

Date:	Associate/Client #:
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Client Name: _____

Exception Mailing Address for Tax Returns and/or W2s: _____

Please Select: Non Profit Corporation Corporation Partnership¹
 Entity Type: Limited Liability Company S-Corporation Sole Proprietorship²

¹ Please list Partners names: _____

² Please list all family members employed, relationship to Proprietor, and birth dates: _____

Please Select One Employer Type: Regular 941 Agricultural 943 Household Schedule H 945*
 * If 945, please select type: Backup Withholding IRA Retirement

Federal Reporting Information:

Federal Identification Number: _____
 Applied For? Y N Date, if available: _____
 Federal Filing Status Current Year (Select One): Semiweekly Monthly Unknown
Please attach a copy of the IRS frequency notification.
 Federal Filing Status for Next Year (4th qtr only): Semiweekly Monthly (Tax Dept. will default)
 Federal Unemployment Tax (FUTA): Exempt Taxable
 Is this client a mandated Electronic Federal Tax Payment System participant? Y N

State Income Tax Withholding Information:

State of _____ State ID # _____	State of _____ State ID # _____
Electronic payments mandated by this state? <input type="checkbox"/> Y <input type="checkbox"/> N	Electronic payments mandated by this state? <input type="checkbox"/> Y <input type="checkbox"/> N
Select One State Filing Frequency Below: <input type="checkbox"/> Semi Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Qtr Monthly <input type="checkbox"/> Eighth Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> FD (Follows Fed) NY Only Select One: <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day <input type="checkbox"/> Unknown (Tax Dept. will default)	Select One State Filing Frequency Below: <input type="checkbox"/> Semi Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Qtr Monthly <input type="checkbox"/> Eighth Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> FD (Follows Fed) NY Only Select One: <input type="checkbox"/> 3 Day <input type="checkbox"/> 5 Day <input type="checkbox"/> Unknown (Tax Dept. will default)

State Unemployment Information: *Please attach copy of rate notice. For additional states, attach another sheet in the same format.*

State of _____ State ID # _____	State of _____ State ID # _____
Total Rate: _____% Exempt <input type="checkbox"/> Y <input type="checkbox"/> N	Total Rate: _____% Exempt <input type="checkbox"/> Y <input type="checkbox"/> N
Includes: _____% SDI, _____% Surcharge _____% JDF	Includes: _____% SDI, _____% Surcharge _____% JDF

Other Tax Information: *Please attach a sheet in the same format for additional localities.*

Locality _____	Deduction Percent _____ %	Advantage Code # _____
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Miscellaneous:

1. Is the client subject to Massachusetts Health Reporting? Y N If no, year subject: _____ Rate %
 2. Does Advantage process the entire payroll for this EIN? Y N Please list which tax returns should NOT be filed by Advantage. _____
 3. Deposits for Federal Taxes will be made in which state? (Tax Tracker Clients Only) _____
 4. Are there wages to be converted Year to Date? Y N Wages to be converted Quarter to Date? Y N

Tax Deferred Plan Information:

Please Select Deferral Plan(s): 401-K CODA 403-B TSA 408-K SARSEP 457 DFC 501-C Pension
 408-P SIMPLE OTHER → *Please attach complete information for this category*
 Do you have a Section 125 Cafeteria/Pretax Plan? Y N If yes, please select one:
 Advantage Plan Client Plan

I agree to inform Advantage in writing of any change to the above, as soon as I receive notification. I understand that Advantage will not be responsible for penalties or interest due to missing, inaccurate, or incomplete information. I further understand that Advantage is not responsible for taxes with respect to wages paid prior to our service.

Authorized Signature: _____ Title: _____

Thank You!