



**COMPANY CHANGE FORM – State Set-up**

Client Number: \_\_\_\_\_ Client Name: \_\_\_\_\_  
Company Number: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Date Requested: \_\_\_\_\_ Change Effective Date: \_\_\_\_\_

**(Please note: For proper audit PayData requires advance notice for company changes)**

Name to use on Tax Returns:  New  Change  Legal  Primary  DBA

State Name \_\_\_\_\_ STATE ID = to FEIN \_\_\_\_\_

SUI Name \_\_\_\_\_ Local Name \_\_\_\_\_ Deposit Freq \_\_\_\_\_

Business Reg. Sent \_\_\_\_\_ Emailed \_\_\_\_\_ FAXED \_\_\_\_\_ W/H Deposit Freq \_\_\_\_\_

State to be used for Both W/H and Unemployment? Yes No State to be used for Reciprocal Tax only \_\_\_\_\_

Does this new state affect employees previously paid - Do wages need to be moved to new state? Yes / No

Employee # \_\_\_\_\_ Employee Name \_\_\_\_\_

Employee # \_\_\_\_\_ Employee Name \_\_\_\_\_

Inactivate State \_\_\_\_\_ Local \_\_\_\_\_ SUI \_\_\_\_\_

General Ledger: State GL# \_\_\_\_\_ Local GL# \_\_\_\_\_ Sui GL# \_\_\_\_\_

General Ledger: (complete GL set up form)

New State\Local\Sui - \_\_\_\_\_ Business Reg. Sent \_\_\_\_\_ Review all specially taxed EDs \_\_\_ Inactivate State \ Local \ Sui \_\_\_\_\_

Notes or Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is client being billed for changes?  Yes  No If yes, amount per pay period \$ \_\_\_\_\_ Flat amount \$ \_\_\_\_\_

*I agree to and authorize PAYDATA to make the above changes to our company set up.*

Authorized client representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For PayData use only:* Requestor: \_\_\_\_\_ CSR Rep: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Route form to all Departments for Review

Priority:  High  Medium  Low

1 -TAX: \_\_\_\_\_

Date Completed: \_\_\_\_\_

2 -FINANCE: \_\_\_\_\_

Date Completed: \_\_\_\_\_

3 -CSR MGR: \_\_\_\_\_

Date Completed: \_\_\_\_\_

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by PayData of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that PayData may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that PayData shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold PayData harmless and indemnify PayData from any and all claims, injuries and damages, of any nature incurred or suffered by PayData as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont