

## FEDERAL TAX DEPOSIT REQUIREMENT

**Client #:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

The IRS determines your deposit schedule by reviewing your total tax liability for four specific, prior quarters. This is known as the “lookback” period. Generally, if your total tax liability for the lookback period is \$50,000 or more, you must deposit on a *semi-weekly* basis. If your total tax liability for the lookback period is less than \$50,000, you would deposit *monthly*.

Other situations can change your monthly deposit requirement. Amended returns for a lookback quarter could cause your total tax liability for the period to exceed the \$50,000 threshold. Any time that your employment tax liability reaches \$100,000 or more, the due date for your remaining deposits for the current year and throughout the following year will be based on the semi-weekly deposit schedule. This situation usually arises when a company pays a bonus to employees at any time during the year.

It is the client’s responsibility to advise Advantage Payroll Services of a change to their deposit requirement. Advantage will not assume liability for penalties and interest that occur as a result of inaccurate information provided by the client or the IRS.

<b>Lookback Worksheet</b>		
Year Before Last	3 <sup>rd</sup> Quarter 941, September 30	Line 11 \$ _____
Year Before Last	4 <sup>th</sup> Quarter 941, December 31	Line 11 \$ _____
Last Year	1 <sup>st</sup> Quarter 941, March 31	Line 11 \$ _____
Last Year	2 <sup>nd</sup> Quarter 941, June 30	Line 11 \$ _____
		<b>Total \$</b> _____

### Please check the appropriate box and sign below

<i>If the total tax liability is less than \$50,000...</i>	<i>If the total tax liability is \$50,000 or more...</i>	<i>All new business without previous liability...</i>
<b>Monthly Depositor</b>	<b>Semi-Weekly Depositor</b>	<b>Monthly Depositor</b>
<input type="checkbox"/> I certify that our federal tax deposit schedule is <b>Monthly</b> . I have completed the worksheet above and find my liability to be less than \$50,000 for the lookback period and have not processed any payroll which incurs an accumulated liability of \$100,000 or more from July 1, 2001 through today.	<input type="checkbox"/> I certify that our federal tax deposit schedule is <b>Semi-Weekly</b> . I have completed the worksheet above and find my liability to be \$50,000 or more for the lookback period.	<input type="checkbox"/> I certify that I have incurred no tax liabilities for the EIN: _____ during the lookback period. I have completed the worksheet above and have found my liability to be zero. I have not processed any payroll that incurs an accumulated liability of \$100,000 or more.

I certify that the above information is true and correct. I understand that should my deposit schedule change, it is my responsibility to advise Advantage Payroll Services immediately of the change, in writing. I understand that Advantage Payroll Services will not be held responsible for any errors or penalties incurred based on the information I have provided.

**Client Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_