

# Small Business Payroll Services, LLC

*\*Professional \*Personal \*Reliable*

614-829-6598

[www.payroll4sb.com](http://www.payroll4sb.com)

## New Account Checklist

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

### **Reporting Agent Authorizations:**

- IRS Form 8821 Date Faxed (901) 546-4115 \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- IRS Form 8855 Date Faxed (801) 620-4142 \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- State Authorization TBOR
  - OH Date Faxed (614) 466-7979 \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - \_\_ Date Faxed # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - \_\_ Date Faxed # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Ohio BWC AC-2 Date Faxed (614) 728-0456 \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- State Unemployment ODJFS
  - OH Date Faxed (614) 752-4811 \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - \_\_ Date Faxed # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  - \_\_ Date Faxed # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Direct Deposit:**

- ACH Authorization Agreement
- Provided client with copy of Federal Reserve Holiday Schedule

### **SBPS Required Forms:**

- Company Information Form
- Terms and Conditions Agreement
- Authorized Signature File

### **Other:**

- Prior Service Provider Cancellation Notification
  - Company: \_\_\_\_\_
  - Date Faxed # \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Check if Submitted by Company
- EFTPS Enrollment
  - Date Submitted \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - Date Confirmed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

