

KARMATM
PAYROLL

EMPLOYER WITH EMPLOYEES - PAYROLL INTAKE FORM

CONTACT INFORMATION

Payroll Client (First, Last): _____ Phone #: (____) _____ - _____

Legal Business Name: _____

Business DBA (If Applicable): _____

Business Type: LLC____ Partnership____ Corp____ S-Corp____ Other____

Business Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____ Business Fax: (____) _____ - _____

Business Email: _____

State Employer ID # / Unemployment Account #: _____ (8 Digits)

Need State Employer ID # / Unemployment Account #? Yes/No: _____

Corporation ID # (If applicable): _____ (7 Digits)

Secretary of State File # (If applicable): _____ (12 Digits)

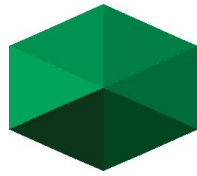
Previously Been a Principal Owner Registered With EDD? Yes/No: _____

Federal EIN #: _____

Number of Employees: _____

Estimate of \$ Amount of Direct Deposit Per Payday: \$ _____

How did you hear about us? _____ Referred By: _____



KARMATM
PAYROLL

Products / Services Industry (i.e. real estate, financial services): _____

Please describe in a few words about the function of your company:

PAYMENT FREQUENCY

1st Pay Date: ____ / ____ / ____

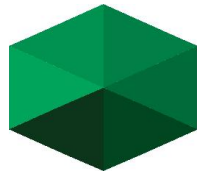
1st Period End Date: ____ / ____ / ____

Pay Schedule (Check One):

- Weekly (Four Times per Month)
- Bi-Weekly (Every Two Weeks on Specific Day)
- Semi-Monthly (Twice per Month)
- Monthly (Once per Month)
- Annually (Once per Year)

Preferred Method of Submitting Payroll Hours (Check One):

- Email
- Phone Call
- Upload Online To Employer Portal
- Fax



PAY TYPES, DEFERRED COMPENSATION, DEDUCTIONS, AND PAYEES

Pay Types	Offered Y/N	Frequency	Amount/Notes
Overtime	_____	_____	_____
Holiday	_____	_____	_____
Vacation	_____	_____	_____
Sick	_____	_____	_____
Bonus	_____	_____	_____
Commission	_____	_____	_____
Pay-As-You-Go	_____	_____	_____
Worker's Compensation	_____	_____	_____
401-k (49 and Under)	_____	_____	_____
401-k (50+)	_____	_____	_____
Other (Please list) _____	_____	_____	_____
Other (Please list) _____	_____	_____	_____

Employer Forms Checklist

- Intake Forms
 - Engagement Letter
 - Employer with Employees Payroll Intake Form (this form)
- Authorization Forms
 - Employer Billing Authorization
 - Direct Deposit Authorization (Where Funds Will Go, Usually Personal Account)
 - ACH Application for Electronic Funds Transfer
 - Generated after Bank Account Validated
 - Form 8655 – Reporting Agent Authorization
 - Generated after Bank Account Validated

Employee Forms Checklist

- Intake Forms
 - Employee Payroll Intake Form
- Authorization Forms
 - Form W-4 Federal Withholding/Exemptions
 - Form I-9 Employment Eligibility Verification
 - Direct Deposit Authorization Form (if applicable)



Employer Billing Authorization

FIRM: _____ Karma Payroll _____

EMPLOYER: _____

By signing this consent form, the above-mentioned EMPLOYER authorizes the FIRM to charge EMPLOYER's payroll processing fees and Non-Sufficient Funds through ACH.

Financial Institution (Bank) Name: _____

Bank Account Number: _____

Routing/ Transit Number: _____

Please attach a voided check (no starter checks) for each bank account to which funds will be debited and deposited. Do not use deposit slips.

Attach Voided Check Here

Bank Information Validation – Verification Needed

As part of the application process, you must supply bank information for your primary bank account to be used for electronic fund transfers. This must be a business checking or savings account, not a personal account. This banking information will be validated during the application process.



To validate this bank information, AccountantsWorld will debit a random, nonrefundable amount of up to \$1.00 from the account you identified for pre-noting.

When this debit in the amount up to **\$1.00** appears on the bank account record, please notify the FIRM of this amount in order to finish validating the EMPLOYER's bank information for all electronic services.

You may also add an optional second bank account for tax payments only. No validation is necessary for this bank account.

Non-Sufficient Funds

In the event of non-sufficient funds, we require your full cooperation to collect any unfunded balances, and to transfer these funds to us on the date the debit is returned. You will be notified by email with the details, and in accordance with the Correction Fees Addendum on the last page of the ACH Application for Electronic Funds Transfer (see Authorization Forms Packet for detailed description of correction fees), we will bill you for any correction fees incurred according to the schedule below:

<u>CORRECTION FEES ADDENDUM</u>	
Company Payroll Return Fee	\$100
Company Payroll Tax Return Fee	\$50
Payroll Processing Return Fee	\$10
Payroll Recall Fee	\$100
Payroll Tax Recall Fee	\$35
Item Trace Fee	\$20
Item Recall Fee	\$10
Blank Correction Request Fee	\$3
Credit Return Fee	\$10

By signing below, I, the EMPLOYER, Understand and Agree that all Terms and Conditions and correction return fees as stated above remain in effect for Electronic Funds Transfer of Employer Billing.

Principal/Officer of Employer Signature

____ / ____ / ____
Date

DIRECT DEPOSIT AUTHORIZATION FORM

I, _____, hereby:

- authorize** my employer, _____ and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.
- revise** direct deposit bank account(s) as indicated below.
- cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

Signature: _____ **Date:** ____ / ____ / _____

	Remaining Balance to 1 st Account <input type="checkbox"/>		Use Percentage <input type="checkbox"/>		
Pay Order	Bank Name/Address/Phone	Acct. Type	Routing/Account Numbers	Amount	Pct.
1*	_____	Ckg <input type="checkbox"/>	Rtg _____		
	_____	Sav <input type="checkbox"/>	Acct _____		
2	_____	Ckg <input type="checkbox"/>	Rtg _____		
	_____	Sav <input type="checkbox"/>	Acct _____		
3	_____	Ckg <input type="checkbox"/>	Rtg _____		
	_____	Sav <input type="checkbox"/>	Acct _____		

**Contractors are limited to one bank.*

TOTAL: _____

Please attach a voided check for each bank account to which funds will be deposited. Do not use deposit slip.

NAME _____	_____ 20 _____	0324
Pay to the order of _____	\$ []	
_____	Dollars	
Bank _____		
Memo _____		
⑆123456789⑆ 022999999999 ⑆ 0324		

Example Routing Number: 123456789 Example Account Number: 022999999999

Employers: Keep for your records.

Notice: Government regulations have changed regarding the use of direct deposit. As a result, the employer cannot offer direct deposit of funds to either:

- a foreign bank, or
- a U.S. financial institution where the entire amount will be forwarded to a bank account in another country.

Employees or contractors associated with such foreign organizations will not be eligible for direct deposit.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	