

**Getting Started**  
*Start-Up Checklist*

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**Payroll Processing Agreement**  
*COPAC Processing Agreement*  
*IRS Form 8655*

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**Banking Information**  
*Employer Auto Debit Agreement*  
*Check Signing Service*  
*Employee Direct Deposit Agreements*

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**Start-Up Forms**  
*Company Start-up*  
*Employee Start-up*

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**Calendars and Tables**  
*Yearly Payroll Schedule*  
*Federal and State Tax Tables*

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**Payroll Input Forms**  
*Blank Payroll Authorization Forms*  
*Change Form*  
*Adjustment Form*

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**Manual**

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**COPAC<sup>®</sup>**  
**PAYROLL**  
**Payroll Organizer and**  
**Start-up Kit**

2/21/2005

## Start-Up Checklist

- ☒ Order Payroll Organizer and Start-up Kit
- ☐ Complete Payroll Agreement
  
- ☐ Complete Agreement for Automatic Debit (*for funding payroll*)
  - ❖ Auto Debit is the least expensive and most commonly used form of funding payroll
- ☐ Provide Void Check from your Banking Account to be used to fund payroll
- ☐ Provide EIN and (*if semi-weekly depositor*) Federal PIN#
- ☐ Provide any Coupon Books for Tax Payment Submittal
  
- ☐ Complete Company Start-Up Form
- ☐ Complete Employee Start-Up Form(s)
  
- ☐ Complete Payroll Authorization Form (*Timesheet*)

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240 St. Paul, Suite #115  
Denver, Colorado 80206

Voice: (303) 320-5527  
Fax: (303) 320-5528  
[www.copacpayroll.com](http://www.copacpayroll.com)

**COPAC** PAID  
**PAYROLL**

#### Useful Websites for Tax, Payroll and Business Related Solutions

[www.irs.gov](http://www.irs.gov) - you love to hate 'em – but the web site is great  
[www.coworkforce.com](http://www.coworkforce.com) - Colorado Department of Labor and Employment  
<https://secure.cdle.state.co.us/CR100/> - New Business Registrations for Colorado  
[www.revenue.state.co.us/main/home.asp](http://www.revenue.state.co.us/main/home.asp) - Colorado Department of Revenue  
[www.sos.state.co.us/pubs/business/main.htm](http://www.sos.state.co.us/pubs/business/main.htm) - Secretary of State (CO) for business  
[www.statelocalgov.net](http://www.statelocalgov.net) - comprehensive source for state and local payroll/tax questions  
[www.aier.org/cgi-bin/colcalculator.cgi](http://www.aier.org/cgi-bin/colcalculator.cgi) - cost of living calculator  
[www.bankrate.com/goocalj/ratehm.asp](http://www.bankrate.com/goocalj/ratehm.asp) - prime lending rates, loan calculator, etc

of course we can't leave out our favorite:

[www.copacpayroll.com](http://www.copacpayroll.com) - when you are ready to increase your bottom line

#### Useful Phone Numbers for New Businesses

Internal Revenue Service:	800.829.1040
Colorado State Withholding:	303.238.7378
Colorado State Unemployment:	303.318.9100
Colorado Department of Labor:	303.620.4690
Denver Taxpayer Services:	720.865.7075
City of Aurora:	303.739.7057
City of Greenwood Village:	303.773.0252
City of Glendale:	303.759.1513



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Website: www.copacpayroll.com

**COPAC**<sup>®</sup> PAYROLL

## **AGREEMENT for Payroll Services and Automatic Debit**

### **Page 1 of 2**

April 24, 2006

Let me take this opportunity to thank you for your confidence by choosing us as your payroll service.

Along with the service comes the responsibility for making a timely funding of your payroll obligation. To facilitate this process, we must obtain authorization from you to take the necessary steps to assure that a prompt and complete funding is made each check date, along with your authorization to disburse the funds in accordance with the then current tax deposit requirements. From the time COPAC has tax deposit responsibility, COPAC indemnifies your company against any penalty or interest for a late tax deposit. As a result, this authorization is necessary. Such authorization shall include instructions to our bank in the setting of minimum balances, execution of transfer orders to interest bearing accounts, and administration of accounts consistent with prudent banking practices. In the instance of insufficient funding, COPAC shall not be held responsible for tax deposits on the payroll in question.

