



Simple Accounting

NEW CLIENT SET-UP CHECK LIST Please be sure to include all of the following items in your set-up packet.
Thanks!

- Proof of Federal ID# (TAX deposit coupon/pre-printed 941) or SS-4
- Proof of State ID # (TAX deposit coupon/pre-printed UT-941E)
- Proof of State Unemployment ID#
- Bank info of the bank payroll is being paid out of
- Employee information for all active and terminated employees (Please see the “New Employee Forms” for all necessary information)
- TAX deposits for the current quarter (on per period reports)
- TAX deposit frequency (semi-weekly / monthly)
- TAX deposit requirement letter from IRS
- Unemployment TAX deposits for the previous quarters in the current year
- Year to date totals for all employees and company total
- Quarter to date for all employees and company total
- Month to date for all employees and company total
- Copy of all payrolls in the current quarter
- Quarterly TAX returns for both the Federal and State (previous QTD if TAX returns have not been prepared yet)
- Vacation / Sick Policy
- Health Insurance Information
- Garnishment Information / Child Support documents



Simple Accounting

NEW CLIENT SET-UP FORM This New Client Set-Up form and all other forms included in this packet must be completed, signed and dated by a registered owner or officer in order to prevent any delays.

COMPANY INFORMATION

Who referred you?: _____ Current Payroll Method: In-house Outsource: _____
Common Name/dba: _____ Legal Name: _____
of Employees: _____ Sole Proprietorship Limited Liability Partnership Limited Liability Corp. Incorporated Non-Profit
Company Address: _____ City: _____ State: _____ Zip: _____

AUTHORIZED CONTACTS

For your protection, please designate specific people within your organization who will act as our main point of contact. Our Payroll Specialists are instructed not to talk to anyone in your company other than these pre-approved contacts. We will refer all employee requests to your designated employer contact(s).

Print Name: _____
Job Title: _____
Phone: (____) _____
Email: _____
 e-Reports e-Billing

Print Name: _____
Job Title: _____
Phone: (____) _____
Email: _____
 e-Reports e-Billing

Please email hours to simpleacctg@gmail.com (for direct deposit payroll SIMPLE ACCOUNTING needs the hours 3 business days before pay date)

PAYROLL TAX

Federal EIN# [][] - [][][][][][][][][] EFTPS PIN # _____
State Withholding # [][][][][][][][][] - [][][][] - [][][][]
State Withholding PIN # _____
State Unemployment # [][][] - [][][][][][][][][] - [][] Unemployment PIN # _____

Withholding payment schedule	
<input type="checkbox"/> MONTHLY	SUI Rate: _____ %
<input type="checkbox"/> SEMI-WEEKLY	SDI Rate: _____ %
<input type="checkbox"/> ACA Reporting	

Bank Account Info for withholding payments Bank Name: _____
Account Number: _____ Routing #: _____

PAY SCHEDULE

WEEKLY BI-WEEKLY MONTHLY QUARTERLY SEMI-MONTHLY ANNUALLY
Pay Day or Date(s): _____ Starting Check #: _____ NO Payroll this Year
Begin: _____ End: _____ Date of Last Payroll: _____ Agency Checks
First Check Date: _____

DELIVERY

e-Checks - employee paystubs On check date? Time: _____ Email Paychecks in pdf and you write or print the checks
(See Authorization for Direct Deposit) Alternative Date: _____ You supply check stock and we print the payroll for pick up
(additional fee of \$3 per check. \$1.75 billed by Quickbooks \$1.25 billed by us)

If you don't have a State Withholding number or Unemployment account are you going to obtain it yourself or would you like us to do it for you?

- I will do it and have the numbers to you within the next 2 weeks
- Please do it for me. I understand that I will be billed \$59 for this service.

Authorized Signature: _____ Date: _____



Simple Accounting

IMPORTANT TAX INFORMATION

Please be aware that you are ultimately responsible for the timely filing of employment tax returns and the timely payment of employment taxes for your employees, even if you have authorized a third party to file the returns and make the payments.

Therefore, the Internal Revenue Service recommends that you enroll in the U.S. Treasury Department's Electronic Federal Tax Payment System (EFTPS) to monitor your account and ensure that timely tax payments are being made for you.

