

## Payroll Setup Checklist

### Payroll Setup (for employer)

### LAPAI Review

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Client ACH Debit/Credit Authorization         | <input type="checkbox"/> |
| <input type="checkbox"/> Form 9779 – EFTPS Business                    | <input type="checkbox"/> |
| <input type="checkbox"/> Form 9783 – EFTPS Individual                  | <input type="checkbox"/> |
| <input type="checkbox"/> KS EF101 for Kansas Withholding and Sales Tax | <input type="checkbox"/> |
| <input type="checkbox"/> KCNS 032 for Kansas SUTA                      | <input type="checkbox"/> |
| <input type="checkbox"/> Other States                                  | <input type="checkbox"/> |
| _____  | <input type="checkbox"/> |
| _____  | <input type="checkbox"/> |
| _____  | <input type="checkbox"/> |

### Payroll Setup (for each employee)

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> W-4s                       | <input type="checkbox"/> |
| <input type="checkbox"/> I-9s                       | <input type="checkbox"/> |
| <input type="checkbox"/> K-4s                       | <input type="checkbox"/> |
| <input type="checkbox"/> W-11s                      | <input type="checkbox"/> |
| <input type="checkbox"/> Employee ACH Authorization | <input type="checkbox"/> |

### Company Information

Payment Frequency (Weekly, Bi-Weekly, Monthly, Etc) \_\_\_\_\_

### Pay Period Beginning & Ending Dates

Begin \_\_\_\_\_ End \_\_\_\_\_ Paydate \_\_\_\_\_

Begin \_\_\_\_\_ End \_\_\_\_\_ Paydate \_\_\_\_\_

Begin \_\_\_\_\_ End \_\_\_\_\_ Paydate \_\_\_\_\_

## Employer Direct Deposit Payroll Authorization

I hereby acknowledge that we are engaged with Long & Associates Public Accountants, Inc. (LAPAI) to provide us with payroll and/or sales tax services and we further authorize LAPAI to initiate credit/debit transactions to/from the account below for the purposes of making the following payments.

- Payroll earnings to employees
- Related Federal and State Payroll Tax Liabilities
- Sales Tax Deposits

Should an ACH reversal be required we further authorize LAPAI to initiate such a reversal by any means necessary.

Employer Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please attach a voided check for the business account from which withdrawals for the above payments will be made.

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (Please Check)  Checking  Savings

**Please attach voided check here**





For side 2 please fill in  
Employer Identification Number (EIN)

(continued)

6. Payment Method. Choose the payment method(s) by placing an **OXO** in the box(es). The options available are: EFTPS using the Internet or phone and EFTPS through a Financial Institution. Both EFTPS input methods are interchangeable: Internet and phone.

EIN.

### Payment Information

8. Payment Method

EFTPS (by Internet and/or phone): check here if you will instruct EFTPS to transfer payment from your account.

EFTPS (through a Financial Institution): check here if you will instruct your financial institution to forward the payment to EFTPS. You must check with your financial institution to determine if they are capable of providing this service.

NOTE: If you will only be using EFTPS through your Financial Institution as a payment method, skip to item #23.

Note: For EFTPS (using the Internet or phone), complete the additional information required about your financial institution. Enrollment will automatically enroll you for EFTPS through a Financial Institution as well as Same-Day Payment.

For EFTPS (through a Financial Institution), you initiate a tax payment through a financial institution. You must contact your financial institution to insure the institution is capable of making an EFTPS payment through the Automated Clearing House (ACH) or a Same-Day Payment method. If you enroll for EFTPS through a Financial Institution or Same-Day Payment, you may also enroll for EFTPS using the Internet or phone by providing the financial institution information requested on items 19 through 23.

9-18. Optional Tax Form Payment Amount Limits (For EFTPS using the Internet or phone only)

This section is optional. You may set amount limits for each tax type to prevent an overpayment. The system will compare your payment amount against your stated limit and provide a warning if you exceed the limit. You may override the warning if you wish.

