



Company Entry Form

Company Information

If you have questions please call us at (573) 474-8431

Legal Name _____

Company Structure

Sole

LLC

C Corp

501 (3) (c)

Other

DBA _____

Address _____

City _____ State _____ Zip _____

Primary Payroll Contact

Phone

Email

Secondary Payroll Contact

Phone

Email

Company Tax Information

Federal Tax ID (EIN) _____

Have you paid any payroll for the current year?

Yes

No

State Tax ID _____

Notes

State Unemployment ID (SUI/SUTA) _____

SUI/SUTA Rate _____

Payroll Information

Pay Frequency Weekly Biweekly Semi-Monthly Monthly

First Pay Check Date Pay Period Begin Date Pay Period End Date _____

Second Pay Check Date Pay Period Begin Date Pay Period End Date _____

If Check Date is on a Holiday or Weekend do you wish to move it before or after Holiday Weekend? Before After

Payroll Submission and Delivery Information

Payroll Submission Options

Phone

Fax

Email

Drop Off

Remote

Payroll Delivery Options

Pick Up

Mail (USPS)

UPS

Courier

Email Reports Only

Email Reports and Checks

Call with Invoice and Direct Deposit Totals?

Yes

No

Email with Invoice and Direct Deposit Totals

Yes

No

Do you want EDP to file New Hire Report?

Yes

No

Do you want EDP to Stuff Employee Pay Stubs in envelopes?

Yes

No



Earning and Deduction Information

Please list all Earning and Deductions categories for your organization

Before Taxes

After Taxes

Branches and Departments

Please list all Branches and Departments for your organization

Branches

Departments

Time Off Accrual

Please attach a copy of your Time Off Accrual Policy

Additional Services

- | | | |
|-------------------------------------|---------------------------|---------------------------------|
| Remote (In office Payroll Software) | Employee Self Serve (ESS) | MyHRAdmin (HRIS) |
| Certified Payroll | Job Costing | Benefits Administration |
| Pay Card (Debit Card) | Check Stuffing | General Ledger |
| Workers Comp (pay as you go) | Labor Distribution | Swipeclock (Time an Attendance) |
| Background Employment Screening | | |

How did you hear about Columbia EDP?



Authorization Agreement for
Pre-Arranged Payment for Payroll Charges

I (We) hereby authorize Columbia EDP Center, hereinafter called Columbia EDP Center, to initiate debit entries to my (our) account indicated below, hereinafter called Depository, to debit the same to such account. These charges will be in an amount equal to the dollar amount of Columbia EDP Center checks issued for the payroll, plus all tax liabilities that Columbia EDP Center is responsible for paying and the processing fee and any other charges for that payroll. Columbia EDP Center will provide notification of the amount of the charge prior to checks being delivered.

Bank Name:

Bank Routing Number:

Account Number:

This authority is to remain in full effect until Columbia EDP Center and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford Columbia EDP Center and DEPOSITORY a reasonable opportunity to act on it.

Client Name:

Name(s):

Date: _____ Signed: _____

Date: _____ Signed: _____

PLEASE ATTACH A VOIDED CHECK HERE:



NACHA IAT Compliance Statement - Employer

An Amendment to NACHA Operating Rules, effective September 18, 2009, requires all payments funded internationally or sent to another country via the ACH Network to be identified as International ACH Transactions.

If any of the following situations apply to your organization, then you MAY need to originate IAT transactions and must inform Columbia EDP Center, Inc.

Select "Yes" or "No" to each question below as it relates to your company/organization

- Yes No Is your company a subsidiary of a multi-national company and funds are transferred between the U.S. offices and offices outside the legal jurisdiction of the U.S.?
- Yes No Does your company have foreign subsidiaries?
- Yes No Does your company send payroll, pension or benefit payments via the ACH Network to individuals that have permanent addresses outside the territorial jurisdiction of the United States?
- Yes No Does your company have employees working in countries outside the legal jurisdiction of the U.S. either permanently or on a temporary basis, and you continue to pay them using direct deposit?
- Yes No Does your company have retirees who have moved outside the legal jurisdiction of the U.S., either permanently or on a temporary basis, and they are receiving pension or other benefits through direct deposit?
- Yes No Is any employee of your organization who receives direct deposit forwarding the funds to a financial institution in another country for any purpose?