As part of our Agreement, you agree to authorize us to contact your bank when necessary to verify that your bank has acted to fund your payroll obligation. **It is incumbent upon you to insure that sufficient collected funds exist in your bank account to cover the entire payroll obligation 24 hours in advance of the check date.**

If, for any reason, your balances are not sufficient to cover your entire funding obligation, an NSF (Insufficient Funds) condition will result. Do not release any COPAC checks. Copac will contact you immediately and request that you wire transfer the funds required to cover the obligation. If your transfer is received by our bank on a date later than that which appears on the COPAC checks, you will be charged the greater of \$100.00 or 2% of the transfer amount.

The release of a COPAC check constitutes acceptance of that check and relieves Paybills Corporation of any further obligation as to the accuracy of the amounts appearing on both the check and check stub.

It is further agreed that all input data will be submitted to COPAC on forms approved by COPAC or software provided by COPAC. Additionally, that no "payroll reruns" will be provided by COPAC. The service is rendered with the understanding that responsibility for what is recorded on the input forms or transmitted by you is yours and processing of that data as received is COPAC's.

Page 2, attached, stipulates to the foregoing. Please sign and return to us.

Your prompt attention to this matter is appreciated; we cannot process a payroll without this Agreement. Also, as time passes, should any information contained on the Agreement change, a new Agreement will be submitted for your signature. We are looking forward to a long, mutually beneficial relationship. Should any questions arise, please contact us.

Sincerely,

Garth J. Weinstein  
CEO and Vice President  
Paybills Corp.



April 24, 2006

## AGREEMENT for Payroll Services and Automatic Debit

### Page 2 of 2

We hereby authorize Copac Payroll Service of Paybills Corporation to initiate a debit entry to our general account number (*below stated*) through the Automated Clearing House (*ACH*) Association. **It is further understood that the debit entry will be effective 24 hours prior to the date of our payroll checks to assure that the funds are collected on the date of the checks.** We further authorize our bank to respond to inquiries initiated by COPAC or their agent regarding the effective time and amount of those entries. In the event of an inability to effect the transfer of funds through the Automated Clearing House Association, we understand it is our responsibility to initiate the wire transfer required to fulfill the funding obligation. The wire transfer of said funds will be directly from our account to the Copac Payroll account at **Guaranty Bank & Trust Co., 3301 E. First Ave, Denver, CO 80206.**

In the event that our bank is unable to confirm the transfer of funds from our account, it is understood that COPAC will attempt to contact us before taking any steps to stop payment on our COPAC payroll checks. It is further understood that in the event legal action must be initiated to secure funding under this Agreement, all reasonable legal fees and costs associated with failing to perform will be paid by the entity against whom any judgment is rendered.

I have read and understand and agree to the terms and conditions contained in the foregoing and further understand that all terms and conditions contained in the "Agreement for payroll services" continue in full force and effect.

Company Name	Company Address
Date	Authorized Signature
Telephone number of our bank	Name and address of our bank
Personal banker (if any)	Bank transit number (from bottom of check)
Our phone number	Our bank account number
Our normal payday / pay dates	Person to contact in the event of a problem

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Notes to Copac and/or our bank

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## Reporting Agent Authorization

OMB No. 1545-1058

### Taxpayer

<b>1a</b> Name of taxpayer (as distinguished from trade name)		<b>2</b> Employer identification number (EIN) .....
<b>1b</b> Trade name, if any		<b>4</b> If you are a seasonal employer, check here <input type="checkbox"/>
<b>3</b> Address (number, street, and room or suite no.)  City or town, state, and ZIP code		<b>5</b> Other identification number
<b>6</b> Contact person	<b>7</b> Daytime telephone number ( )	<b>8</b> Fax number ( )

### Reporting Agent

<b>9</b> Name (enter company name or name of business)		<b>10</b> Employer identification number (EIN) .....
<b>11</b> Address (number, street, and room or suite no.)  City or town, state, and ZIP code		
<b>12</b> Contact person	<b>13</b> Daytime telephone number ( )	<b>14</b> Fax number ( )

### Authorization of Reporting Agent To Sign and File Returns

**15** Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	944-PR _____	945 _____	1042 _____	CT-1 _____

### Authorization of Reporting Agent To Make Deposits and Payments

**16** Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____	1041 _____
1042 _____	1120 _____	CT-1 _____	990-C _____	990-PF _____	990-T _____	

