> <p><small>*HR411 will appear 24 hours after the payroll has been processed with HR411 activated. The HR Service Team will contact your client to review the product.</small></p>	

New Client Checklist



Tax Filing Client

- Wholesale Client Order Form (941/943/944)
- Reporting Agent Authorization (RAA)
- Client Account Agreement (CAA)
- Federal Identification Proof (such as a preprinted IRS document or previous return)
- Voided Check
- Check Signature Form (if applicable)
- State and Local Identification Numbers
 - Including State Unemployment Insurance (SUI) Rates
 - SUI Exemption Notice (if applicable)
- Employee W-4 Information, Including Terminated Employees
- Prior Quarter Payroll Amounts Including Employee Totals
- Current Quarter Balances
 - Employee Company Totals by Individual Payroll

Non-Tax Filing Client

- Wholesale Client Order Form (941/943/944)
- Federal Identification Proof (such as a preprinted IRS document or previous return)
- State and Local Identification Numbers
 - Including State Unemployment Insurance (SUI) Rates
 - SUI Exemption Notice (if applicable)
- Employee W-4 Information, Including Terminated Employees
- Prior Quarter Payroll Amounts Including Employee Totals
- Current Quarter Balances
 - Employee Company Totals by Individual Payroll

Required Filing Documents per Quarter

- First Quarter (January through March)
 - Federal 941
 - State 941
 - SUI Return
 - FUTA Deposit
 - Locals
- Second Quarter (April through June)
 - Federal 941
 - State 941
 - SUI Return
 - FUTA Deposit
 - Local
- Third Quarter (July through September)
 - Federal 941
 - State 941
 - SUI Return
 - FUTA Deposit
 - Locals

Notes:

Current Quarter Information

- Starting Check Number _____
- Number of Payrolls Processed in Current Quarter: _____

Check Dates: _____

_____	_____	_____	_____
_____	_____	_____	_____

Federal Tax Deposit Amounts by Date:

_____	_____	_____	_____
_____	_____	_____	_____

State Tax Deposit Amounts by Date

_____	_____	_____	_____
_____	_____	_____	_____

Local Tax Deposit Amounts by Date

_____	_____	_____	_____
_____	_____	_____	_____

Notes:

CLIENT ACCOUNT AGREEMENT AND AUTHORIZATION TO DEBIT/CREDIT



CLIENT NAME _____ BRANCH _____ CO. CODE _____

By signing below (including an electronic signature in the case of an Internet user), CLIENT agrees to one of the debit methods listed below for the collection of one or more of the following: (1) payroll tax obligations related to ADP's Tax Filing Services, (2) payroll obligations related to ADP's Total Pay, FSDD and/or ADPCheck Services, (3) applicable deferrals of compensation, participant loan repayment and employer matching or other contributions under any Plan (if CLIENT receives 401(k) Services) and/or (4) amounts for the applicable fees for the ADP Services. Such debits will be initiated by ADP, Inc. ("ADP") out of CLIENT's applicable account specified below (the "DDA Account") at the financial institution specified below ("BANK").

DEBIT METHOD (Check applicable box) The ACH method will be used to collect all service fees.

ACH or PRE-AUTHORIZED DRAFT BANK is authorized to charge the DDA ACCOUNT in accordance with the ACH provisions of this Agreement. **Note: Client electing ACH or PRE-AUTHORIZED DRAFT may be contacted by an ADP representative to make arrangements for a wire transfer of funds for impounds exceeding the established dollar limit for processing by ACH or PRE-AUTHORIZED DRAFT. Such dollar limit shall be determined by ADP in its sole discretion.**

REVERSE WIRE (Over ACH Dollar Limit) In the event a single impound exceeds the established threshold for ACH processing, Client agrees that ADP may initiate a request for a wire transfer of funds from the DDA Account in accordance with the Reverse Wire provisions on the back of this Agreement.