If you answered "Yes" to any of the preceding questions you must inform Columbia EDP Center, Inc. so your files can be formatted as an IAT transaction if necessary.

I have read and understand the above paragraph and declare I have been informed by Columbia EDP Center, Inc. of my obligation to comply with the NACHA rules regarding IAT transactions. I also declare that our company/ organization is in compliance.

Signed: _____ Date: _____
(Owner/Principal)

Printed: _____

Company/Organization: _____

PAYROLL SERVICE AGREEMENT

COLUMBIA EDP CENTER, INC. (EDP) and _____
(Client) agree as follows:

1. EDP will provide complete customary basic payroll data processing services to the client, with any additions, modifications, or exceptions as stated following _____

2. EDP's performance is contingent upon client furnishing all required data at least twenty four (24) hours prior to desired processing schedule.

3. Delivery and processing schedules will be determined by EDP from time to time.

4. As payment for the above services, the client will pay the charges listed below which are based on client's current payroll volume of _____ checks per pay period.

(a) Base Charge _____

(b) Checks issued: _____ at \$1.85 each = _____

_____ at \$1.50 each = _____

_____ at \$1.15 each = _____

(c) Tax Service _____

(d) Total charge per processing _____

(e) New employee set up fee _____

(f) Other charges: Postage & Handling, Direct Deposit, Special Reports, W-2's, Agency Checks, ESS.

(g) Any bank service charges incurred due to client's account.

(h) Rebate for timely filing of State Withholding is retained by EDP.

Any change in the volume of checks written for the client which causes the number of checks per period to fall into another previously published price category will result in the clients base charge per check to change automatically.

5. Fees are subject to change on written notice, but only as to all payroll clients. Bills will be due in full upon presentation. Overdue accounts will accrue interest at prime rate of Boone County National Bank. In the event the account is placed for collection, client agrees to pay reasonable attorney's fees and costs. EDP reserves the right to withhold any or all work in process or records in its possession in the event of default of payment.

6. EDP agrees to hold in confidence all information related to client's assets, liabilities, business affairs which is received in the course of rendering services.
7. To secure any obligation now or hereafter owed by client to EDP, Client grants EDP the right of set-off and a security interest under the **Missouri Uniform Commercial Code** in any funds which may now or hereafter be deposited by client in the EDP escrow account.
8. EDP recommends client verify all work done by EDP to discover any errors or omissions and ensure accuracy. EDP shall use due care in processing client work, but EDP shall be responsible only to the extent of correcting any errors which are due to EDP machines, operators or programmers. In any event, EDP liability with respect to products and services offered under this Agreement is limited to the total charge for the services of the initial processing in which the error occurred and no special or consequential damages may be recovered. EDP shall not be liable for recurring errors that were not caught by the client, on the processing in which they first occurred. EDP shall not be liable for failure to provide the services herein if due to causes or conditions beyond its control. If the data submitted by client for processing is incorrect, incomplete or not in proper form, the client agrees to pay EDP its standard rates then in effect for any additional work performed by EDP to correct such data for processing.
9. Client agrees to provide EDP with the following information prior to EDP processing any payroll or writing any payroll checks for client:
- IRS deposit frequency letter. If unavailable, client agrees to call IRS and find out that information or supply EDP with the tax returns filed during the look back period.
 - Federal, State and Local tax deposit coupon books.
 - State unemployment experience rate notice. If unavailable, client agrees to call the state unemployment office and get the account number and rate.
 - Copy of any payroll tax returns (Federal, State or Local) filed during the current year.
 - Copy of 941 and state tax deposits made by client for the current year. Information will reflect date and amount for each deposit, individually. Fed/Fica deposits must be split to show how much of the deposit was Fed W/H and how much was FICA.
 - Local tax ID's, rates and deposit frequencies. If unavailable, client agrees to call the local government agency and get the information.
 - Employee conversion information, both active and terminated employees. Information will reflect, total earnings, deductions, and taxes by quarter for each employee. Conversion information will also include company totals for each earnings, deduction and tax category.