### Disclosure of Information to Reporting Agents

**17a** Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on line 15 and/or line 16. ☐

**b** Check here if the reporting agent also wants to receive copies of notices from the IRS. ☐

### Form W-2 series or Form 1099 series Disclosure Authorization

**18a** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.




**b** The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning \_\_\_\_\_.

### State or Local Authorization

**19** Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16. ☐

### Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

<b>Sign Here</b>	I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.		
	 _____ Signature of taxpayer	 _____ Title	 _____ Date

## General Instructions

### What's New

- Magnetic tape is no longer a filing method for the returns on line 15.
- The "Other" box in line 16 has been deleted. Authority to make deposits and payments can only be granted for the forms listed in line 16.
- New Forms 944 and 944-PR have been added to line 15. New Form 944 has been added to line 16. Form 944 should be available for calendar year 2006.
- Lines 18a and 18b have been added to allow taxpayers to grant reporting agents disclosure authority for the Form W-2 series and Form 1099 series information returns.

### Purpose of Form

Form 8655 is used to authorize a reporting agent to:

- Sign and file certain returns;
- Make deposits and payments for certain returns;
- Receive duplicate copies of tax information, notices, and other written communication regarding any authority granted; and
- Provide IRS with information to aid in penalty relief determinations related to the authority granted on Form 8655.

### Authority Granted

Once Form 8655 is signed, any authority granted is effective beginning with the period indicated on lines 15 or 16 and continues indefinitely unless revoked by the taxpayer or reporting agent. No authorization or authority is granted for periods prior to the period(s) indicated on Form 8655. Disclosure authority by checking the box in line 17a is effective with the dated signature of the taxpayer on Form 8655.

Any authority granted on Form 8655 does not revoke and has no effect on any authority granted on Forms 2848 or 8821, or any third-party designee checkbox authority.

### Where To File

Send Form 8655 to:

Internal Revenue Service  
Accounts Management Service Center  
MS 6748 RAF Team  
1973 North Rulon White Blvd.  
Ogden, UT 84404

You can fax Form 8655 to the IRS. The number is 801-620-4142.

### Additional Information

Additional information concerning reporting agent authorizations may be found in:

- **Pub. 1474**, Technical Specifications Guide for Reporting Agent Authorizations and Federal Tax Depositors, and
- **Rev. Proc. 2003-69**. You can find Rev. Proc. 2003-69 on page 403 of Internal Revenue Bulletin 2003-34 at [www.irs.gov/pub/irs-irbs/irb03-34.pdf](http://www.irs.gov/pub/irs-irbs/irb03-34.pdf).

### Substitute Form 8655

If you want to prepare and use a substitute Form 8655, see Pub. 1167, General Rules and Specifications for Substitute Forms and Schedules. If your substitute Form 8655 is approved, the form approval number must be printed in the lower left margin of each substitute Form 8655 you file with the IRS.

### Revoking an Authorization

If you have a valid Form 8655 on file with the IRS, the filing of a new Form 8655 revokes the authority of the prior reporting agent beginning with the period indicated on the new Form 8655. However, the prior reporting agent is still an authorized reporting agent and retains any previously granted disclosure authority for the periods prior to the beginning period of the new reporting agent's authorization unless specifically revoked.

If the taxpayer wants to revoke an existing authorization, send a copy of the previously executed Form 8655 to the IRS at the address under *Where To File*, above. Re-sign the copy of the Form 8655 under the original signature. Write REVOKE across the top of the form. If you do not have a copy of the authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the reporting agent is revoked and must be signed by the taxpayer. Also, list the name and address of each reporting agent whose authority is revoked.

**Withdrawing from reporting authority.** A reporting agent can withdraw from authority by filing a statement with the IRS, either on paper or using a delete process. The statement must be signed by the reporting agent (if filed on paper) and identify the name and address of the taxpayer and authorization(s) from which the reporting agent is withdrawing. For information on the delete process, see Pub. 1474.

## Specific Instructions

### Line 15

Use the "YYYY" format for annual tax returns. Use the "MM/YYYY" format for quarterly tax returns, where "MM" is the ending month of the quarter the named reporting agent is authorized to sign and file tax returns for the taxpayer. For example, enter "03/2005" on the line for "941" to indicate you are authorizing the named reporting agent to sign and file Form 941 for the January–March quarter of 2005 and subsequent quarters.

