

The following information is needed to setup your company for payroll processing:

1. Payroll contact name, phone number and email address.
2. A copy of a voided check from the account that is to be debited for net payroll, taxes and billing.
3. Company Federal ID number.
4. Starting check number for payroll checks.
5. First pay period dates (Example: January 1st through January 7th).
6. First check date you would like us to issue (Example: January 13th).
7. A completed and signed W4 for each employee or prior payroll employee report that provides the employee's name, address, SS#, status and number of dependents.
8. Pay rates & hire dates for all employees (this information should be written on the top of each employee's W4 form) if information is not on prior payroll reports.
9. List of any additional deductions (Example: pre-tax medical or 401k).
10. Last completed quarterly reports (Example: 941, NJ-927 and WR-30 for New Jersey companies).
11. Prior payroll data and payments made for the year if beginning payroll after January 1st.
12. Workers' Compensation Insurance is mandatory, you must have a policy. We offer Pay As You Go Worker's Comp – please call for more information.
13. List of any additional services desired aside from basic payroll (Example: Direct Deposit, Pay As You Go Workers' Comp).

PRECISION **P**AYROLL **S**ERVICES

With regard to ACH processing, please be advised of the following penalty charges:

First time insufficient funds: \$35.00

Second time insufficient funds: \$50.00

Every time after: \$100.00

Please sign debit authorization below:

Signature: _____ Date _____

Company Name: _____

State New Hire Reporting:

All employers are required to report any new employee within 20 days of employment. Precision Payroll Services, Inc. offers this service for an additional charge on \$1.00 per new hire. Please complete the following information if you would like to utilize this service.

I _____, request Precision Payroll Services, Inc. to file the New Hire Forms that are required by law, to the proper state institution. I agree to provide Precision Payroll Services, Inc. with all new hire information within a reasonable amount of time to allow them to process this information within the requirements of the state regulations. I understand that additional fees will be incurred as a result of this additional service.

Company Name: _____ Report Start Date: _____

State Name: _____

Report All: _____ Report New Hires Only: _____

Signature: _____ Date: _____

CUSTOMER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS ©
[ACH CREDITS & DEBITS] REP. ID _____

BUSINESS COMPANY
NAME Precision Payroll Services, Inc. ID NUMBER P05062

I (we) hereby authorize the Company named above ("COMPANY"), to initiate debit and credit entries to my(our)
 Checking Savings account (select one) indicated below and the depository named below, hereinafter
"DEPOSITORY", to debit or credit the same to such account. I further authorize the Company to debit said account for
such amount allowed by law in the event a debit entry is rejected by the Depository.

DEPOSITORY
NAME _____ BRANCH _____
CITY _____ STATE _____ ZIP _____
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please Check Those That Apply: This is a Bank Account of a Natural Person
 This Account is Used for Commercial/Business Transactions

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME (Business or Personal as Appropriate) _____

DATE _____ SIGNATURE(S) _____

PRINT NAME(S) _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE CUSTOMER(S) WHO SIGNED

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Universal State
POWER OF ATTORNEY

(Print Company Name)

(Identification Number)

Hereby appoint Francine Karamian of Precision Payroll Services, Wayne, NJ (973) 706-6660

As attorney-in-fact for the purposes of tax liability impounding, performing wire transfers and submitting payroll withholding and SUTA taxes to the State of _____, I fully understand that they are not representation before any office and/or representative of the Division of Taxation, with respect to any audit functions and /or proceedings.

Said attorney-in-fact shall, subject to revocation in writing have authority to receive confidential information and full power to perform on the behalf of the taxpayer(s): All acts necessary and requisite to facilitate said functions above; to delegate authority or to substitute another representative of the same firm or company.

Copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above matters should be sent to:

Precision Payroll Services
573 Valley Road, Suite 5
Wayne, NJ 07470

This power of attorney revokes all prior powers of attorney and authorizations on file with the same Division of Taxation office with the respect to the same matters and years or periods covered by this instrument.

(Signature of or for taxpayer(s))

(Date)

If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have authority to execute this power of attorney on behalf of the taxpayer.

(Signature)

(Title if applicable)

(Date)

Privacy Act Notification

The Tax Reform Act of 1976, P.L. 94-455, modified at 42USC 405(c) (2) (C) (i), authorizes the use of social security numbers in the administration of a tax law. The Division will use the number for tax account identification and tax administration and collection purposes.

Tax Information Authorization
 ▶ Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by:
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address Precision Payroll Services, Inc. 573 Valley Road, Suite 5 Wayne, NJ 07470	CAF No. <u>2006-12887R & 2006-1288R</u> PTIN <u>70050</u> Telephone No. <u>973-706-6660</u> Fax No. <u>973-706-6661</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
FICA, Medicare	941/944	2017, 2018, 2019, 2020	All
Federal Withholding	941/944	2017, 2018, 2019, 2020	All
FUTA	940	2017, 2018, 2019, 2020	All

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

- 5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):
- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you do not want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature _____

Date _____

Print Name _____

Title (if applicable) _____

Reporting Agent Authorization

▶ Information about Form 8655 is at www.irs.gov/form8655.

Taxpayer

1 a Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)	
1 b 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.)		5 Other identification number	
City or town, state, and ZIP code			
6 Contact person		7 Daytime telephone number	8 Fax number

Reporting Agent

9 Name (enter company name or name of business) Precision Payroll Services, Inc.		10 Employer identification number (EIN)	
11 Address (number, street, and room or suite no.) 573 Valley Road, Suite 5		City or town, state, and ZIP code Wayne, NJ 07470	
12 Contact person Francine Karamian		13 Daytime telephone number 973-706-6660	14 Fax number 973-706-6661

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 _____	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

17 a 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 lines 15, 16, and/or line 18

b Check here if the reporting agent also wants to receive copies of notices from the IRS

Disclosure Authorization

18 a 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 2017.

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 2017.

c 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 Forms 3921 and 3922. 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
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