In the event this information is not provided to EDP at conversion time, client agrees to be solely responsible for, and pay any and all penalties and interest assessed by any agency as a result of improper filings.

10. EDP is required by IRS Revenue Procedure 2012-32 Section 5.05 to:
- a. Notify taxpayers that signing the Form 8655 does not eliminate the taxpayer's liability for missed or untimely tax deposits or tax returns
 - b. Provide taxpayers this disclosure statement upon entering a contract for services and must continue to do so on a quarterly basis.
 - c. Advise the taxpayer to enroll in EFTPS to independently verify tax payments are being made timely.
 - d. Notify taxpayers that state level tax verification programs may be available.

EDP agrees to be responsible for penalties and interest for untimely or incorrect tax deposits or tax returns caused by EDP personnel, software or computer error. Client agrees that EDP is not responsible for penalties and interest for untimely or incorrect tax deposits or tax returns caused by conditions beyond EDP's control.

11. Until such time as sufficient credit has been established with EDP, payment for checks issued for the payroll, plus all tax liabilities that EDP is responsible for paying and the processing fee and any other charges for that payroll, shall be by wire transfer to a designated EDP account or by cashier's check issued to EDP. The minimum time period for establishment of said credit shall be six months.

12. Client agrees to grant to EDP once credit has been established and to maintain throughout the term of this Agreement, authority to make preauthorized charge on the client's account in an amount equal to the dollar amount of EDP's checks issued for the payroll, plus all tax liabilities that EDP is responsible for paying and the processing fee and any other charges for that payroll. Customers will be notified by EDP of the preauthorized charge prior to checks being delivered to the customer.

13. All specifications, tapes, and programs utilized or developed in connection with the Agreement (except those furnished by client) are and shall remain the sole property of EDP.

14. Client agrees to indemnify and hold EDP harmless from all loss, damages and expenses (including reasonable attorney fees) in connection with any claim which may arise out of or as a result of this Agreement or the uncollected funds.

15. EDP is not an agent of the client. Should an agency relationship be found to exist, it will automatically terminate upon the return to EDP of any check or preauthorized charge of client for insufficient or uncollected funds.

16. For credit approval purposes, the following is necessary:

(a) Vendor references (Name and Address, Phone & Fax)

- 1. _____
- 2. _____
- 3. _____

(b) Bank Name and Banker's Name/Branch

(c) How long has this business existed? _____

17. This Agreement shall be governed by the laws of the State of Missouri and constitutes the entire Agreement between the parties. The Agreement may be amended only in writing signed by both parties.

18. This Agreement may be terminated by either party, without cause, upon seven days' written notice to the other party, and for reasonable cause, without notice to the other party. Services by EDP for the client shall commence on the _____ day of _____, _____, which shall be the date of this Agreement.

Client Name _____

Authorized Signature _____

Accepted By _____

GUARANTEE

For value received, the above Agreement and Obligations of client are guaranteed by the undersigned personally.

Personal Signature _____

Social Security # _____

Reporting Agent Authorization

▶ Information about Form 8655 is at www.irs.gov/form8655.

Taxpayer

1 a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)
1 b 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
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) Columbia EDP Center Inc.	10 Employer identification number (EIN) 43 - 0967777
11 Address (number, street, and room or suite no.) 1816 Vandiver Dr	
City or town, state, and ZIP code Columbia, Missouri, 65202	
12 Contact person Jim Claus	13 Daytime telephone number 573 474 8431
	14 Fax number 573 474 9506

Authorization of Reporting Agent To Sign and File Returns

15 Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

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

16 Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

Disclosure of Information to Reporting Agents

17 a Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on lines 15, 16, and/or line 18

b Check here if the reporting agent also wants to receive copies of notices from the IRS

Disclosure Authorization

18 a 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

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. 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 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

General Instructions

What's New

Beginning in 2012, Form 944-PR and Form 944-SS have been deleted from line 15. Taxpayers who would otherwise file Form 944-PR or Form 944-SS will file Form 944 or Form 944(SP) unless they request to file quarterly Forms 941-PR or 941-SS.

