



Payroll Calculation Services

We will:

1. Calculate payroll for your employees and contractors
2. Calculate federal and state payroll tax deposits
3. Prepare federal and state payroll tax forms as required
4. Prepare Form W-2

Our responsibility

Beginning, we will run payroll for your company at the frequency desired [**every week/every other week/twice a month/every month**]. We will set up new employees and contractors for payroll on an as needed basis using the information from documents that you provide.

We will inform you of the amount and due date of your payroll tax payments and filings and assist you in making them.

Your responsibility

You will provide us with payroll information on a timely and periodic basis, including hours worked, pay rates, employee status, and benefits information. You will provide us promptly with updated and corrected information as needed.

You must maintain sufficient funds in your bank account to cover payroll expenses and related tax liabilities. You will be charged an exceptions fee of \$100.00 if there are insufficient funds in your account when payroll or payroll taxes are due.

You will provide us any notices from the state or IRS notifying you of any changes to your account. Verification and the validity of employee/company information is your responsibility. BMA Payroll will not be held responsible for any penalties or fines/fees resulting from inaccurate/invalid employee and or company identification.

Payment and Filing Services

You may authorize us to make payments and filings for you. To do so, a principal officer or partner of your business must sign Form 8655 and Electronic Services Authorization form that will be provided to you. If you authorize us to pay your employees or contractors electronically, you must ask each of them to sign a Direct Deposit Authorization and retain it in your files.

By giving us access to your bank account, you authorize us to make payroll, contractor and payroll tax payments and filings on your behalf, and you will be bound by them as though you had made them yourself. Typically, we will send payment transactions through the Automated Clearinghouse (“ACH”) Network. You agree that these payment transactions will be governed by the ACH Rules as in effect from time to time, and that

each entry we make on your behalf will be authorized, timely, for an amount due and owing, and will not violate the laws of the United States. Direct deposit and tax payments are made directly to the employees, IRS and state agencies. BMA does not handle client funds. Alternatively, we may agree to prepare checks that will be printed by you.

Services not provided

We will not audit or verify the information that you provide to us. If an amount appears unusual, we will call it to your attention. However, we are not responsible for the detection of errors, irregularities, theft, fraud or illegal acts. We do not provide legal services.

AGREED TO BY:

Company: _____ Date: _____

Name (print) _____ Title: _____

Signature: _____

Sincerely,

Gregory H. Stappas
Operations Manager
760 Vanessa Lane
Neshanic Station, NJ 08853
908-369-6843 phone
908-369-9449 fax
greg@bmapayroll.com.com

Authorization for Payroll Related Electronic Payments

I understand and accept the following conditions in relation to direct deposit and/or electronic tax payments from my payroll account:

1. In the case where the payroll provider is unable to withdraw from my bank account to cover direct deposit paychecks and/or electronic tax payments, I agree that I am financially responsible for paying the amount due, plus any related processing fees, collection fees or similar charges.
2. I allow the payroll service provider to perform business credit checks for my company.

Business Name: _____

Client Name (written): _____

Client Signature: _____

Date: _____



Bookkeeping Management Administration

Electronic Payment Agreement Form

Authorization Agreement

I _____, hereby authorize **BMA** to initiate automatic withdrawal from our account at the financial institution named below for payment of the agreed upon monthly payroll fees. The fees will be withdrawn once a month until either termination of service or other means of payment are agreed upon.

This agreement will remain in effect until **BMA** receives a written notice of cancellation from me or my financial institution.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

CLIENT START-UP CHECKLIST
EMPLOYER INFORMATION SHEET

General Information

Business Name _____ Business Address _____ City, State, Zip _____ Filing Name (if different) _____ Filing Address (if different) _____ City, State, Zip _____	Contact Name _____ Phone _____ Fax _____ Email _____
Company Type <input type="radio"/> S-Corp <input type="radio"/> C-Corp <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> 501c3 <input type="radio"/> Other _____	

Payroll Information

No. of W-2 employees _____ No. of 1099 contractors to be paid through payroll _____ First Date To Run Payroll MM___/DD___/YY___ Federal EIN _____ <input type="checkbox"/> Applied For State Employer Account No. _____ <input type="checkbox"/> Applied For State Unemployment No. _____ <input type="checkbox"/> Applied For State Unemployment Insurance Rate _____% (if known) Other state tax rates, if applicable: _____ _____	<p>Federal Deposit Schedule</p> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Weekly <input type="checkbox"/> Other _____
<p>State Deposit Schedule <i>Only applicable to states with income tax</i></p> <input type="checkbox"/> Same as federal <input type="checkbox"/> Other _____	

Attach any historical payroll information from this calendar year for all active and terminated employees

We have not run any payroll yet this year

If you will begin using our service at the start of the 2nd, 3rd or 4th calendar quarter (April 1, July 1, or October 1), please include:

Year-to-date wages, taxes, and deductions for each employee

Dates and amounts of all payroll tax payments made to date for current year tax liabilities

If you will begin using our service in the middle of a calendar quarter, please include:

Year-to-date wages, taxes, and deductions for each employee as of the most recent payroll

Year-to-date wages, taxes, and deductions for each employee as of the end of the most recent calendar quarter *(not applicable if you're starting in the middle of the first calendar quarter)*

Payroll register or other summary for each payroll date in the current quarter, including total amounts for each wage item, tax, and voluntary deduction on that date.

Dates and amounts of all payroll tax payments made to date for current year tax liabilities

Notes: