

COMPANY NAME _____

**IT-PSS Federal/State and Local Agencies
Change Authorization**

THIS IS THE FIRST TIME I HAVE GIVEN THE INFORMATION FOR THE STATE/LOCALITY TO IT-PSS.

**TO ADD A STATE OR LOCAL AGENCY
TO CHANGE A STATE OR LOCAL AGENCY**

COMPLETE SECTION 1 AND CHECK THIS BOX **THIS TAX INFORMATION IS CURRENTLY ON FILE WITH IT-PSS, BUT A CHANGE IS NEEDED.**

COMPLETE SECTION 2 AND CHECK THIS BOX

SECTION # 1

STATE INCOME TAX	STATE UNEMPLOYMENT	LOCAL
STATE ABBREV _____	STATE ABBREV _____	STATE ABBREV _____
ID# _____	ID# _____	CITY/COUNTY NAME _____
PROOF ATTACHED _____ *DEP FREQ _____	PROOF ATTACHED _____	P/R CITY CODE _____
SERVICE STARTING QTR _____ IND _____	SUI BASE RATE _____	CITY/COUNTY ID # _____
NEXT QTR _____ IND _____	ADD'L RATE _____	PROOF ATTACHED _____ *DEP FREQ _____
	P/R SUI CODE _____	SERVICE STARTING QTR _____ IND _____
		NEXT QTR _____ IND _____

DEPOSIT FREQUENCIES

8-Eight Times Monthly W=Weekly M=Monthly Q=Quarterly

SECTION #2

EFFECTIVE QUARTER _____ YEAR _____ CHECK DATE _____, I AM REQUESTING THE FOLLOWING ITEM (S) BE CHANGED:

1. CHANGE FILING RESPONSABILITIES

a. IPS IS TO **BEGIN**:

- DEPOSITING DEPOSITING & FILING
- INCOME TAX UNEMPLOYMENT INSUR.

for the

State of _____ Dep Freq _____

and/or

City of _____ Dep Freq _____
Payroll City Code _____

b. IT-PSS **WAS RESPONSIBLE** FOR DEPOSITING AND/OR FILING:

- INCOME TAX UNEMPLOYMENT INSURANCE

For the

State of _____

and/or

City of _____ P/R City Code _____

IT-PSS SHOULD **DISCONTINUE**:

- DEPOSITING & FILING
- FILING ONLY (IT-PSS would continue depositing)

2. CHANGE ID NUMBERS

- a. Employer State Income Tax ID/Account number of state of _____ should be _____
- b. Employer Federal Identification Number should be _____
- c. Employer City/County Income Tax ID/Account number for the city/county of _____
Payroll City Code _____ should be _____

IF ANY OF THE ABOVE OPTIONS WERE INDICATED AND THE EFFECTIVE DATE IS OTHER THAN THE FIRST PAYROLL OF THE YEAR, INDICATE WHICH ONE OF THE FOLLOWING APPLIES:

- All deposits and filings for the year should be moved to the new ID#.
- All deposits and filings prior to effective date to remain in old ID#. I will require 2 separate W2 filings.
- All deposits and filings prior to effective date to remain in old ID#. One (1) W2 is to be produced containing the wages of both ID's.
- d. Employer State Unemployment ID/Account number for the state of _____ should be _____

3. DEPOSIT FREQUENCY

- a. The state of _____ should be _____
- b. The city/county of _____, payroll city code _____ should be _____

4. EXEMPT SATUS -- INDICATE ALL THAT APPLY

- a. All of my employees were taxable for SOCIAL SECURITY/MEDICARE. They are now NOT TAXABLE.
- b. All of my employees were NOT taxable for SOCIAL SECURITY/MEDICARE. They are now TAXABLE.
- c. All of my employees were taxable for FUTA. They are now NOT TAXABLE.
- d. All of my employees were NOT taxable for FUTA. They are now TAXABLE.
- e. All of my employees in the state of _____ were taxable for SUI/DI. They are now NOT TAXABLE.
- f. All of my employees in the state of _____ were NOT taxable for SUI/DI. They are now TAXABLE.

If the effective date is other than the first payroll of the year, which one of the following applies:

- Change is retroactive to the beginning of the year.
- Change is effective starting with the quarter indicated at the beginning of this section (2)

CLIENT SIGNATURE	IT-PSS AUTHORIZED SIGNATURE	DATE:
CLIENT NAME & TITLE	<input type="checkbox"/> IT-PSS HAS ACCEPTED THIS INFORMATION AS WRITTEN <input type="checkbox"/> IT-PSS HAS ALTERED THIS INFORMATION PRIOR TO ACCEPTANCE	