COVID-19 Code Request Form

Client ID: **Company Name:**

FFCRA (Families First Coronavirus Response Act)

I will be entering paid sick time by day and wish to add system calculations adhering to daily limits.

I wish to pay 2/3 of an employee's regular base rate with a minimum wage of $ (this is the minimum wage you have determined your employees to be subject to) for Covid Care and Covid Family Care.
** Please Note: The HIGHER of **either** the employee's regular rate, **or** the minimum wage indicated above will be the Base Rate from which the 2/3 calculation is made.*

CARES Act

Employer Retention Credit

I am an eligible employer and wish to add ERC (Employer Retention Credit) tax codes to my company.

I have **fewer than 100** employees and wish to add the appropriate codes to **ALL** employees.

I have **fewer than 100** employees and wish to add the appropriate codes to applicable individual employees. **I HAVE ATTACHED A LIST OF EMPLOYEES (FIRST NAME, LAST NAME, EMPLOYEE ID)** that I am requesting these codes be added to.

I have **over 100** employees and wish to add the appropriate codes to applicable individual employees. **I HAVE   A LIST OF EMPLOYEES (FIRST NAME, LAST NAME, EMPLOYEE ID)** that I am requesting these codes be added to.

Social Security Deferment

I wish to make delayed Social Security payments.

I, as an authorized representative of   , acknowledge that
TMS, Inc. will delay tax payments for the employer's 6.2% of the Social Security (SS-R)
tax for the period beginning March 27, 2020 and ending before January 1, 2021, per my request.
I acknowledge that TMS, Inc. will deduct the tax amounts 7 business days prior to due date.

I FURTHER ACKNOWLEDGE THAT   , WILL NOT HOLD TMS, Inc RESPONSIBLE FOR SUCH PENALTIES AND/OR INTEREST CHARGES AND ASSOCIATED TAX NOTICES THAT ARE RELATED TO INABILITY TO DRAFT THE RELATED FUNDS IN ADEQUATE TIME TO SUBMIT FUNDS TO THE IRS.

Paycheck Protection Program (PPP)

Please produce the PPP spreadsheet for the period of   through   .

Client Acknowledgment

By signing below, the client acknowledges that the requests made herein will be processed in the order they were received and that any requests affecting taxability, wage compliance, etc. were not made under the a dvisement of TMS,Inc or any related entity.

Signature   Date

Printed Name

Title

*********************************FOR INTERNAL USE ONLY*********************************

N/A   Done (Initials)

                      Begin Date field added to Pay Entry Template

                      2/3 Calc Code added to Company

                      >   Minimum Wage Number verified by OTHER team member

                      ERC Codes added to Company

                      >   Codes also added to ALL employees

                      >   Codes also added to applicable employees

                      ~   Waiting on Employee List from client

                      Social Security Deferment Set Up

                      PPP Report rerun for dates specified