

STATE AUTHORIZATION
To ADD / CHANGE / DISCONTINUE
 (To be kept by employer for future additions and/or changes)

Company Legal Name: _____ Company Code: _____

ALL "APPLIED FOR" ACCOUNT NUMBERS MUST BE ACCOMPANIED BY A COPY OF THE AGENCY REGISTRATION FORM

ADD a new jurisdiction, complete the appropriate part of this section, sign and date form

STATE INCOME TAX	STATE UNEMPLOYMENT	LOCAL
State Name: _____ I.D. # _____ <input type="checkbox"/> Agency Registration Attached	State Name: _____ I.D. # _____ <input type="checkbox"/> Agency Registration Attached	Local Name: _____ I.D. # _____ <input type="checkbox"/> Agency Registration Attached
Service Starting Qtr.: _____ Dep. Freq.* _____ <input type="checkbox"/> Depositing <input type="checkbox"/> Depositing & Filing	Service Starting Qtr.: _____ Dep. Freq.* _____ SUI Base Rate: _____ Add'l Rate: _____ <input type="checkbox"/> Depositing <input type="checkbox"/> Depositing & Filing	Service Starting Qtr.: _____ Dep. Freq.* _____ <input type="checkbox"/> Depositing <input type="checkbox"/> Depositing & Filing Rate: _____

A \$50.00 handling fee will be charged per month, per jurisdiction until a valid I.D. number is received

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CHANGE an existing jurisdiction. (Tax information currently on file with PTP)

Effective Quarter: _____ Year: _____ Check Date: _____ I am requesting that the following item(s) be changed:

- CHANGE DEPOSIT FREQUENCY**
 - The state of _____ should be* _____
 - The city/county of _____ should be* _____
- CHANGE TO MANDATED EFT PAYMENT METHOD**
- CHANGE I.D. NUMBERS**
 - Employer State Income Tax I.D./Account number for state of _____ should be _____
 - Employer City/County Income Tax I.D./Account number for the City/County of _____ should be _____
 - Employer State Unemployment I.D./Account number for the state of _____ 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 I.D. number.
 - All deposits and filings prior to effective date to remain in old I.D. number. It will require two separate W-2 filings.

DISCONTINUE deposits with PTP

Effective Quarter: _____ Year: _____ Check Date: _____ I am requesting that the following item(s) be changed: _____

- Depositing & Filing **For the State of** _____ **Dep. Freq.*** _____ **and/or City of** _____ **Dep. Freq.*** _____
- Finals for the state(s) of _____ Tax Type(s): State Income Tax State Unemployment
 Local
- File final returns and close my ID # with the agency
- DO NOT file final returns – I will leave my account open

Any noted change in I.D. number information and/or filing status must be supported with valid proof from the respective taxing authority. Any notices, penalties, and/or interest resultant from erroneously provided information will be the Client's responsibility.

CLIENT SIGNATURE: _____ DATE: _____
 PRINTED NAME: _____ TITLE: _____

*Use one of the following: N=Next Day 4=Weekly/Quarter-Monthly SW=Semi-Weekly SM=Semi-Monthly M=Monthly Q=Quarterly