You may enroll in the EFTPS online at www.eftps.gov, or call (800) 555-4477 for an enrollment form.

State tax authorities generally offer similar means to verify tax payment. Contact the appropriate state offices directly for details.

By signing this form, I signify that I have read the Important Tax Information in the notice above and understand that I should go to www.eftps.gov and the appropriate state system at any time to verify my tax payments and I am ultimately responsible for the timely payments of my employment taxes.

X _____
Signature Date



Simple Accounting

Credit Card Billing AGREEMENT

Please fill in authorization form with your current credit card information you want us to bill for our services and fax it back to Simple Accounting at 801-409-1310. Be sure to include your email address, and any additional email addresses you may want your statement sent to. If you do not have email, please check "No Email Address" If you check the "No Email Address" box we will continue to send your monthly statement by mail, but your payment will be billed to your credit card account.

ACKNOWLEDGMENT: I hereby request and authorize SIMPLE ACCOUNTING to automatically charge my credit card account electronically for services rendered at the financial institution indicated below. This authority is to remain in effect until revoked by me in writing and until SIMPLE ACCOUNTING actually receives such notice. I agree that transactions performed by SIMPLE ACCOUNTING in respect to each said charge shall be the same as if it were a check drawn on my account and signed personally by me. I agree to have available and collected funds on deposit in said account I designate in amounts sufficient to pay for all e-BILLING payments, as well as any other payment obligations I have to SIMPLE ACCOUNTING. In the event that SIMPLE ACCOUNTING'S authorized withdrawal from said account is returned due to chargeback or for any other reason, Client agrees to reimburse SIMPLE ACCOUNTING for all charges, losses or expenses incurred by SIMPLE ACCOUNTING. SIMPLE ACCOUNTING reserves the right to resubmit for collection any payment that is returned and any fees SIMPLE ACCOUNTING incurred because of this return of funds.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder ZIP Code (from credit card billing address): _____			

I, _____, authorize SIMPLE ACCOUNTING permission to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account and authorize SIMPLE ACCOUNTING permission to bill my card

Authorized Signature

Date

Email



Simple Accounting

EMPLOYEE ADD/CHANGE FORM

Please make sure all fields are accurately completed. Missing data can result in payroll delays.

Employer Name: _____ Date: ____/____/____

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number:		
_____	_____	_____

Hours this pay period:	
_____	_____
REGULAR	OVERTIME

<input type="checkbox"/> Add
<input type="checkbox"/> Change
<input type="checkbox"/> Re-hire
Employee #



Salary: _____
Per Pay Period

Hourly Rate: _____

Department: _____

Workers Comp Code #: _____

Date of Hire: ____/____/____

Date of Birth: ____/____/____

Male Female

Full Time

Part Time

Temporary

Seasonal

Ag. 943

Work Visa: _____

SICK LEAVE

Accrual

Other

Hours Used YTD _____

Hours Available _____

FEDERAL WITHHOLDING - FORM W-4

Single or Married filing separately

Married filing jointly

Head of household
(Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Step 2: (c)

Step 3: Line 3 \$ _____

Step 4: 4(a) Other Income \$ _____

4(b) Deductions \$ _____

4(c) Extra Withholding \$ _____

I had no federal income tax liability in _____ and I expect to have NO federal income tax liability in _____.

EXEMPT

NON-RESIDENT ALIEN
(See IRS NOTICE 1392)

IF YES, PLEASE CHECK ONE BELOW:

I worked before 2021 and I have NOT submitted a 2020 W-4 or earlier W-4.

I completed a 2021 W-4, and/or I began working in 2021 or later.

STATE WITHHOLDING

Single or Married (with two or more incomes)

Married (one income)