Purpose of Form

Use Form 8655 to authorize a reporting agent to:

- Sign and file certain returns. Reporting agents must file returns electronically except as provided under Rev. Proc. 2012-32. You can find Rev. Proc. 2012-32 on page 267 of Internal Revenue Bulletin 2012-34 at www.irs.gov/pub/irs-irbs/irb12-34.pdf;
- Make deposits and payments for certain returns;
- Receive duplicate copies of tax information, notices, and other written and/or electronic communication regarding any authority granted; and
- Provide IRS with information to aid in penalty relief determinations related to the authority granted on Form 8655.

Authority Granted

Once Form 8655 is signed, any authority granted is effective beginning with the period indicated on lines 15 or 16 and continues indefinitely unless revoked by the taxpayer or reporting agent. A new authorization must be submitted to the Service for any increase or decrease in the authority of a reporting agent to act for its client. The preceding authorization remains in effect except as modified by the new one. No authorization or authority is granted for periods prior to the period(s) indicated on Form 8655.

Where authority is granted for any form, it is also effective for related forms such as the corresponding non-English language form, amended return, (Form 941-X, 941-X(PR), 943-X, 944-X(PR), 945-X, or CT-1X), or payment voucher. In addition to the returns shown on lines 15 and 16, Form 8655 can be used to provide authorization for Form 944-SP using the entry spaces for Form 944. The form also can be used to authorize a reporting agent to make deposits and payments for other returns in the Form 1120 series, such as Form 1120-C, using the entry space for Form 1120 on line 16.

Disclosure authority granted on line 17a is effective on the date Form 8655 is signed by the taxpayer. Any authority granted on Form 8655 does not revoke and has no effect on any authority granted on Forms 2848 or 8821, or any third-party designee checkbox authority.

Where To File

Send Form 8655 to:

Internal Revenue Service
Accounts Management Service Center
MS 6748 RAF Team
1973 North Rulon White Blvd.
Ogden, UT 84404

You can fax Form 8655 to the IRS. The number is 801-620-4142.

Additional Information

Additional information concerning reporting agent authorizations may be found in:

- **Pub. 1474**, Technical Specifications Guide for Reporting Agent Authorizations and Federal Tax Depositors.
- **Rev. Proc. 2012-32**.

Substitute Form 8655

If you want to prepare and use a substitute Form 8655, see Pub. 1167, General Rules and Specifications for Substitute Forms and Schedules. If your substitute Form 8655 is approved, the form approval number must be printed in the lower left margin of each substitute Form 8655 you file with the IRS.

Revoking an Authorization

If you have a valid Form 8655 on file with the IRS, the filing of a new Form 8655 revokes the authority of the prior reporting agent beginning with the period indicated on the new Form 8655. However, the prior reporting agent is still an authorized reporting agent and retains any previously granted disclosure authority for the periods prior to the beginning period of the new reporting agent's authorization unless specifically revoked.

If the taxpayer wants to revoke an existing authorization, send a copy of the previously executed Form 8655 to the IRS at the address under *Where To File*, above. Re-sign the copy of the Form 8655 under the original signature. Write "REVOKE" across the top of the form. If you do not have a copy of the authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the reporting agent is revoked and must be signed by the taxpayer. Also, list the name and address of each reporting agent whose authority is revoked.

Withdrawing from reporting authority. A reporting agent can withdraw from authority by filing a statement with the IRS, either on paper or using a delete process. The statement must be signed by the reporting agent (if filed on paper) and identify the name and address of the taxpayer and authorization(s) from which the reporting agent is withdrawing. For information on the delete process, see Pub. 1474.

