



NEW CLIENT QUESTIONNAIRE

BUSINESS INFORMATION

LEGAL BUSINESS NAME: FEDERAL ID:
BUSINESS ADDRESS:
CITY: STATE: ZIP:
STATE INCORPORATED: DATE INCORPORATED:
STATE WITHHOLDING NUMBER(S):

STATE	ACCOUNT NUMBER

STATE UNEMPLOYMENT ACCOUNT #: CURRENT RATE:
LOUISVILLE METRO ACCOUNT #:
OWNER/MANAGING MBR NAME: SSN:
ADDRESS:
CITY: STATE: ZIP: PHONE:

PAYROLL INFORMATION

PAYROLL CONTACT NAME: PHONE:
EMAIL:
PAY FREQUENCY: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY QUARTERLY ANNUAL
FIRST PAY DATE WITH EPRG: FIRST PAY PERIOD:
DELIVERY METHOD: USPS UPS ELECTRONIC

FOR OFFICE USE ONLY

Company Code: Billing: Y N Report/EE Setup: Y N

Registered with EFTPS: Registered with Natpay:

Referred by:

Reporting Agent Authorization

Taxpayer

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

Reporting Agent

9 Name (enter company name or name of business)		10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.) City or town, state, and ZIP code		
12 Contact person	13 Daytime telephone number ()	14 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 _____	944-SS _____	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-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.

Sign Here

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

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 and/or electronic 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.

Where authority is granted for any form, it is also effective for related forms such as the corresponding non-English language form, amended return, (Form 941-X, 941-X(PR), 943-X, 944-X(PR), 945-X, or CT-1X) payment voucher, or deposit coupon. In addition to the returns shown on lines 15 and 16, Form 8655 can be used to provide authorization for Form 944-SP using the entry spaces for Form 944. The form also can be used to authorize a reporting agent to make deposits and payments for other returns in the Form 1120 series, such as Form 1120-C, using the entry space for Form 1120 on line 16.

Disclosure authority granted on line 17a is effective on the date Form 8655 is signed by the taxpayer. 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.
- **Rev. Proc. 2007-38**. You can find Rev. Proc. 2007-38 on page 1442 of Internal Revenue Bulletin 2007-25 at www.irs.gov/pub/irs-irbs/irb07-25.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 "09/2008" on the line for "941" to indicate you are authorizing the named reporting agent to sign and file Form 941 for the July–September quarter of 2008 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 "08/2009" 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 2009 and all subsequent months.

Who Must Sign

Sole proprietorship. The individual owning the business.

Corporation (including a limited liability company (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 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-6526, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File* above.

Bank Account Authorization Agreement

EPayroll Resource Group, LLC. (“SERVICE BUREAU”) or its designee is authorized by the undersigned client (“Client”) to implement and utilize the debit method (and/or corrections to previous debits) originated by check or electronic fund transfer for purposes of collecting from Client’s bank or other financial institution (“Financial Institution Account”) identified below (the “Account”) for its services and charges consisting of the following:

1. Direct deposit obligations under SERVICE BUREAU or its designee’s direct deposit service;
2. Payroll tax obligations under SERVICE BUREAU’s tax deposit and filing service;
3. Business tax deposit obligations for SERVICE BUREAU’s business tax depositing service;
4. Payment of SERVICE BUREAU’s fees for its services; and/or
5. Payroll obligations for SERVICE BUREAU’s official bank check service.

The Financial Institution is authorized by Client to comply with this authorization and debit the Account in accordance with the debit method originated by check or electronically as if initiated by client. This authorization shall remain in effect until revoked by the undersigned in writing and received by Financial Institution so as to allow a reasonable amount of time for all involved parties to act on it.

Client further agrees that if any debit or charge is dishonored by Financial Institution, whether with or without cause, Financial Institution shall have no liability with respect to such dishonor.

<p>1. Bank Name, City, & State: _____</p> <p>Routing & Transit Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Business Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____</p>
<p>2. Bank Name, City, & State: _____</p> <p>Routing & Transit Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Business Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____</p>
<p>3. Bank Name, City, & State: _____</p> <p>Routing & Transit Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Business Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____</p>

<p>_____ Printed or Typed Name and Title</p>	<p>_____ Depositor Name as Shown on Bank Records</p>
<p>_____ Signature (<i>must be authorized to sign on the accounts noted above</i>)</p>	<p>_____ Date</p>

Please contact Terin Jenks at (812) 981-3431 with your questions or concerns.