### Tax Form Payment Amount Limits (EFTPS using the Internet or phone only)

9. 10.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	940	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	941	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	945	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	990C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	990T	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1042	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										

(19 through 24 must be completed if EFTPS using the Internet or phone will be used)

19. RTN. This is the nine-digit number associated with your financial institution. You may contact your financial institution to verify this number.

### Financial Institution Information (to be completed if EFTPS using the Internet or phone will be used)

19. RTN:

20. Account Number:

21. Type:  Checking  Savings

22. State:

ZIP Code:

20. Account Number. Enter the number of the account you will use to pay your taxes.

21. Type. Please mark one box to indicate whether the account is a checking or savings account.

22. State and ZIP Code. Use the two-character letter abbreviation for the state your financial institution is located in and indicate ZIP Code.

### Authorization

23. For both payment methods: Please read the following Authorization Agreement:

I (as defined as the taxpayer whose signature is below) hereby authorize the contact person (listed in item #4 of this form) and the financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS) payments to receive confidential information necessary to effect enrollment in EFTPS, electronic payment of taxes, and answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Only EFTPS using the Internet or phone: Please read the following Authorization Agreement:

By completing the information in boxes 19-22 and signing below, I hereby authorize designated Financial Agents of the U.S. Treasury to initiate EFTPS debit entries to the financial institution account indicated above, for payment of Federal taxes owed to the IRS upon request by taxpayer or his/her representative, using the Electronic Federal Tax Payment System (EFTPS). I further authorize the financial institution named above to debit such entries to the financial institution account indicated above. All debits initiated by the U.S. Treasury designated Financial Agents pursuant to this authorization shall be made under U.S. Treasury regulations. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it.

23. Authorization. This section authorizes a Financial Agent of the U.S. Treasury to initiate tax payments from the account(s) you designate.

24. Taxpayer Signature. The taxpayer must sign this section to authorize participation in EFTPS. If there is no signature, a form will be returned.

This section also provides authorization to share the information provided with your financial institution, required for the processing of the Electronic Federal Tax Payment System.

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, the signer certifies that they have the authority to execute this authorization on behalf of the taxpayer.

24. Taxpayer Signature

\_\_\_\_\_  
Date \_\_\_\_\_

Taxpayer Signature \_\_\_\_\_  
Title \_\_\_\_\_

Print Name \_\_\_\_\_

Remember to sign and mail your enrollment form to the address on reverse side.

Paperwork Reduction Act Notice: In accordance with the Paperwork Reduction Act of 1995, we ask for the information in the Electronic Federal Tax Payment System (EFTPS) Enrollment Form in order to carry out the requirements of 26 United States Code (IRC) 6011, 6011, and 6012. You are not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or manuals relating to forms or their instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The information is used by the Internal Revenue Service to assure that payment(s) are properly credited to the appropriate account(s). Your response is mandatory if you are required by regulations to use Electronic Funds Transfer to make your Federal Tax Deposits. The time needed to provide this information will vary depending on individual circumstances. The estimated average time is ten minutes. If you have comments concerning the accuracy of this time estimate or suggestions for reducing this burden, we would be happy to hear from you. You can write to the IRS Tax Products Coordinating Committee, SE W CAR MP-TT SP, 1111 Constitution Ave NW, Washington, DC 20224. Please do not send the enrollment form to this address. The Privacy Act of 1974 requires that when we ask individuals for information about themselves, we state our legal right to ask for the information, why we are asking for the information, and how it will be used. We must also tell you what could happen if we do not receive all or part of it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301 and Internal Revenue Code sections 6001, 6011, 6012, and applicable regulations. The information will be used to enroll you in the Electronic Federal Tax Payment System (EFTPS). The information may not be disclosed except as provided by section 6103 of the Internal Revenue Code. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may also give it to other states, the District of Columbia, and U.S. commonwealths or possessions to carry out the law. We may give it to foreign governments because of tax treaties they have with the United States. Your response is mandatory if you are required by regulations to use electronic funds transfer to make your deposits. If you are not required by regulations to use electronic funds transfer, your response is voluntary. If you do not provide all or part of the information, you may not be eligible to participate in the EFTPS. If you are required to use electronic funds transfer by regulation, you may be subject to penalties. If you are not required to use electronic funds transfer to pay taxes owed, you need to pay the taxes due by another method.