Specific Instructions

Line 15

Use the "YYYY" format for annual tax returns. Use the "MM/YYYY" format for quarterly tax returns, where "MM" is the ending month of the quarter the named reporting agent is authorized to sign and file tax returns for the taxpayer. For example, enter "09/2012" on the line for "941" to indicate you are authorizing the named reporting agent to sign and file Form 941 for the July–September quarter of 2012 and subsequent quarters.

Line 16

Use the "MM/YYYY" format to enter the starting date, where "MM" is the first month the named reporting agent is authorized to make deposits or payments for the taxpayer. For example, enter "08/2012" on the line for "720" to indicate you are authorizing the named reporting agent to make deposits or payments for Form 720 starting in August 2012 and all subsequent months.

Who Must Sign

Sole proprietorship. The individual owning the business.

Corporation (including a limited liability company (LLC) treated as a corporation). Generally, Form 8655 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer, and (d) any other person authorized to access information under section 6103(e).

Partnership (including an LLC treated as a partnership) or an unincorporated organization. Generally, Form 8655 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8655.

Single member LLC treated as a disregarded entity. The owner of the LLC.

Trust or estate. The fiduciary.

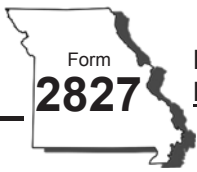
Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our authority to request this information is Internal Revenue Code sections 6011, 6061, 6109, and 6302 and the regulations thereunder. We use this information to identify you and record your reporting agent authorization. You are not required to authorize a reporting agent to act on your behalf. However, if you choose to authorize a reporting agent, you are required to provide the information requested, including your identification number. Failure to provide all the information requested may prevent or delay processing of your authorization; providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement agencies and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file Form 8655 will vary depending on individual circumstances. The estimated average time is 1 hour, 7 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making Form 8655 simpler, we would be happy to hear from you. Email us at taxforms@irs.gov and enter "Form 8655" on the subject line or write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File* above.



Missouri Department of Revenue
Power of Attorney

Please print on white paper only

All appointed representatives must sign on reverse side of this form.

Form section for Taxpayer's Name or Business Name, Spouse's Name, Street Address, City, State, Zip Code, E-mail Address, Social Security Number or Federal I.D. Number, Spouse's SSN or Federal I.D. Number, Missouri Tax I.D. Number, Missouri Charter Number, Telephone Number.

Table with 2 columns: Representative(s) and fields for Name of Appointed Representative, Address, Telephone Number, E-mail Address. Includes entries for Jim Claus and Linda Wisdom.

Form section for Tax Type(s) and Form(s). Includes checkboxes for Cigarette or Other Tobacco Products, Corporate Income or Franchise, Personal Income, Motor Fuel, Sales or Use, Withholding, Other, All Forms, All Registration Forms, and Only Form(s) MO-941.

Form section for Year(s) and Period(s). Includes checkboxes for All Tax Periods, Tax Year or Period(s) Only 2014 - 2017, Range of Tax, and Date of Death (if estate tax).

Form section for Courtesy Mailings. Includes text about authorization and checkboxes for The representative first named above, or The following named representative(s) (no more than two).

Form section for Removal of Power. Includes checkboxes for All other powers of attorney on file with the Department shall remain in effect, or By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked.

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) __ / __ / __	Taxpayer Telephone Number () -
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) __ / __ / __	Taxpayer Telephone Number () -

Declaration of Representative(s)

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

1. a member in good standing of the bar of the highest court of the jurisdiction indicated below;
2. a certified public accountant duly qualified to practice in the jurisdiction indicated below;
3. an officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. an enrolled agent;
7. tax preparer, or
8. other authorized representative or agent

Note: All appointed representatives must sign below.

No digital signatures allowed

Printed Name of Representative Jim Claus	Signature of Representative	Date (MM/DD/YYYY) __ / __ / __
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative Linda Wisdom	Signature of Representative	Date (MM/DD/YYYY) __ / __ / __
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ / __ / __
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ / __ / __
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	

Mail to:

Form 2827 (Revised 03-2014)

(Business Tax)
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov

(Motor Fuel Tax)
Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

(Cigarette or Other Tobacco Products Tax)
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov



Visit <http://dor.mo.gov/> for additional information.