Company ACH Authorization Form

Please note that fields marked with an * are required fields.

Company Information

Client ID (if applicable): _____
*Legal Business Name: _____
Trade Name: _____
*Type of Business: _____
*Tax ID/EIN #: _____
Registered State: _____ State ID #: _____
*Physical Address Line 1: _____
*Physical Address Line 2: _____
*Physical Address City: _____
*Physical Address State: _____ *Zip Code: _____
Mailing Address same as Business Address?: Yes No
Mailing Address Line 1: _____
Mailing Address Line 2: _____
Mailing Address City: _____
Mailing Address State: _____ Zip Code: _____
Listed Phone #: _____
Website: _____
Password: _____

Transmission Reports

Email Address 1: _____
Email Address 2: _____
Report Type: HTML PDF Encrypted PDF:
Encrypted PDF Password: _____

Authorized Signature

By signing this Company Authorization Form, authorization is hereby granted to: _____ and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information, to and from the Authorized Account specified above on this form; and it is acknowledged that the Authorized Account is a commercial account and not a consumer account (as defined in the Automated Clearing House (ACH) Rules. The Company has contracted with _____ (Professional Payroll Processor or PPP) to provide payroll and/or payroll related services and has received and reviewed a copy of that contract. The Company acknowledges that the PPP has contracted to utilize the services provided by NatPay for the purpose of transferring funds electronically through the Automated Clearing House (ACH), in accordance to the rules of the National Automated Clearing House Association (NACHA) and all other applicable state and federal rules and regulations, for various purposes that include but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other reason that the Company may desire to transfer funds electronically through the ACH system. The Company further acknowledges (or understands) that (i) all transfers of funds through NatPay will be made in accordance with the Service Agreement between the PPP and NatPay; (ii) all ACH entries will be solely based on the data received by NatPay from the PPP and strictly in accordance with its instructions; (iii) NatPay has no responsibility or ability to determine that the PPP, receiving bank or other payee computes or distributes funds accurately or as expected and (iv) that the Company's agreement with the PPP provides that it will indemnify NatPay against all claims or damages resulting directly or indirectly from insufficient funds, fraud or misapplication of funds of the Company, except to the extent any misapplication of funds is directly caused by the negligence of NatPay. This Authorization will continue in effect until terminated by the Company or not less than three (3) days prior written notice to NatPay at csr@natpay.com or until the earlier termination of the Service Agreement with the PPP. This signed Company Authorization Form may be considered as an application for credit, and therefore authorizes the PPP and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, various data services, and a Company's banks to verify status, history, and other applicable credit information.

Authorized Signor Name (Please print.)

Authorized Signor Title

Authorized Signor Signature

Date

101023A

PPP Information

*PPP Name: _____
*PPP Account #: _____
Fees Charged To: PPP Client
Live Processing Date: _____
*Client is known to me: Yes No

Business Account for ACH Transactions

*Bank Name: _____
*Routing/Transit #: _____
*Business Account #: _____
*Account Type (Include copy of voided check.): Checking Savings

Business Account for Tax Payments (if applicable)

Business Account Above Business Account Below:
Bank Name: _____
Routing/Transit #: _____
Business Account #: _____
Account Type (Include copy of voided check.): Checking Savings

Business Name _____



Beneficial Owner(s) Addendum

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, fraud, corruption, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (ex. Beneficial Owners) helps law enforcement investigate and prosecute these crimes.

Section 1: Type of Business

Please select any that apply. If any are selected below, please proceed to Section 4 after completing this section.

- | | |
|--|---|
| <input type="checkbox"/> Business is a Publicly-Traded Company | <input type="checkbox"/> Business files reports with SEC |
| <input type="checkbox"/> Business is a Bank or Credit Union | <input type="checkbox"/> Business is a Security Broker |
| <input type="checkbox"/> Business is a tax-exempt entity | <input type="checkbox"/> Business is an Insurance Company |
| <input type="checkbox"/> Business is a Public Utility | <input type="checkbox"/> Business is an Accounting Firm |
| <input type="checkbox"/> Business is a Large Operating Company * | |

* Large Operating Company is defined as an entity that has (1) 20 or more full-time employees, (2) operating presence with a physical office in the United States, and (3) has filed a federal income tax or information return in the United States for the previous year demonstrating more than \$5 million in gross receipts or sales.

