

# Client Start-up Checklist

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)	<a href="http://www.irs.gov/pub/irs-pdf/fss4.pdf">http://www.irs.gov/pub/irs-pdf/fss4.pdf</a>
Employee's Withholding Allowance Certificate (Form W-4)	<a href="http://www.irs.gov/pub/irs-pdf/fw4.pdf">http://www.irs.gov/pub/irs-pdf/fw4.pdf</a>
Employment Eligibility Verification (I-9)	<a href="http://uscis.gov/graphics/formsfee/forms/files/i-9.pdf">http://uscis.gov/graphics/formsfee/forms/files/i-9.pdf</a>
State Specific Forms	<a href="https://onlinepayroll.intuit.com/sp/support/resources.jsp">https://onlinepayroll.intuit.com/sp/support/resources.jsp</a>

# EMPLOYER INFORMATION SHEET

## General

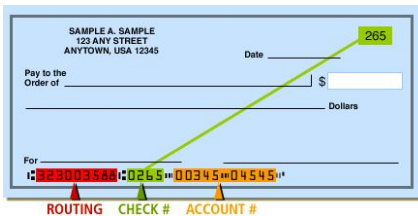
Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Filing Name (if different): \_\_\_\_\_  
 Filing Address (if different): \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

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 and terminated 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 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> 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 each 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: \_\_\_\_\_

<p><b>Pay Frequency</b></p> <ul style="list-style-type: none"> <li>• Every Week</li> <li>• Every Other Week</li> <li>• Twice a Month</li> <li>• Every Month</li> <li>• Other _____</li> </ul>	<p><b>Payday details</b></p> <p>Date(s) or day(s) employees paid _____  <i>(for example, the 1<sup>st</sup> and 15<sup>th</sup> of the month)</i></p> <p>Period Covered _____  <i>(for example, Paycheck on the 1<sup>st</sup> covers the 16<sup>th</sup> to the end of the prior month)</i></p>
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**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
<ul style="list-style-type: none"> <li>• Pre-tax medical</li> <li>• Pre-tax vision</li> <li>• Pre-tax dental</li> <li>• Taxable medical</li> <li>• Taxable vision</li> <li>• Taxable dental</li> <li>• 401(k)</li> <li>• Simple 401(k)</li> </ul>		<ul style="list-style-type: none"> <li>• 403(b)</li> <li>• Simple IRA</li> <li>• SARSEP</li> <li>• Medical expense FSA</li> <li>• Dependent care FSA</li> <li>• Loan Repayment</li> <li>• Cash Advance Repayment</li> <li>• Other _____</li> </ul>	

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 _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued:	Hours are accrued:
<ul style="list-style-type: none"> <li>• As a lump sum at the beginning of year</li> <li>• Each pay period</li> <li>• Each hour worked</li> </ul>	<ul style="list-style-type: none"> <li>• As a lump sum at the beginning of year</li> <li>• Each pay period</li> <li>• Each hour worked</li> </ul>

**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.