BANK INFORMATION: (US Banks Only) *(FSDD & ADPCheck funds must be debited from the same account)

<input type="checkbox"/> Payroll Taxes	<input type="checkbox"/> Fees for Services	<input type="checkbox"/> TotalPay	<input type="checkbox"/> FSDD*	<input type="checkbox"/> ADPCheck*	<input type="checkbox"/> Other _____
Bank Transit/ABA #			Bank Account (DDA) #		
Bank Name					
Bank Address					

COMPLETE THIS SECTION ONLY IF FSDD, ADPCHECK, OR TOTALPAY IS INDICATED ABOVE:

Est. No. of Employees:	Est. Net Payroll:	FSDD Start Date:	ADPCheck Start Date:	Federal ID#
ADPCheck Partner Bank	State (Primary State in Which checks Will be Cashed):			

For payments from Client's bank account (including ACH debit entries), ADP may initiate debit entries to Client's checking account or other account indicated above. Client acknowledges that the origination of ACH transactions to or from Client's account(s) must comply with the provisions of U.S. law.

<p>1. Authorization. Client hereby authorizes ADP to obtain payment of amounts for the Services and other account charges by debiting Client's checking account or other account referenced above. The amounts of such payments shall be the amounts set forth on statements provided to or made available to Client by ADP (unless Client and ADP otherwise agree). This authorization will remain in effect so long as Client is an ADP client and this authorization has not been terminated.</p> <p>2. Billing ADP may debit CLIENT's checking or other account after ADP issues a statement to CLIENT, or as otherwise agreed upon, and at such other times as CLIENT may deem appropriate in connection with ADP's performance of the Services. Until ADP notifies CLIENT that payment will be made pursuant to this Agreement, CLIENT must continue to make payments by other means. ADP may obtain payments based on its estimates of the necessary funds, the statements it prepares, and by other means ADP deems appropriate. ADP's only responsibility is to correct an error after CLIENT notifies ADP of an error in the CLIENT's statements.</p>	<p>3. Termination. To revoke this authorization, Client must notify ADP in writing at the following address at least ten days in advance of the time when the next succeeding payment from Client is due:</p> <p style="margin-left: 20px;">ADP Payroll 5800 Windward Parkway MS # MSB 301 Alpharetta, GA 30005</p> <p>CLIENT understands that ADP reserves the right to terminate this Agreement without notice. CLIENT may revoke this authorization only by notifying ADP in the manner specified above.</p>
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In consideration of BANK's compliance with this authorization, CLIENT agrees that BANK's treatment of any charge, and BANK's rights with respect thereto, shall be the same as if the charge were initiated personally by CLIENT, and that if any charge is dishonored, whether with or without cause, BANK shall be under no liability whatsoever. **In addition, CLIENT authorizes ADP to credit the DDA ACCOUNT when necessary, at ADP's sole discretion, for any refund or credit amount due CLIENT.**

In the event of any conflict between the terms and conditions of this Agreement and the ADP terms and conditions accepted by Client in a separate writing, this Agreement shall control.

This authorization shall remain in effect unless and until revoked in writing by CLIENT or an authorized representative of CLIENT, and until BANK and ADP have each received such notice and have had reasonable time to act upon such notice.

CLIENT Signature: _____ Date: _____

CLIENT Representative Name & Title: _____

ACH or PRE-AUTHORIZED DRAFT

CLIENT understands that funds representing the total of (i) CLIENT's payroll tax obligations for the applicable payroll (if CLIENT receives ADP's Tax Filing Service), (ii) CLIENT's wage payment obligations for the applicable payroll (if CLIENT receives ADP's TotalPay, FSDD and/or ADPCheck Services), (iii) applicable deferrals of compensation, participant loan repayments and employer matching or other contributions ("Plan Deposits") under any Plan (if CLIENT receives ADP's 401(k) Services), and (iv) ADP's fees for such Services must be on deposit in the applicable DDA Account no later than 6:00 a.m. PST (a) one banking day prior to the pay date for the applicable payroll (in the case of the Tax Filing Services, 401(k) Services, TotalPay Services, FSDD Services, and/or ADPCheck Services), (b) one banking day prior to the due date of the applicable electronic business tax deposits (in the case of the Electronic Business Tax Services) or (c) the date specified in the "Advice of Debit" or "Advice of Charge" periodically delivered to CLIENT after such services are rendered (in the case of ADP's Services Fees). ADP will initiate a transfer of such funds out of such DDA Account on such date.

DIRECT WIRE FOR EXCEPTION PROCESSING

(Under certain conditions, CLIENT may be required to wire transfer funds to ADP prior to ADP disbursing funds to a third party).