Head of household



Simple Accounting

CLIENT AUTHORIZATION FOR SIMPLE ACCOUNTING TO DRAW FUNDS

Print name of Officer/Owner/ as shown on bank records: _____

Officer DOB: _____ Officer SSN: _____

Officer Address: _____

Officer Email: _____

Bank Name: _____ Account #: _____

Bank Routing #: _____

ACKNOWLEDGMENT: As a convenience to me, I hereby request and authorize SIMPLE ACCOUNTING to debit my account at my financial institution indicated by my voided check below. In the event that SIMPLE ACCOUNTING authorized withdrawal from said account is returned due to insufficient funds or for any other reason, Client agrees to reimburse INTUIT and or SIMPLE ACCOUNTING for all charges losses or expenses incurred by SIMPLE ACCOUNTING including attorney's fees plus minimum \$100 returned item fee charged by INTUIT. In addition, signer personally guarantees as authorized officer/agent/owner full reimbursement for all returned items. I agree to hold SIMPLE ACCOUNTING harmless from loss and agree to indemnify them. This authorization includes debits (and or corrections to previous debits) originated by check or Electronic Fund Transfer. I agree that transactions performed by SIMPLE ACCOUNTING in respect to each said debit shall be the same as if it were a check drawn on my account and signed personally by me. This shall be under no obligations to furnish me with any special advice or notice in writing or otherwise of such payment or charge to my account. I further understand that when using Electronic Fund Transfer for Direct Deposit of paychecks and /or payroll taxes in compliance with ACH regulations **the availability of funds is only guaranteed when initiated TWO banking days in advance of the effective date.**

Authorized Signature: _____ Date: _____

Company Name: _____ Contact Name: _____

Phone: _____ Email: _____

For direct deposit option we need and Employee Direct Deposit Authorization form from every employee. Simple Accounting will set up the direct deposit option, then Intuit will deposit an amount under \$1 to your account. Please let us know what that amount is and we can activate the direct deposit for your account.

Direct Deposit payroll needs to be submitted at least 3 business days before the paycheck date so that Intuit can transfer the funds on time. (For example if your pay period ends on the 15th of the month and the end of the month then the payroll date will be on the 5th and 20th of the month for semi-monthly payroll, or if you are every 2 weeks then your pay period will end on Saturday and payroll will be the following Friday.)



Simple Accounting

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

Employer Name: _____

IMPORTANT:

Deposit slips ARE NOT acceptable documents for Direct Deposit.

EMPLOYEE ATTACH VOIDED CHECK HERE

Bank Routing #

Account #

Bank Name (pay after taxes have been subtracted.)

Deposit Net

Pay

CHECKING SAVINGS

Or Deposit Dollar Amount or Percentage %

FOR ADDITIONAL DEPOSIT ACCOUNTS, PLEASE ATTACH A SEPARATE AUTHORIZATION.

I hereby authorize my employer to deposit any amounts owed to me by initiating credit entries, through Simple Accounting, to my account(s) at my financial institution(s) indicated by my voided check, and banking information above. Further, I authorize my institution to accept credit entries sent on behalf of my employer to my account(s). I also authorize my employer and Simple Accounting to debit my account for any monies deposited in error. I understand it is my responsibility to verify the availability of my funds prior to creating checks or withdrawals against them. I understand that Simple Accounting is depositing my wages / salary for my convenience and that these deposits may be an advance of funds on behalf of my employer and are subject to funds being made available by my employer to Simple Accounting. If my employer does not have the funds immediately available to Simple Accounting, I authorize Simple Accounting to debit my account to recover the advance or any other funds deposited in error. I agree to hold Simple Accounting harmless from loss and agree to indemnify them.

PAPERLESS OPTION - In lieu of a paper check, please email a copy of my check stub and check (Adobe Reader Required). The file will be password protected with a system generated password that, it will be your first four digits of your last name and first four digits of your social security.

Email: _____ Employee Printed Name: _____

Employee Signature: _____ Date: ____ / ____ / ____

Authorizing Officer Signature: _____ Company Name: _____

Please fax signed and completed form to SIMPLE ACCOUNTING

801-409-1310

Reporting Agent Authorization

► Information about Form 8655 and its instructions is at www.irs.gov/Form8655.

Taxpayer

1a Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)
1b Trade name, if any		4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.)		5 Other identification number (optional)
City or town, state, and ZIP code		
6 Contact person	7 Daytime telephone number	8 Fax number

Reporting Agent

9 Name (enter company name or name of business) SIMPLE ACCOUNTING		10 Employer identification number (EIN) 87-0478329
11 Address (number, street, and room or suite no.) 3115 S 1900 W SUITE1 City or town, state, and ZIP code WEST HAVEN, UT 84401		
12 Contact person RUSSELL JAMES	13 Daytime telephone number 801-409-1309	14 Fax number 801-409-1310

Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

15 Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940	<u>01/2021</u>	941	<u>01/2021</u>	940-PR	_____	941-PR	_____	941-SS	_____	943	<u>01/2021</u>
943-PR	_____	944	<u>01/2021</u>	945	_____	1042	_____	CT-1	_____		

Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)

16 Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940	<u>01/2021</u>	941	<u>01/2021</u>	943	<u>01/2021</u>	944	<u>01/2021</u>	945	_____	720	_____
1041	_____	1042	_____	1120	_____	CT-1	_____	990-PF	_____	990-T	_____

Duplicate Notices to Reporting Agents

17 Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent.

Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

18a The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning 2021.

b The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning 2021.

c The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning 2021.

State or Local Authorization (Caution: See Authorization Agreement)

19 Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16.

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 and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 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 16 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 terminated or 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 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of 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.

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

Sign Here

Signature of taxpayer	Title	Date

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address RUSSELL W JAMES CPA 3115 S 1900 W UNIT 1 WEST HAVEN, UT 84401	CAF No. 0301-25080R PTIN P00451622 Telephone No. (801)409-1309 Fax No. (801)409-1310 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
ALL EMPLOYMENT	940, 941, 943	01/01/21 -12/31/24	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
Note. Appointees will no longer receive forms, publications, and other related materials with the notices.
 b If you don't want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
Print Name	Title (if applicable)

Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ **Go to www.irs.gov/Form2848 for instructions and the latest information.**

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Russell W. James 3115 S 1900 W West Haven, UT 84401 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 0301-25080R PTIN P00451622 Telephone No. (801) 409-1309 Fax No. (801) 409-1310 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
ALL EMPLOYMENT	W2, 941, 944, 943, 940	01/01/2021 - 12/31/2024

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions.

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties;
 Substitute or add representative(s);
 Sign a return; _____

 Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Date

Title (if applicable)

Print name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r)	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
b	UTAH	155075-2601		



Simple Accounting

Payroll Setup Checklist

Here is a checklist to help you set up payroll quickly and easily.

1. Company Information

You'll need:

- Employer Bank Account: Required to use direct deposit and make electronic tax payments.
- Employee Pay Types: Such as hourly wages, salaried wages, bonuses, commissions, and sick/vacation leave.
- Company Contributions: Such as health insurance or 401K retirement plan.

2. Employee Information:

For each employee you paid this calendar year (including active, inactive and terminated employees), you'll need:

- Completed [Form W-4](#): (Hint: If you can't get this form from each employee before the first paycheck, the defaults are "single" and "0" allowance, and you can change them later.)
- Pay Rate: Hourly, salary, commission, etc.
- Paycheck Deductions: Amount to be taken out of paycheck for employee contributions to health insurance, retirement plans, or garnishments (child/spousal support).
- Balance of Sick/Vacation Hours already accumulated this year: if applicable
- Employee Bank Account for Direct Deposits: (Hint: Use a voided check from the employee's bank account, not a deposit slip).
- Hire Date

3. Company Tax Information

All of the following payroll tax information is available from the IRS and your [state or local tax agency](#).

- Federal Employer Identification Number (FEIN): Contact the IRS to get a FEIN, to identify your business on your payroll tax payments and filings. (Hint: you can do your first payroll without a FEIN, but you will need it to make payroll tax payments and filings.)
- State Agency ID Number(s): If you do not have an ID number for unemployment or state tax withholding, contact your state's agency directly. This number is used to keep track of your payments.
- State Unemployment Insurance (SUI) Contribution Rate: Contact your state's unemployment insurance office to obtain your rate.
- Filing Requirement and Deposit Schedule for Payroll Taxes: As companies get bigger and owe more in payroll taxes, they are required to pay and report payroll taxes more frequently. If you are unsure of your federal and state filing requirement and deposit schedule, call the IRS at (800) 829-4933 or your state tax agency to confirm. You can also call our support line.

4. Company History:

If you have already paid employees this calendar year, we need to know the amounts to accurately calculate your new paychecks and complete your tax forms. You can find this historical information on your employee paystubs or in your payroll reports.

You'll need:

- For the current quarter: Payroll details for each paycheck previously issued during the current quarter.
- For prior quarters (if applicable): Summary by employee for prior quarters of this calendar year.