REMINDER

Please keep this memo close at hand while preparing your payroll.
It will help us at Columbia EDP serve you better.

Clients Who Fax in Payroll:

- Please verify that the check date & pay period dates on your input worksheet are correct. If necessary, make changes on the Input Worksheet cover letter **and** page 1.
- Please total all columns & indicate number of checks. List these in the appropriate boxes on the input worksheet cover letter.

Clients Who Call in Payroll:

- Please verify that the check date & pay period dates on your input worksheet are correct. If necessary, make changes on the Input Worksheet cover letter **and** page 1.
- Please total all columns & indicate number of checks. List these in the appropriate boxes on the input worksheet cover letter.

Clients Who Send in eSheets for Payroll:

- As you open your esheets please choose the option to ALWAYS ENABLE MACROS.
- When paying hourly employees put the # of hours worked for the pay period in the column headed (E01 Regular Hrs). When paying a salary person choose the Y to say yes to paying the salary and delete the N. If the salaried person is not to be paid for this pay period choose the N for NO Do Not Pay Salary).
- Do not alter the structure of the eSheet by adding, deleting or moving columns. If you have questions about changing the eSheet please call first!
- Send your esheets to: esheets@columbiaedp.com

Clients Who are Remote:

- Please have a User Login and Password for EACH person who will be accessing payroll information through the remote product.
- Remember to preprocess and review your payroll register before you submit your payroll to Columbia EDP
- Remember to click on the "Submit Payroll" button once you are done reviewing your payroll.

General Reminders for ALL Clients:

- Remember you can call, drop off, fax or email your payroll 1:00-5:30 p.m. the day before or 7:30-9:00 a.m. the day your payroll is to be processed.
- Direct debit/deposit clients must be processed two to four banking days prior to your check date. The two to four day delay is recommended to insure direct deposits are in the bank accounts on the check date. **If a holiday occurs during your pay week, remember the check date and/or call in date may need to be adjusted.**
- Payrolls received by 9:00 a.m. may be picked up the same day after 3:00 p.m.

To help us direct your calls more quickly, please refer to the following list:

Tax

Jim Claus
Linda Wisdom

Customer Support/401k/Time off Accruals

Theresa Kite
Jeff Levin
Alpha Hightower

Garnishments

Patty Burkholder

Handchecks/Lost Checks

Patty Burkholder
Alpha Hightower

Packaging/Shipping

Kim Theberge

General Payroll/Payroll Entry

Sherry Walker Patty Burkholder
Janice Shaw Jean Malmberg
Janet Hendren

eSheets

Janice Shaw
Lisa Sawyer

401K Submission/Transmission

Jim Claus

Business Development

Sherry Major



Payroll Checklist for: _____

Items Required to Complete Payroll Setup

Check each completed item:

- Company Entry Form** – Completed in full per company being serviced. Phone numbers submitted must be direct numbers per contact.
- Authorization Agreement for Pre-Arranged Payment for Payroll Charges** – Completed with voided check (or copy of voided check) for purpose of verifying bank information.
- Payroll Services Agreement** – Completed with Client Name, Authorized Signature, Personal Signature and Social Security Number recorded.
- NACHA IAT Compliance Statement** – Completed NACHA Statement with answers to each question, signed and dated by Owner/Principal)
- IRS Form 8655 and Missouri Department of Revenue Form 2827** - Completed in full to allow Columbia EDP Center to fulfill your Federal and State taxes deposits and ask any tax related questions on your behalf. If you have Employees outside the state of Missouri, Columbia EDP will notify you if a Power of Attorney is required for those states.
- Quarter to date and year to date Earnings/Deductions/Taxes/Net**
 - Per Employee, Active and inactive for the current year.
 - OASDI, Medicare, Federal withholding and any other earnings, deductions and/or adjustments.
 - Note each deduction pre-tax or after-tax.
 - Separate all above information by 1st, 2nd, 3rd, 4th quarters.
- Copy of current years Quarterly Returns** (941 Federal Form and State Unemployment Returns).
- Description and schedule of tax payments along with any taxed that may be withheld but not paid.
- Documentation proving **Tax Exempt Status** (if not-for-profit).
- Federal Tax ID Number (EIN) and coupon book** – Form SS-4 to apply electronically through Columbia EDP Center.
- State Withholding Number** and coupon book for all states you have employees, along with deposit frequency – Missouri Form 2643 to apply electronically through Columbia EDP Center.
- State Unemployment Number** (SUI/SUTA) for all states you have employees and current year contribution rates per state – Missouri Form 2699 to apply electronically through Columbia EDP Center.
- Employee Input Form** – Completed in full per employee, active and inactive for the current year.