CLIENT agrees to wire transfer to ADP funds representing the total of (i) CLIENT's payroll tax obligations for the applicable payroll (if CLIENT receives ADP's Tax Filing Service), (ii) CLIENT's wage payment obligations for the applicable payroll (if CLIENT receives ADP's TotalPay, FSDD and/or ADPCheck Services), (iii) CLIENT's electronic business tax deposit obligations (if CLIENT receives ADP's Electronic Business Tax Services), (iv) CLIENT's applicable deferrals of compensation, participant loan repayments and employer matching or other contributions ("Plan Deposits") under any Plan (if CLIENT receives ADP's 401(k) Services), and (v) ADP's fees for such Services. Such wire transfers must be completed no later than 8:00 a.m. PST (a) one banking date prior to the pay date for the applicable payroll (in the case of the Tax Filing Services and/or 401(k) Services), (b) two banking days prior to the pay date for the applicable payroll (in the case of the TotalPay Services, FSDD Services, and/or ADPCheck Services), (c) two banking days prior to the due date of the applicable electronic business tax deposits (in the case of the Electronic Business Tax Services) or (d) the date specified in the "Advice of Debit" or "Advice of Charge" periodically delivered to CLIENT after such Services are rendered (in the case of ADP's Services Fees). All funds are to be wire transferred by CLIENT as instructed by ADP to one of the accounts located at the banks listed on the table below (unless and until changed by notice from ADP).

In consideration for the additional costs incurred by ADP in providing wire transfer service, CLIENT agrees to pay a reasonable fee (currently \$10.00) for each wire transfer.

TotalPay

FSDD, ADPCheck, WGPS

BANK	ABA	DDA	DESCRIPTION
JP Morgan Chase	021000021	323269036	Reverse Wire Impound
JP Morgan Chase	021000021	323375847	Direct Wire
Deutsche Bank	021001033	00416217	Reverse Wire Impound
Deutsche Bank	021001033	00412283	Direct Wire

Tax

BANK	ABA	DDA	DESCRIPTION
JP Morgan Chase	021000021	9102628675	Reverse Wire Impound
Deutsche Bank	021001033	00153170	Direct Wire

NOTICE

CLIENT acknowledges that if sufficient funds are not available by the date required pursuant to the foregoing provisions of this Agreement, (1) CLIENT will immediately become solely responsible for all tax deposits and filings, all employee wages, all wage garnishments, and all related penalties and interest due then and thereafter, (2) any and all ADP Services may, at ADP's option, be immediately terminated, (3) neither BANK nor ADP will have any further obligation to CLIENT or any third party with respect to any such Services and (4) ADP may take such action as it deems appropriate to collect ADP's Services Fees.

CHECK SIGNATURE AUTHORIZATION



DATE: _____

COMPANY CODE _____ COMPANY NAME _____

PLEASE ENTER **ALL** THE COMPANY CODES FOR WHICH THIS SIGNATURE FACSIMILE IS TO BE USED:

NEW - 1ST PROCESSING DATE _____
 CHANGE
 TRANSFER
 ADPCheck Please check for ADPCheck only (The client's signature will appear with the ADP Authorized Signature)
 CHECK STUFFING YES

COMPLETE THE CHECK SIGNATURE AUTHORIZATION AS FOLLOWS:

THE SECTION BELOW SHOULD BE FILLED OUT BY THE PERSON(S) WHOSE NAME IS TO APPEAR ON YOUR COMPANIES' CHECKS. BY SIGNING BELOW, EACH SUCH PERSON HEREBY AUTHORIZES ADP TO SIGN THE COMPANIES' CHECKS USING FACSIMILES OF THE SIGNATURES BELOW AND CERTIFIES THAT IT IS AN AUTHORIZED SIGNATORY OF THE COMPANIES.

