



Return Signed Request to:
Goldleaf Partners
Attention: Payroll
Fax: 612.339.0248
Email: payroll@goldleafpartners.com
Phone: 1.866.882.8442, opt. 6

CLIENT JURISDICTION FORM

Company Code: _____ Company Name: _____

Effective Date: ____/____/____

State: [] Add [] Delete [] Change

State: _____ State Withholding Number: _____

State Deposit Frequency: _____ State Filing Frequency: _____

State Unemployment Number: _____ State Unemployment Rate: _____

NOTE: Please attach a copy of the tax rate sheet for the new unemployment tax or send in once received

Local: [] Add [] Delete [] Change

Local Name: _____ Local Withholding Number: _____

Local Withholding Rate: _____

Local Deposit Frequency: _____ Local Filing Frequency: _____

School District: [] Add [] Delete [] Change

S.D. Name: _____ S.D. Withholding Number: _____

S.D. Withholding Rate: _____

S.D Deposit Frequency: _____ S.D. Filing Frequency: _____

Will the new jurisdiction(s) require reciprocity to be set up? [] Yes [] No [] Unsure

Other instructions: _____

If any jurisdiction is in "Applied For" status please indicate that on this form. If any jurisdiction is still in "Applied For" status at the time the first deposit or filing is due, Goldleaf Partners Employer Services will not be liable for this tax payment and/or filing. In addition, we charge a \$75 fee per quarter for missing ID numbers for administration costs.

Payroll Contact Signature: _____ Date: _____

Please return the form to the email or fax number at the top of this page.

DO NOT FILL OUT BELOW LINE - FOR GOLDLEAF PAYROLL USE ONLY

Completed By: _____ Date Updated: _____

POAs Sent to Client: ____/____/____ POAs Received by Client: ____/____/____