

## Payroll Setup Checklist

### Payroll Setup (for employer)

### LAPAI Review

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Client ACH Debit/Credit Authorization         | <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"/> Form 8655                                     | <input type="checkbox"/> |
| <input type="checkbox"/> Other States                                  |                          |
| _____  | <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"/> 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
- Liquor Drink 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 \_\_\_\_\_

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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**

KANSAS DEPARTMENT OF REVENUE  
**AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER**

New Account       Bank Change Effective Date \_\_\_\_\_       Tax Account Information Change

**Kansas Tax Account Number** \_\_\_\_\_

**License Number** \_\_\_\_\_ (Mineral Tax and Motor Fuel only)

Office Use Only	
Filing Freq. _____	
PIN Number _____	
REG. _____	DATABASE _____
ADD. _____	MAIL DATE _____

**Choose all tax types that apply:**

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Consumers Compensating Use | <input type="checkbox"/> Mineral    | <input type="checkbox"/> Retail Compensating |
| <input type="checkbox"/> Corporate Income           | <input type="checkbox"/> Motor Fuel | <input type="checkbox"/> Retail Sales        |
| <input type="checkbox"/> Franchise                  | <input type="checkbox"/> Privilege  | <input type="checkbox"/> Withholding         |
| <input type="checkbox"/> Gallonage                  |                                     |  |

**Taxpayer Information** (Please type or print)      Email \_\_\_\_\_

Name \_\_\_\_\_ EFT Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

**Payroll/Tax Service**      Email \_\_\_\_\_

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(s) identified above. Only you can initiate a debit by calling the state's system and indicating the amount of the tax to be paid by electronic funds transfer.

Account Type (Check one)       Checking       Savings      **Note:** Please enclose a voided check for verification.

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

Phone Number \_\_\_\_\_ Routing Number \_\_\_\_\_

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

**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 transaction completed timely for funds to be received by the Kansas Department of Revenue on or before the EFT due date. I hereby request the Kansas Department of Revenue to grant authority for the above named taxpayer to initiate ACH credit transactions to the State Treasurer's bank account. I understand these must be in the NACHA CCD+ format using the TXP convention.

**Authorized Signature**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Complete, sign and mail this form to: Kansas Department of Revenue, 905 SW Jackson, P O Box 3506, Topeka KS 66601-3506. Or fax this form to 785-296-0153. For questions call 785-296-6993.**

# EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 12-17)

MAIL:	Kansas Department of Labor UI Tax Contributions 401 SW Topeka Blvd. Topeka, KS 66603-3182
FAX:	(785) 291-3425
EMAIL:	Submit

Request will be denied if any item is incomplete.

Employer Serial Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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
  Company representative residence  
 Other (explain): \_\_\_\_\_

Address (Do <b>NOT</b> use PO Box number)	City	State	ZIP
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Representative retained to represent you: \_\_\_\_\_

Representative's phone: ( ) \_\_\_\_\_ Representative's email: \_\_\_\_\_

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

**Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Last Employer, Base Period and all other Benefit and Appeal Claim Notices**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Owner, partner, corporate officer, LLC member/manager signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

More information about filing reports as an authorized employer representative is found at [www.KansasEmployer.gov](http://www.KansasEmployer.gov).

# Reporting Agent Authorization

► Information about Form 8655 and its instructions is at [www.irs.gov/Form8655](http://www.irs.gov/Form8655).

## Taxpayer

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

## Reporting Agent

<b>9</b> Name (enter company name or name of business)	<b>10</b> Employer identification number (EIN)
<b>11</b> Address (number, street, and room or suite no.)	
City or town, state, and ZIP code	
<b>12</b> Contact person	<b>13</b> Daytime telephone number
	<b>14</b> Fax number

## 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 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	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 _____	941 _____	943 _____	944 _____	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 \_\_\_\_\_.

**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 \_\_\_\_\_.

**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 \_\_\_\_\_.

## 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 and 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
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