### Line 16

Use the "MM/YYYY" format to enter the starting date, where "MM" is the first month the named reporting agent is authorized to make deposits or payments for the taxpayer. For example, enter "08/2005" on the line for "720" to indicate you are authorizing the named reporting agent to make deposits or payments for Form 720 starting in August 2005 and all subsequent months.

### Who Must Sign

**Sole proprietorship**—The individual owning the business.

**Corporation** (including an LLC treated as a corporation)—Generally, Form 8655 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer, and (d) any other person authorized to access information under section 6103(e).

**Partnership** (including an LLC treated as a partnership) or an unincorporated organization—Generally, Form 8655 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8655.

**Single member limited liability company (LLC) treated as a disregarded entity**—The owner of the LLC.

**Trust or estate**—The fiduciary.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8655 is provided by the IRS for your convenience and its use is voluntary. If you choose to authorize a reporting agent to act on your behalf, under section 6109, you must disclose your EIN. The principal purpose of this disclosure is to secure proper identification of the taxpayer. We need this information to gain access to your tax information in our files and properly respond to your request. If you do not disclose this information, the IRS may suspend processing your reporting agent authorization and may not be able to honor your reporting agent authorization until you provide your EIN.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement agencies and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file Form 8655 will vary depending on individual circumstances. The estimated average time is 6 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making Form 8655 simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File* above.

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240 St. Paul, Suite #115  
Denver, Colorado 80206

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

**COPAC** PAYROLL

## **CHECK SIGNING SERVICE**

Simply provide three samples of your signature in the areas below. We will scan the best copy and set up the system to automatically laser your signature on each live check issued in the payroll process.

Please provide this form in advance of your next payroll submission, such that we have time to configure the system. A one-time setup fee of \$45 will apply.

**Please mail in or drop off the completed form at our office located at:**

**240 St. Paul #115  
Denver, CO 80206**

\*\* Remember to keep the signature inside the box  
\*\* Please use a black, fine tipped pen

**We can also print your company logo on payroll checks for a minimal setup charge!**





# DIRECT DEPOSIT AGREEMENT

**COPAC<sup>®</sup> Payroll Services**  
www.copacpayroll.com

240 St. Paul Street, Suite 115  
Denver, CO 80206  
(303) 320-5527  
FAX (303) 320-5528

As an employee of a COPAC Payroll service client, you may have all or any portion of your payroll check deposited directly into your bank account. These "direct deposits" can be made to any Commercial bank, Savings and Loan or Credit Union.

The terms and conditions are: (1) the amount will be deposited on the first banking day following the date of the check; (2) any void check involving a direct deposit must be resolved between the employer and employee; (3) a \$10.00 charge will be made for any item returned because of incorrect information given to COPAC on this Agreement; (4) a charge of \$0.40 is made to start or change an employee's direct deposit information; (5) each direct deposit is \$.40; and (6) all charges are made to the employee and will be deducted from the employee's check unless the employer wishes to make "direct deposit" a fringe benefit for all employees.

To get started, a blank form is provided below. This form is used to initiate and/or change any direct deposit(s). There are 7 items of information necessary to complete the form. **Enter:** (1) The COPAC Payroll client number (3 digits). (2) The employee's number (four digits). (3) Whether this is a new direct deposit or a change. A new direct deposit will cause a prenotification record to be sent to your bank, while a change will not. (4) The transit number for your financial institution. (All financial institutions have a number, call them and explain that you want to directly deposit your check and need the "transit" number.). (5) Your account number at the institution. (6) Whether it is a checking or savings account. (7) The amount or percentage of the check to be deposited into this account.

Repeat the last 4 steps for each direct deposit you wish to make. A maximum of 4 direct deposits can be made from each check and still leave an amount on the check itself. To deposit the entire check, the final deposit on the form should equal 100%. Incomplete forms will be returned without processing.

I have read and understand the above terms and conditions regarding direct deposit. I further understand that I will be charged for this service. Thank you for using Direct Deposit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

PLEASE NOTE: (1) All information must be supplied each time this form is used.  
(2) Any inaccuracy in a transit number or account number resulting in a returned item will carry a \$10.00 charge.

