



AMM Accounting Solutions and Consulting, LLC

1046 E. Pistioa Drive Meridian, Idaho 83642

New Employer Packet

This is a New Employer Packet.

Please complete and sign all the attached forms (that apply) and upload them to verifyle.com platform after you created the account.

Or you can mail or fax your packet to:

- Mailing Address: AMM Accounting Solutions: 1046 E. Pistioa Drive Meridian, ID 83642
- Fax Number: 1(888) 885-0332

Employer Forms

- Profile and Authorization to File Payroll Tax Forms: Fill out areas indicated and sign at the bottom.
- IRS Form 2678: Write your Name, Address, & Sign at the bottom
- Form SS4: Complete only if you need us to get you a Federal Employer Identification Number "EIN". Sign at the bottom.

If you have an EIN, we need the EIN # to process payroll. If you have had employees, you have an EIN. If have an EIN but do not know the number, please call 1-800-829-4933 before 11am.

- Picture of your Driver's License and Social Security Card. For us to get you an EIN, we need to have your current name on file with the IRS. We cannot get you an EIN with a name not registered with the IRS.

Employee Forms

- Form W-4: Have each employee fill out and sign.
- Form I-9: Employee fills out the top section. Employer fills out the bottom 2 rows.
- Copy of Employee Passport & Social Security Card or Driver's License and Social Security Card A picture is fine, it needs to show the full front of the document.
- Employee Direct Deposit Authorization: Fill out areas indicated and sign. Direct deposit goes into the account on the 15th & 31st. Checks are mailed on the 15th & 31st

- Background Screening Application: Fill out and sign at the bottom. Fiscal Agent is AMM Accounting Solutions & Consulting.

Training

Please let us know if you have any questions or would like any training or help with filling out the forms. We help each client individually!

Sincerely,

AMM Accounting Solutions

ammukuna@ammcpa.net 208-713-4994

Mail to:

AMM Accounting Solutions & Consulting, LLC

1046 E. Pistioa Drive

Meridian, ID 83642

Fax to: 1(888) 885-0332

Profile and Authorization to File Payroll Tax Forms

Employer Name: _____ SS#: _____

Physical Address: _____

(Street, Apt, City, State, Zip)

Mailing Address (if different)

Email: _____

Cell Phone: _____

Federal EIN (if you have one) ____ - ____

Name of Person Receiving Care: _____

Support Coordinator Name: _____

Support Coordinator Email: _____

I hereby authorize AMM Accounting Solutions & Consulting to sign all payroll tax forms including, but not limited to, Form 940, Form 941, W-3, TC-69, TC-96-Q, TC-96M, TC-96R and Department of Workforce Services status and Contribution Report.

I also authorize AMM Accounting Solutions & Consulting to file all payroll tax forms on our behalf. I also authorize AMM Accounting Solutions & Consulting to establish and monitor electronic accounts with the taxing agencies to ensure that taxes are remitted appropriately.

If I provide incorrect information on the timesheet, I am liable to reimburse AMM Accounting Solutions & Consulting for any money that may have been incorrectly paid that cannot be recovered.

Signature Date