Optional Items That Can Be Implemented

- Sick/Vacation/Time Off Accrual** – Attach your policy or schedule of rule and regulations – with employee balances.
- Direct Deposit/PayCard Authorization Forms** – Completed, signed and dated by each employee wanted this service. For direct deposit each employee must attach a voided check or legible copy of a voided check.
- Garnishments** – Original form or copy of each garnishment must be submitted.
 - Court order, voluntary garnishment, child support order, student loan order, IRS levy, bankruptcy, etc. Each garnishment must have current employer information recorded on the document. Each submission must include case number, target amount and where funds are to be submitted.
 - If your employee has a garnishment and is considered Head of Household, **you must submit a Statement of Exemption, Head of Household Form**, completed and notarized.
 - If you submit original garnishment documents or notarized documents involving garnishments to Columbia EDP Center, you as the employer are required to keep a copy for your records.

Dear client:

Columbia EDP is committed to providing the highest quality of service. We feel it is vitally important that you are aware of your ability to verify that we have made your federal tax payments. Please carefully read the following information taken directly from the IRS' website regarding how you can verify Columbia EDP is making your federal tax deposits in a timely manner:

"The Electronic Federal Tax Payment System (EFTPS) is the free system used by businesses and individuals to pay their federal tax liabilities. Businesses that outsource their employee payroll taxes to a payroll service provider who uses EFTPS have an added incentive to enroll in, and access EFTPS. A business can use the system to verify the company they hired to make the tax payments did so, on time, and in the proper amount.

An employer cannot avoid the responsibility of making timely federal tax deposits by hiring a payroll service provider. Each business is ultimately responsible for ensuring that deposits of payroll taxes are made timely and in the correct amount. Most payroll service providers offer professional, honest help to their clients, allowing the employer to concentrate on business operations, not payroll taxes. However, there have been instances where payroll service providers failed to deposit their clients' payroll taxes.

Using a payroll service provider that is enrolled in and uses EFTPS to make your payroll tax deposits can be a good business decision. Another wise business decision is to use EFTPS to verify your federal tax deposits are being made by your payroll service provider. Both the payroll provider and the employer can each enroll and obtain a separate PIN through EFTPS for the same company. The employer uses it to verify payments and make any tax payments their payroll service provider is not making on their behalf. The payroll service provider uses it to make deposits on the employer's behalf.

It is easy to ensure that your payroll service provider is timely and correctly depositing your business's payroll taxes. After enrolling in EFTPS, you will receive a confirmation package sent to your address of record with the IRS within 15 business days. The confirmation package contains the enrollment confirmation materials and other important forms needed to make certain changes to enrollment information in the future. Simply log in using your employer identification number, PIN and Internet password, and click "Payment History."

EFTPS will display all EFTPS payments made by Internet, phone or third party within the last 16 months paid under your business' employer identification number. You will be able to confirm that the funds you turned over to your payroll service provider for employment tax deposits were credited to your account."

Source: <http://www.irs.gov/businesses/small/article/0..id=179898.00.html>

All new clients are auto enrolled to receive an inquiry PIN from the IRS. With this PIN, you can verify EDP has made your federal payments. You will receive your PIN within 2 to 3 weeks, keep the PIN for your records, EDP does not need a copy.

If you have any questions please contact our Tax Department at 573 474 8431, email Jim Claus at jclaus@columbiaedp.com or Linda Wisdom at lwisdom@columbiaedp.com.