Client No. \_\_\_\_\_ Employee No. \_\_\_\_\_ New (A) or Change (D) (circle one)

DIRECT DEPOSIT #1	_____	_____	CHK SAV \$ _____ . _____ % (CIRCLE ONE) Dollars or per cent - (circle one)
	TRANSIT NUMBER (9)	ACCOUNT NUMBER	
DIRECT DEPOSIT #2	_____	_____	CHK SAV \$ _____ . _____ % (CIRCLE ONE) Dollars or per cent - (circle one)
	TRANSIT NUMBER (9)	ACCOUNT NUMBER	
DIRECT DEPOSIT #3	_____	_____	CHK SAV \$ _____ . _____ % (CIRCLE ONE) Dollars or per cent - (circle one)
	TRANSIT NUMBER (9)	ACCOUNT NUMBER	
DIRECT DEPOSIT #4	_____	_____	CHK SAV \$ _____ . _____ % (CIRCLE ONE) Dollars or per cent - (circle one)
	TRANSIT NUMBER (9)	ACCOUNT NUMBER	

Company name \_\_\_\_\_

Client No. \_\_\_\_\_  
(assigned by COPAC staff)

Simply fill in the blanks. If you have any questions, please call 303-320-5527. A service representative will be pleased to assist.  
This form tells us: (1) Your schedule for processing. (2) Your company print standard. (3) Voluntary deductions  
(4) Tax deposit date. (5) Delivery options. (6) Funding Source.

(1) Schedule & Features	____-____-____ Date pay period ends (--- for first COPAC payroll. --- --)	____-____-____ Date of first checks	1 2 3 4 Pay Frequency* (Select One)	Y N Direct Deposit? (for employees)	Y N Tips?	Y N Deferred Comp plan in place? (401K, Simple)	Y N Vacation feature?	Y N Cafeteria plan installed	Y N Cost Center Reporting?	Y N Starting Check No.** for Client checks
*PAY FREQUENCY CODES ARE: (1) Weekly, (2) Bi-weekly, (3) Semi-monthly, and (4) Monthly.						**INCLUDE COPY OF CHECK FROM ACCOUNT DRAWN ON				

(2) Company info print standard & tax data	_____ Company Name (as it will appear on checks)	_____ Company Address (as it will appear on checks)	S* M* 941 Tax Deposit Status	S* M* State Tax Deposit Status	_____ Head tax to be paid to locality?
_____ Phone Number	_____ Contact Email Address	_____ Denver	_____ Greenwood Village	_____ Aurora	_____ Sheridan

(3) DEDUCTION NAMES	_____ Deduction #1	_____ Deduction #2	_____ Deduction #3	_____ Deduction #4	_____ Deduction #5	_____ Deduction #6	(Customize your deduction names up to 7 characters)
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(4) Tax Deposits & Reporting	_____ Federal Employer Identification No.	_____ Legal Company Name (appears on federal coupon)	_____ State Withholding No. (from state coupon book)	_____ State Employment No. (from Dept. Employment)	_____ City Tax No. (from locality)	_____ State Employment Rate (from state form UITR)
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(5) Delivery & Labeling	_____ Company Name (----- Return address on W-2 forms -----)	_____ Address for Delivery	_____ City, State & Zip code	_____ To whose attention?	_____ Online Mail Fax Drop (Input Method)	_____ Courier Hold Mail Fed Ex (Delivery Method)
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(6) Banking Information	_____ Bank Name	_____ Bank Phone Number	_____ Officer to contact	_____ Bank Transit Number	_____ Account Number
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NOTE: Changes to information on this form can be made by enclosing a note to be effective with that payroll input.  
The information contained above is correct to the best of my knowledge.  
Date: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_  
Forms can be a pain. We hope this was less painful than most. Thank you for your cooperation and patience.  
Please send this form to: Copac Payroll Service, 240 St. Paul Street #115, Denver, CO 80206 or fax to 303-320-5528. Thank you.

Company name \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_.

Client No. \_\_\_\_\_

This form tells us four vital pieces of information about each employee: (1) Who is the employee (2) Any voluntary deductions? (3) What is his or her earnings history? (4) Do we issue a check? **In the future, the information for Changes and New Hires are entered on the 'STANDARD CHANGE FORM'**