DEPARTMENT OF REVENUE

STATE OF KANSAS 020

Electronic Services Unit
915 SW Harrison St.
Topeka KS 66612-1588
Internet Address: www.webtax.org

Toll Free: 1-800-525-3901
Topeka Area Phone: (785) 296-6993
FAX: (785) 296-0153
Hearing Impaired TTY: (785) 296-6461

AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

(Complete, sign, and mail or fax this form to the Department of Revenue.)

Form with checkboxes for New Account, Bank Change- Effective Date, and Tax Account Info Change.

Kansas Tax Account Number

License Number (Mineral Tax and Motor Fuel only)

Office Use Only section with fields for Filing Freq., PIN Number, REG., DATABASE, ADD., and MAIL DATE.

Choose all tax types that apply:

- List of tax types with checkboxes: Withholding, Retail Sales, Corporate Income, Retail Compensating Use, Mineral Tax, Privilege Tax, Consumers Compensating Use, Motor Fuel, Gallonage Tax.

Taxpayer Information (Please type or print)

Name, Address, City, State Zip, EFT Contact, Phone Number, FAX Number.

Payroll/Tax Services:

If you contract with a payroll/tax service or if you are with a service preparing this form for a taxpayer, please provide the name of the service and the contact person.

Service Name: Contact Person: Contact Phone Number:

ACH Debit Option

If ACH Debit is chosen, the information you provide the Kansas Department of Revenue gives us the authorization to debit your bank for the tax(e identified above. Only you can initiate a debit by calling the state's system and indicating the amount of tax to be paid by electronic funds trans

Account Type: (check one) Checking Savings NOTE: PLEASE ENCLOSE A VOIDED CHECK FOR VERIFICATION

Bank Name: Bank Contact: Phone Number: Routing #: Account #:

ACH Credit Option

If ACH Credit is chosen, you will be responsible for contacting your bank, indicating the amount you want sent and having the transacti completed timely for funds to be received by the Kansas Department of Revenue on or before the EFT due date. I hereby request the Kan Department of Revenue to grant authority for the above named taxpayer to initiate ACH credit transactions to the State Treasurer's ban account. I understand these must be in the NACHA CCD+ format using the TXP conventio

Authorized Signature:

Signature: Date: Print Name: Title:

# EMPLOYER REPRESENTATIVE AUTHORIZATION

YOUR REQUEST WILL BE DENIED IF ANY ITEM IS INCOMPLETE

1. KS UI Tax Account Number \_\_\_\_\_
2. Employer Name \_\_\_\_\_
3. Physical Address of Business in **KANSAS**. If no physical address, store front or business location exists in **KANSAS**, you must indicate where in **KANSAS** you have workers performing a service. Do **NOT** use a Post Office Box Number.

- Business Location                       Job Site                       Sales Representative Residence
- Other (explain) \_\_\_\_\_

ADDRESS (Do **NOT** use PO Box Number)                      CITY                      STATE                      ZIP

4. Indicate the representative retained to represent you \_\_\_\_\_

Indicate which Kansas Unemployment Insurance reports you have delegated the authority to receive. Provide the mailing address for the delegated reports.

- A Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100**
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City, State, ZIP+4 \_\_\_\_\_

- B Annual Experience Rating Notice, K-CNS 404, & Annual Notice of Benefit Charges, K-CNS 403**
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City, State, ZIP+4 \_\_\_\_\_

- C Last Employer, Base Period and all other Benefit and Appeal Claim Notices**
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City, State, ZIP+4 \_\_\_\_\_

5. Sign & Date

\_\_\_\_\_  
Owner, Partner, Corporate Officer, LLC Member/Manager

MM-DD-YYYY

\_\_\_\_\_  
e-mail

\_\_\_\_\_  
Telephone

Sign and return the completed report to:	Liability Determinations
Telephone ..... 785-296-5027	Kansas Dept of Labor
Fax ..... 785-291-3425	401 SW Topeka Blvd
e-mail ..... uilax@dol.ks.gov	Topeka KS 66603-3182