Section 2: List of Beneficial Owners Holding 25% or More Ownership of Legal Entity

(1) Each individual, if any, directly or indirectly owning, 25% or more of the legal entity customer (ex. each natural person owning 25% or more of the shares of the corporation); and (2) An individual with significant managing responsibility of the legal entity customer (ex. CEO, CFO, COO, Managing Member, President, etc.)

The number of individuals that satisfy this definition of Beneficial Owner may vary. Under Section 2, depending on the factual circumstances, up to four individuals may need to be identified below. Regardless of the number of individuals identified under Section 2, you must provide the identifying information of one individual under Section 3. It is possible that in some situations the same individual may be identified under both sections (ex. President of Joe's Shoes, who also holds a 50% equity interest.) The completed form will contain the identifying information of at least one individual under Section 3, and up to five individuals (ex. four 25% equity owners) under Section 2.

Beneficial Owner Name 1: _____	Beneficial Owner Name 3: _____
Beneficial Owner % of Ownership 1: _____	Beneficial Owner % of Ownership 3: _____
Beneficial Owner Date of Birth 1: _____	Beneficial Owner Date of Birth 3: _____
Beneficial Owner Residence Address 1: _____	Beneficial Owner Residence Address 3: _____

Beneficial Owner Name 2: _____	Beneficial Owner Name 4: _____
Beneficial Owner % of Ownership 2: _____	Beneficial Owner % of Ownership 4: _____
Beneficial Owner Date of Birth 2: _____	Beneficial Owner Date of Birth 4: _____
Beneficial Owner Residence Address 2: _____	Beneficial Owner Residence Address 4: _____

Section 3: Individual with Significant Managing Responsibility of Legal Entity

Name: _____ Title: _____ Date of Birth: _____
 % of Ownership: _____ Address: _____

Section 4: Signature

By signing this Addendum, I attest that I have accurately provided the name, address, and date of birth for the individuals listed above, and that I am signing as a principal.

Name: _____ Signature: _____ Title: _____ Date: _____

100623A



Dear Valued EPayroll Client,

As many of you know, EPayroll Resource Group, LLC uses a local bank for all of our ACH processing. As our economy is quickly changing, the bank has made some financial modifications that would require us to change our processes completely. We as your payroll provider and ACH processor have decided to find a new ACH partner that we feels better suites our needs and will cause the least amount of change for our customers. EPayroll has partnered with NatPay, who is an industry leader in ACH distributions.

With this partnership comes one important change.

Currently, all transactions such as direct deposit, tax sweep, and fee occur on your pay date. Going forward all transactions will be required to sweep from your business account **at least 1 day BEFORE your scheduled pay date.**

For example: If your current pay date is Friday, you will need to have 100% of the funds needed to cover payroll (direct deposit, taxes and fee) available on Thursday. If your current pay date is on Wednesday, you will need to have 100% of the funds needed to cover payroll available on Tuesday.

We understand that this change may inconvenience some of you and may require you to change your internal processes, such as when your pay period ends or when you turn in your payroll to us. **Please note that you will now be required to turn in your payroll 2 business days before your pay date by 11:00am.**

We sincerely apologize for any inconvenience this may cause, but please know that this change is beyond our control.

Please sign below that you have reviewed and accept the new terms and return to payroll@epayrollrg.com

We are required to have this signed document on hand in order to continue to process payroll and make the appropriate tax payments and filings.

As always, we appreciate your business and support.