(1)	_____. Employee #	_____. Dept # (Cost Center)	_____. Hourly Rate (999.99)	_____. Salary (each pay period)	_____. Marital (M or S)	_____. (Fed) Exemptions (State)	_____. Rt#2 Cost Ctr	_____. Hourly Rate #2	_____. Rt#3 Cost Ctr	_____. Hourly Rate #3							
_____. Employee Name (as it will appear on the check issued)					_____. Home Address of the employee (W-2 mailing address)					_____. City							
_____. State	_____. Zip Code	_____. WH Tax State	_____. Pay Period	_____. Social Security Number (999-99-9999)	_____. Date of Birth MM-DD-YY	_____. Date of Hire MM-DD-YY	_____. Federal Withholding SPECIAL TAX HANDLING -- Caution - use with care					_____. State Withholding	_____. FICA SUI	_____. FUI	_____. City	_____. Auto	_____. Sub

(2) DEDUCS & BENEFITS	_____. Deduction #1	_____. Deduction #2	_____. Deduction #3	_____. Deduction #4	_____. Deduction #5	_____. Deduction #6	_____. Def. Comp. Amount (pretax reduction amt) or Balance Due Amt.	_____. Flex Comp Amt ="F"	_____. Vacation Hours Due Employee	_____. Personal Hours Taken YTD
'1' in the box=automatic deduction EACH TIME A CHECK IS ISSUED, for manual or monthly deduction, change '1' to '4'										

(3) EARNINGS HISTORY	----- QUARTERLY EARNINGS HISTORY -----												
_____. GROSS PAY		_____. FEDERAL WITHHOLDING		_____. FICA WITHHOLDING		_____. MEDICARE W/H		_____. STATE W/H		_____. Y CITY O.P.T. Taken?	_____. N TIP EARNINGS		
----- YEAR TO DATE EARNINGS HISTORY -----													
_____. GROSS PAY		_____. FEDERAL WITHHOLDING		_____. FICA WITHHOLDING		_____. MEDICARE W/H		_____. STATE W/H		_____. HEAD TAX W/H	_____. TIPS/DEF. COMP.	_____. FLX COMP	_____. DAYCARE AMT

(4) ISSUE CHECK? ENTER:	_____. Regular hours or 'SAL' (99.99 for hours)	_____. Overtime hours	_____. Other Earnings	_____. Code	_____. Deduction Amount (Enter tips here)	_____. DED code	_____. P.P. code	_____. Special Hours	_____. Special Hourly Rate (999.99 for rate)
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(1)	_____. Employee #	_____. Dept # (Cost Center)	_____. Hourly Rate (999.99)	_____. Salary (each pay period)	_____. Marital (M or S)	_____. (Fed) Exemptions (State)	_____. Rt#2 Cost Ctr	_____. Hourly Rate #2	_____. Rt#3 Cost Ctr	_____. Hourly Rate #3							
_____. Employee Name (as it will appear on the check issued)					_____. Home Address of the employee (W-2 mailing address)					_____. City							
_____. State	_____. Zip Code	_____. WH Tax State	_____. Pay Period	_____. Social Security Number (999-99-9999)	_____. Date of Birth MM-DD-YY	_____. Date of Hire MM-DD-YY	_____. Federal Withholding SPECIAL TAX HANDLING -- Caution - use with care					_____. State Withholding	_____. FICA SUI	_____. FUI	_____. City	_____. Auto	_____. Sub

(2) DEDUCS & BENEFITS	_____. Deduction #1	_____. Deduction #2	_____. Deduction #3	_____. Deduction #4	_____. Deduction #5	_____. Deduction #6	_____. Def. Comp. Amount (pretax reduction amt) or Balance Due Amt.	_____. Flex Comp Amt ="F"	_____. Vacation Hours Due Employee	_____. Personal Hours Taken YTD
'1' in the box=automatic deduction EACH TIME A CHECK IS ISSUED, for manual or monthly deduction, change '1' to '4'										

(3) EARNINGS HISTORY	----- QUARTERLY EARNINGS HISTORY -----												
_____. GROSS PAY		_____. FEDERAL WITHHOLDING		_____. FICA WITHHOLDING		_____. MEDICARE W/H		_____. STATE W/H		_____. Y CITY O.P.T. Taken?	_____. N TIP EARNINGS		
----- YEAR TO DATE EARNINGS HISTORY -----													
_____. GROSS PAY		_____. FEDERAL WITHHOLDING		_____. FICA WITHHOLDING		_____. MEDICARE W/H		_____. STATE W/H		_____. HEAD TAX W/H	_____. TIPS/DEF. COMP.	_____. FLX COMP	_____. DAYCARE AMT

(4) ISSUE CHECK? ENTER:	_____. Regular hours or 'SAL' (99.99 for hours)	_____. Overtime hours	_____. Other Earnings	_____. Code	_____. Deduction Amount (Enter tips here)	_____. DED code	_____. P.P. code	_____. Special Hours	_____. Special Hourly Rate (999.99 for rate)
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\*PAY PERIOD CODES ARE: Weekly (1), Bi-weekly (2) Semi-monthly (3), and Monthly (4).