- A. PLEASE PRINT THE CHECK SIGNER'S NAME CLEARLY IN THE SPACE PROVIDED (BELOW #1).**
- B. PLEASE USE A DARK BLACK INK PEN (FELT TIP FINE LINE OR LIQUID INK IS PREFERABLE). DO NOT USE BLUE INK. PLEASE SIGN ALL THREE (3) SIGNATURE AREAS (BELOW #2). USE THE THREE BLOCKS TO THE LEFT FOR ONE LINE SIGNATURES OR THE THREE BLOCKS TO THE RIGHT FOR TWO LINE SIGNATURES. SIGNATURES MUST BE WITHIN THE BLOCK MARGINS. ANY PART OF THE SIGNATURE OUTSIDE THE SIGNATURE BLOCK WILL CAUSE THAT SIGNATURE TO BE UNACCEPTABLE.**

- EXTRA TEXT UNDER 1ST SIGNATURE LINE (i.e. Title) _____
- EXTRA TEXT UNDER 2ND SIGNATURE LINE (i.e. Title) _____

1. PRINTED NAME(S): _____

2. SIGNED NAME(S):
 (FOR ONE LINE SIGNATURE) (FOR TWO LINE SIGNATURES)

┌	┐	┌	┐
└	┘	└	┘
┌	┐	┌	┐
└	┘	└	┘
┌	┐	┌	┐
└	┘	└	┘
(EXAMPLE)		(EXAMPLE)	
┌	┐	┌	┐
<i>Your Signature</i>		Jane Doe John Doe	
└	┘	└	┘

YOUR ADP REPRESENTATIVE WILL INFORM YOU OF THE DATE WHEN CHECK SIGNING WILL BECOME EFFECTIVE.



Reporting Agent Authorization (State Limited Power of Attorney & Tax Information Authorization)

Table with 3 columns: 1 Co/Code, 2 Branch, 3 Federal ID Number

4 If you are a seasonal employer, check here []

5 TAXPAYER LEGAL NAME (Use all capital letters. Include spaces, ampersands, and hyphens. Do not enter any other punctuation.)

6 DBA NAME (Use all capital letters. Include spaces, ampersands, and hyphens. Do not enter any other punctuation.)

7 Address (number, street, and room or suite no.) City or town, state, and ZIP code

REPORTING AGENT: ADP Tax Services, 400 West Covina Boulevard, San Dimas, CA 91773, ID # 22-3006057, 800/235-7212

Authorization of Reporting Agent to Sign and File Returns

8 Use the entry lines below to indicate the tax return(s) to be filed by the Reporting Agent. Enter the beginning year for annual tax returns or beginning quarter for quarterly tax returns.

940 Tax Year, 941 Qtr / Yr, 940-PR Tax Year, 941-PR Qtr / Yr, 941-SS Qtr / Yr, 943 Tax Year, 943-PR Tax Year, 944 Tax Year, 944-PR Tax Year, 945 Tax Year

Authorization of Reporting Agent to Make Deposits and Payments

9 Use the entry lines below to enter the starting date (the first month and year) for any tax return(s) for which the Reporting Agent is authorized to make deposits or payments.

940 Mo / Yr, 941 Mo / Yr, 943 Mo / Yr, 944 Mo / Yr, 945 Mo / Yr

Disclosure of Information to Reporting Agent

- 10a Check here to authorize the Reporting Agent to receive or request duplicate copies of tax information, notices, and other communications from the IRS, related to the authorization granted on Line 8 and/or Line 9 [X]
10b Check here if the reporting agent also wants to receive copies of notices from the IRS [X]

Form W-2 Series or Form 1099 Series Disclosure Authorization

11 The Reporting Agent is authorized to exchange otherwise confidential taxpayer information with the IRS, including responding to certain IRS notices relating to the Form W-2/1099 series information returns. This authority is effective for calendar years beginning:

W-2 Tax Year, 1099 Tax Year

State and Local Authorization

12 By checking the box to the right and signing in Box 13 below, the taxpayer identified above hereby appoints ADP as Reporting Agent and grants ADP a limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper for all state and local jurisdictions in which the taxpayer is required to file tax returns and make tax deposits. [X]

This authorization shall include all applicable state and local forms and shall commence with the tax period indicated and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by ADP. Unless the taxpayer is required to file or deposit electronically, ADP will, in its discretion, file and make deposits on the taxpayer's behalf in one of the filing methods: electronic, magnetic media, or paper. / Qtr / Yr

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 8 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 9 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 8 and/or Line 9 including disclosure required to process Form 8655. Disclosure authority is effective upon signature of the 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.

13 Signature of Taxpayer or Authorized Representative

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

Name (Required), Title, Signature (Required), Date (Required)