Client / Company Name _____

Authorized Signature _____

Date _____

Direct Deposit (ACH) General Terms & Conditions

- I. **EPayroll Resource Group, LLC** (“SERVICE BUREAU”) hereby agrees to collect, hold and disburse direct deposit payroll transactions in compliance with Automated Clearing House regulations from the undersigned client (“Client”) via an account separate from SERVICE BUREAU’s general account. Client will be responsible for providing SERVICE BUREAU with accurate payroll information in a timely manner so as to allow SERVICE BUREAU to initiate direct deposit payroll transactions to a designated bank, the Federal Reserve Bank, or any financial institution processor necessary for direct deposit transmissions to occur during the term of this Agreement.
- II. Client shall pay SERVICE BUREAU or its designee a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU’s thirty (30) day written notification.
- III. Client shall provide said information to SERVICE BUREAU no later than (3) banking days prior to each payroll check date, unless a payroll check date were to fall on a Saturday, Sunday or a bank holiday, in such case the information must be provided no later than (4) banking days prior to the payroll check date. In addition, Client shall immediately provide SERVICE BUREAU with notification of any changes that will affect the impound of funds and/or the transmission of payroll direct deposit transactions.
- IV. Client shall maintain a sufficient balance in said account to be readily available at least (2) banking days prior to Client’s payroll check date to cover all current payroll direct deposit transactions and/or charges to cover any NSF or service fees as agreed upon by SERVICE BUREAU and Client. If for any reason Client’s bank were to refuse to honor a payroll direct deposit transaction, a \$50.00 NSF fee will be assessed to Client as SERVICE BUREAU’s reasonable costs. SERVICE BUREAU reserves the right to use any and all means necessary to collect any NSF funds including redirection of tax payments and cancellation of tax payments paid or scheduled to be paid under the Tax Service Agreement. Under such circumstances, SERVICE BUREAU may immediately terminate this Agreement and Tax Service Agreement without written notice. Should SERVICE BUREAU so terminate this Agreement, SERVICE BUREAU shall not be responsible or liable for making the then due or any future payroll direct deposit transactions.
- V. This Agreement shall have a continuous month to month term until terminated by either party by thirty (30) days prior written notice.
- VI. Client agrees to review all related payroll information necessary to verify the complete accuracy of all employee’s direct deposit transmissions. If an error occurs, Client must notify SERVICE BUREAU within (1) banking day before the effective transmission date, in which case SERVICE BUREAU will only be liable for the retransmission of the direct deposit amounts. In no event shall SERVICE BUREAU be held responsible or liable for any direct deposit amounts, interest, wiring fees or additional damages or expenses of any kind, including but not limited to any incidental, consequential, special or punitive damages, penalties or attorney’s fees.
- VII. This Agreement is entered into and shall be performed in the County of Floyd, State of Indiana. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Floyd, State of Indiana.

SERVICE BUREAU:

CLIENT:

EPayroll Resource Group, LLC
(Company Name)

(Company Name)

(Authorized Signature)

(Authorized Signature)

(Date)

(Date)

(Printed or Typed Name and Title)

(Printed or Typed Name and Title)

Tax Service General Terms & Conditions

- I. **EPayroll Resource Group, LLC** (“SERVICE BUREAU”) hereby agrees to collect payroll tax liabilities from the undersigned client (“Client”) and to receive and hold the funds in an account separate from SERVICE BUREAU’s general account. SERVICE BUREAU will deposit payroll taxes and prepare and file payroll tax returns, as required by the applicable taxing agencies, during the term of this Agreement. Client shall continue to be responsible for maintaining their own records, and this Agreement does not relieve Client of any of its tax reporting or payment liabilities.
- II. Client shall pay SERVICE BUREAU or its designee a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU’s thirty (30) day written notification.
- III. Client shall immediately provide SERVICE BUREAU with copies of any notices or correspondence received from any taxing authority with respect to any tax return(s) or tax deposit(s) made by SERVICE BUREAU. Client shall immediately provide SERVICE BUREAU with notification of any changes that will affect the impound of funds and/or the depositing of payroll taxes or filing of returns. Client shall provide accurate payroll information to SERVICE BUREAU no later than (3) banking days prior to each payroll check date, unless a payroll check date were to fall on a Saturday, Sunday or a bank holiday, in such case the information must be provided no later than (4) banking days prior to the payroll check date.
- IV. SERVICE BUREAU may debit the account designated by Client in order to make the necessary payroll tax deposits and collect any fees due to SERVICE BUREAU. Client shall maintain a sufficient balance in said account to be readily available on Client’s payroll check date to cover all current payroll tax liabilities and/or charges to cover any NSF or service fees as agreed upon by SERVICE BUREAU and Client. If for any reason Client’s bank were to refuse to honor a payroll tax draft, a \$50.00 NSF fee will be assessed to Client as SERVICE BUREAU’s reasonable costs. SERVICE BUREAU reserves the right to use any and all means necessary to collect any NSF funds including redirection of tax payments and cancellation of tax payments paid or scheduled to be paid. Under such circumstances, SERVICE BUREAU may immediately terminate this Agreement and Direct Deposit Agreement without written notice. Should SERVICE BUREAU so terminate this Agreement, SERVICE BUREAU shall not be responsible or liable for making the then due or any future payroll tax deposits or filing of tax returns.
- V. This Agreement shall have a continuous month to month term until terminated by either party by thirty (30) days prior written notice.
- VI. SERVICE BUREAU shall have no liability for failure to make deposits or filings if Client has not provided it with accurate and adequate information to make the necessary deposits or filings, or, if Client fails to maintain sufficient funds to cover such payroll tax obligations. In no event shall the liability of SERVICE BUREAU exceed the fees paid or payable by Client. In no event shall SERVICE BUREAU be liable for any incidental, consequential, special or punitive damages, penalties or attorney’s fees.
- VII. This Agreement is entered into and shall be performed in the County of Floyd, State of Indiana. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Floyd, State of Indiana.