**COPAC** PAYROLL

**EMPLOYEE STARTUP FORM**

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Company name \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ Client No. \_\_\_\_\_

Use this form for Changes to existing employees and/or adding New Hires. Please check the appropriate box (Change or New).

Change New	Employee #	Dept # (Cost Center)	Hourly Rate (999.99)	Salary (each pay period)	Marital (M or S)	(Fed) Exemptions (State)	Rt#2 Cost Ctr	Hourly Rate #2	Rt#3 Cost Ctr	Hourly Rate #3	
Employee Name (as it will appear on the check issued)					Home Address of the employee (W-2 mailing address)					City	
State	Zip Code	WH Tax State	Pay Period	Social Security Number (999-99-9999)	Date of Birth MM-DD-YY	Date of Hire MM-DD-YY	Federal Withholding SPECIAL TAX HANDLING -- Caution - use with care	State Withholding	FICA SUI	FUI City Auto Sub	
DEDUCS & BENEFITS											
Deduction #1		Deduction #2		Deduction #3		Deduction #4		Deduction #5		Deduction #6	
Def. Comp. Amount		Flex Comp Amt ="F"		Vacation Hours		Personal Hours					
(pretax reduction amt) or Balance Due Amt.		Due Employee		Taken YTD							
'1' in the box=automatic deduction EACH TIME A CHECK IS ISSUED, for manual or monthly deduction, change '1' to '4'											

Change New	Employee #	Dept # (Cost Center)	Hourly Rate (999.99)	Salary (each pay period)	Marital (M or S)	(Fed) Exemptions (State)	Rt#2 Cost Ctr	Hourly Rate #2	Rt#3 Cost Ctr	Hourly Rate #3	
Employee Name (as it will appear on the check issued)					Home Address of the employee (W-2 mailing address)					City	
State	Zip Code	WH Tax State	Pay Period	Social Security Number (999-99-9999)	Date of Birth MM-DD-YY	Date of Hire MM-DD-YY	Federal Withholding SPECIAL TAX HANDLING -- Caution - use with care	State Withholding	FICA SUI	FUI City Auto Sub	
DEDUCS & BENEFITS											
Deduction #1		Deduction #2		Deduction #3		Deduction #4		Deduction #5		Deduction #6	
Def. Comp. Amount		Flex Comp Amt ="F"		Vacation Hours		Personal Hours					
(pretax reduction amt) or Balance Due Amt.		Due Employee		Taken YTD							
'1' in the box=automatic deduction EACH TIME A CHECK IS ISSUED, for manual or monthly deduction, change '1' to '4'											

Change New	Employee #	Dept # (Cost Center)	Hourly Rate (999.99)	Salary (each pay period)	Marital (M or S)	(Fed) Exemptions (State)	Rt#2 Cost Ctr	Hourly Rate #2	Rt#3 Cost Ctr	Hourly Rate #3	
Employee Name (as it will appear on the check issued)					Home Address of the employee (W-2 mailing address)					City	
State	Zip Code	WH Tax State	Pay Period	Social Security Number (999-99-9999)	Date of Birth MM-DD-YY	Date of Hire MM-DD-YY	Federal Withholding SPECIAL TAX HANDLING -- Caution - use with care	State Withholding	FICA SUI	FUI City Auto Sub	
DEDUCS & BENEFITS											
Deduction #1		Deduction #2		Deduction #3		Deduction #4		Deduction #5		Deduction #6	
Def. Comp. Amount		Flex Comp Amt ="F"		Vacation Hours		Personal Hours					
(pretax reduction amt) or Balance Due Amt.		Due Employee		Taken YTD							
'1' in the box=automatic deduction EACH TIME A CHECK IS ISSUED, for manual or monthly deduction, change '1' to '4'											

\*PAY PERIOD CODES ARE: (1) Weekly, (2) Bi-weekly, (3) Semi-monthly, and (4) Monthly.  
New Hires to be paid this payroll? Be sure to enter them on the 'Payroll Timesheet' Form.