SERVICE BUREAU:

CLIENT:

EPayroll Resource Group, LLC

(Company Name)

(Company Name)

(Authorized Signature)

(Authorized Signature)

(Date)

(Date)

(Printed or Typed Name and Title)

(Printed or Typed Name and Title)

Check Signing Authorization

- I. The undersigned client (“Client”) hereby authorizes **EPayroll Resource Group, LLC** (“SERVICE BUREAU”) to implement and utilize the facsimile of a computerized signature image to make an impression upon each payroll check prepared for the Client. Although SERVICE BUREAU will take precautionary procedures to help ensure the proper use of Client’s computerized signature image, Client must check the validity and accuracy of all checks and reports prepared by SERVICE BUREAU.

- II. Client shall pay SERVICE BUREAU a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU’s thirty (30) day written notification.

- III. SERVICE BUREAU shall incur no liability for loss or damage sustained by Client as the result of, but not limited to, inappropriate or incorrect use of the computerized signature image or the checks said image is prepared on unless a SERVICE BUREAU employee causes damage as a direct result of fraudulent or dishonest activity, and said SERVICE BUREAU employee acts without the involvement or support of Client or Client’s employees or representatives. Client must also make any claim relating to the fraudulent or dishonest activity by a SERVICE BUREAU employee within (45) days of the date on the check in question. Otherwise, claims made after the (45) days will not be paid. All damages or loses not covered by this Agreement remains Client’s liability, and in no event shall SERVICE BUREAU be liable for any incidental, consequential, special or punitive damages, penalties or attorney’s fees.

- IV. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow a reasonable amount of time for SERVICE BUREAU to act on such a revocation.

- V. This Agreement is entered into and shall be performed in the County of Floyd, State of Indiana. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Floyd, State of Indiana.

 Printed or Typed Name and Title



EPayroll Resource Group, LLC
 Company

 Signature



 Date

 Client Number

Please sign inside the appropriate box using a pen with thick, sharp black ink:

Single Signature 	Double Signature 
---	--

Please repeat signature(s) in the appropriate box below:

Single Signature 	Double Signature 
---	--

Client Responsibility

Client agrees to accept the following obligations and responsibilities as condition precedents for EPRG's performance of each Service selected:

- a. to execute all documentation needed by EPRG to initiate EFT transactions and to verify availability of funds in Client's designated bank account(s);
- b. to execute and provide any other documents which may be required by EPRG to perform its responsibilities under this Agreement, including, where applicable, taking all necessary corporation action;
- c. to review all payroll reports and documents on client portal or those provided in hard copy to confirm accuracy, immediately notifying EPRG of any errors, prior to check distribution and/or direct deposit funding;
- d. to have available in Client's bank account, sufficient funds in collectible form 48 hours prior to payroll date to cover all EFT transactions or, at EPRG's sole option, that payment by wire transfer or such other payment method may be required by EPRG prior to the funding deadline.
- e. to provide EPRG promptly with all necessary information, including any changes thereto, pertaining to Client's authorized contacts and employees, and to comply with any and all applicable federal, state, or local laws or ordinances.
- f. to maintain the confidentiality of User IDs and passwords assigned by EPRG to the Client's payroll contacts/employees, making sure proper controls are in place regarding access to systems and facilities which are required to gain access to enter and transmit payroll information, over the preparation and authorization of worksheets and documents submitted, and that User IDs are updated upon changes in authorized personnel.

Provide an email address in which reports will be sent on a per pay basis. It is your responsibility to review these reports in a timely manner and report any issues and/or discrepancies to EPRG.

Email _____

List the names of owners, managers and employees who are allowed to make changes to wage information

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Rejection of Sweeps / NSF Bank Charges

EPRG will sweep all employee and employer taxes with each payroll as well as any direct deposits made into your employee's accounts. It is your responsibility to make sure that funds are in the account to cover any and all sweeps that may be necessary.

EPRG has the right to charge a \$50.00 inconvenience fee for any rejection of an ACH sweep. We must recover the funds within 24 hours of notification by ACH. If this is not available EPRG reserves the right to hold off processing any future payrolls until settled.

EPRG has the right to stop all employee direct deposits should your ACH sweeps reject a minimum of two (2) times.

EPRG has the right to terminate services should your ACH sweeps reject a minimum of three (3) times.

Any change of your status with EPRG will be discussed with you as our client.

By signing this form, I am stating I agree to all information stated above.

Signature: _____

Title: _____

Date: _____

Retirement Agreement

Circle One

Does your company currently have a retirement plan?

Y N

What kind of retirement plan do you have? (ex: 401k, Roth, Simple, Sep, etc.)

PLEASE PROVIDE A COPY OF PLAN DOCUMENTS

Would you like us to submit your retirement on your behalf?

Y N

Will your submission be online?

Y N

**There is a fee of \$15.00 per pay for online submissions

**If yes, please include website and log in information. We will not be able to submit any information for you until we have access to your online account.

Website Address: _____

Log In Name / User ID: _____

Password: _____

**EPRG is not responsible for maintaining employee information, such as adding new employees or removing terminated employees.

If your retirement is paid via check that we issue, will EPRG be responsible for mailing the check on your behalf?

Y N

**If yes, please provide the vendor name and mailing address. We will not be able to issue any checks until this information is provided

Vendor Name: _____

Vendor Address: _____

City, State, Zip Code: _____

By signing this form, I am stating that all information is true to my knowledge. If any information should change, it is my responsibility to notify my payroll provider.

Signature: _____

Title: _____

Date: _____

Unpaid Taxes

Circle One

Does your company have prior payroll for the current year (processed before your first live pay date with EPRG)?

Y N

**Please submit any payroll prior to EPRG taking on your payroll by prior quarter (i.e. 1st quarter totals, 2nd quarter totals).

Will EPRG be responsible for paying any taxes associated with these prior payrolls?

Y N

(i.e., state and local, 941 deposits, FUTA and SUTA)

Please state the amount that should be swept from my business account to cover taxes to be paid on my behalf by EPRG:

941 Deposit: _____

State / Local: _____

Federal Unemployment: _____

State Unemployment: _____

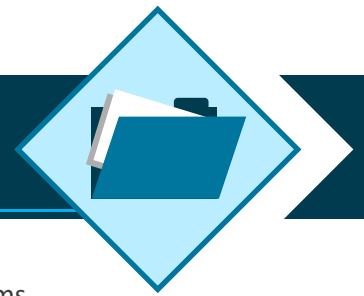
By signing this form, I am stating that all information is true to my knowledge and approve EPRG to sweep any necessary funds that may be shown above. If any information should change, I am aware that this may cause an additional fee of \$25.00 to be charged to my company.

Signature: _____

Title: _____

Date: _____

Required Documents



Please provide the listed items as soon as possible after submitting the Authorization Forms.

- State withholding account numbers (don't have one? Applications linked below)
- Unemployment account numbers and current annual rate (don't have one? Applications linked below)
- Local tax withholding account number if applicable
- Employee detail report for ALL employees paid in the current year (even if terminated). This needs to include:
 - Full name
 - Social security number
 - Address
 - Tax withholding elections.
 - Account and Routing number for direct deposit
- Employee deduction report (if not included in the above). This needs to include any deductions such as insurance, retirements, loans etc. We need the amount to be deducted per pay.
- Child Support Orders if applicable
- Retirement Submission login information if applicable
- Payroll summary by quarter (if quarter has ended). If the current quarter is not over we will need the summary by month if the month has ended. If it is mid-month we will need a payroll summary per pay period.

**These must include gross wages, deductions, tax withholdings and net pay received per employee paid in the current year.

Indiana State Withholding Application- https://intime.dor.in.gov/eServices/_/#2

Indiana Unemployment Application- https://uplink.in.gov/ESS/ESSCheckExistingAccount.htm?_st=

Kentucky State Withholding Application-

<https://kog.chfs.ky.gov/public/requestaccount/?ReturnURL=https%3a%2f%2fonestop.portal.ky.gov%2fonestopportal%2f>

Kentucky Unemployment Application- <https://kewes.ky.gov/Tracking.aspx>