

## **COMPANY CHANGE FORM – Tax Service**

Client Number:  Company Number:  Date Requested:  (Please note: For proper audit PayData r	Client Name:  Company Name:  Change Effective Date:  equires advance notice for company changes)	
Changing to: PayData Tax Service (complete ER Transfe (complete Power of A	Agreement) Yes No ttorney) Yes No	
Notes or Other:		
	es No If yes, amount per pay period \$ Flat amount \$	
I agree to and authorize PAYDATA to n	ake the above changes to our company set up.	
Authorized client representative:	Title:	
Signature:	Date:	
For PayData use only: Requestor:	Priority: High Medium Low	
1- FINANCE: 2- TAX:	Date Completed:  Date Completed:	

P.O. Box 706 • Essex Jct., VT 05453-0706 • 802-655-6160 • Fax 802-655-7263

The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. Company acknowledges that receipt by PayData of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that PayData may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that PayData shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold PayData harmless and indemnify PayData from any and all claims, injuries and damages, of any nature incurred or suffered by PayData as a result of its reliance upon said facsimile transmission or said electronic signature. This Agreement shall be construed and governed under the laws of Vermont

### Tax Agent Agreement

PayData Payroll Services, Inc. EIN 03-0320969 and the undersigned (client) agree to the following:

- 1. Client delegates authority to PayData Payroll Services, Inc. to file appropriate payroll tax returns and issue tax deposits on the client's behalf. This authority includes, as applicable, state and local withholding, state unemployment, 941, 940, 943 and 945 taxes. PayData agrees to file these returns with the appropriate taxing authority in a timely manner.
- 2. PayData Payroll Services, Inc, will assume responsibility for late payments to the degree that the error was caused by PayData. Responsibility for penalties will only be accepted for those incurred in the quarter or portion of the quarter when PayData begins its function as tax agent. The responsibility will end when PayData ends its function as tax agent. It is also understood that errors or faulty returns may be caused by inaccurate information provided to PayData by the client, the client's staff, accountants or other involved parties. If such is the case, PayData may be willing to help rectify the situation, but will not be responsible for any resultant penalty or interest charges.
- 3. As required by the federal government, PayData will utilize the Electronic Federal Tax Payment System (EFTPS) to deposit the client's employment taxes. It is the client's sole responsibility to notify PayData as to whether they are required by law to utilize this payment procedure. If the client is required to file taxes through the EFTPS system and is not registered, and PayData must resort to the FEDWIRE option to pay client's taxes, then these additional costs will be transferred to the client. If client requests that PayData file non-payroll related taxes through the EFTPS system on its behalf, that option will be covered by a separate contract.
- 4. Client shall comply with and be subject to the operating rules of NEACH/NACHA and the originating bank, governing electronic funds transfer, as such rules shall be in effect among participating banks and the Federal Reserve Bank of Boston. PayData will utilize the NEACH/NACHA system to transfer funds between the Client and PayData.
- 5. PayData will withdraw the aggregate total of all payroll taxes from the Client's bank account at least one day prior to the client's pay date. These funds will be held in escrow until such taxes are due by state, local and federal regulations. Should funds be inadequate or should a bank reversal occur due to insufficient client funds being available, then PayData's liability for late payment will be instantly abrogated and at its option this agreement will be null and void. Further, PayData at its option may withhold payment of taxes due until the funds are made available.
- **6.** If tax service is terminated PayData reserves the right to deduct any outstanding monies due to PayData from clients' escrow tax funds before said monies are returned to company.

Effective Agreement Date:	<u>—</u>	
Company #: Company Name:		
Authorized Signature:	Date:	
(Must be corporate officer/ owner/ fiduciary)		
PayData:	Date:	

**Taxpayer** 



## Limited Power of Attorney and Tax Information Authorization for State Filings:

PayData Payroll Services, Inc. is hereby appointed as attorney in fact with authority to receive, sign and file state tax returns and make state tax deposits. The attorney in fact shall also be authorized as a designee of the taxpayer to receive copies of notices, correspondence and transcripts with respect to state tax returns filed by the designee.

This authorization shall include the appropriate state forms beginning with the tax period indicated and remain in effect through subsequent tax periods until notified by the taxpayer, or the designee of termination or revocation of the authorization. This authorization revokes all earlier tax filing powers of attorney authorizations on file with the respective taxing authorities, with respect to the same tax matters and tax periods covered hereby.

PayData Payroll Services, Inc. will not assume any responsibility for determining the employers' correct filing frequencies with respect to federal and state \ local taxes. Employer's must provide PayData with the proper frequency for generating federal and state \ local deposits.

Please indicate the deposit schedule that your company is required to utilize. If PayData is not provided with this information, we will automatically assume that your deposits are due with each payroll. If you are unsure when the federal deposits are due, contact the IRS at 1-800-829-1040. For inquiries regarding your state \local tax deposit frequency, contact the appropriate state department.

Federal Deposit Filing Frequency: (Client To Circle One)	Monthly	Each Period			
Required to file with EFTPS	Yes		NO		
Taxpayer Name:					
Federal ID#:					
State Withholding #:		Freq	<u>uency</u> :		
	Wee	ekly M	Ionthly	Quarte	erly
		Weekly	Mo	nthly	Quarterly
	Wee	ekly M	Ionthly	Quarte	erly
State Unemployment #:					
Beginning Tax Period:	_1 <u>/2010</u> (Tax Qtr / Year)				
-	PayData Payroll Servic P.O. Box 706 Essex Jct., VT 05453	ees, Inc.			
Signed:					
Client Name and Title:		(Authorized C	лпсеr) 		
Date:					

OMB No. 1545-1058

Re	porting Agent Autho	orization						
1a Name of taxpayer (as distinguished from trade na			ame)			2 Employe (EIN)	r identification number	
1b	Trade name, if any	,						e a seasonal employer,
3	Address (number,	street, and room or sui	te no.)				5 Other ide	entification number
	City or town, state	, and ZIP code						
6	Contact person			7 Daytime	e telephone numbe	r	8 Fax num	ber
Rep	orting Agent		1				,	
9	Name (enter compa PayData Payroll	any name or name of b	ousiness)	)			10 Employ (EIN) 03-032	er identification number
11	Address (number, s P.O. Box 706	treet, and room or suit	e no.)					
	City or town, state, Essex Junction, VT							
12	Contact person  Judy Bernier				ne telephone number 655-6160 x138	er	14 Fax nur 802-655	
Autl	horization of Reporti	ng Agent To Sign and	File Rei	turns				
15	beginning quarter o		. See th	e instruction				ear of annual tax returns or is authority is granted, it is
	940 <u>1/<b>2007</b></u>	941 <b>_1/2007</b>	940-]	PR	941-PR	941	-SS	943
	943-PR	944	94	4-PR	945	1042	C7	Γ-1
Autl	horization of Reporti	ng Agent To Make De	posits a	nd Payments				
auth	orized to							e reporting agent is granted, it is effective until
	940 <u><b>1/2007</b></u>	941 <u><b>1/2007</b></u>	943 _		944	_ 945	720	1041
	1042	1120	CT-1		_ 990-C	990-PF		990-T

	Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS
relate	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
IRS	The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning <b>007</b>
b IRS	The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning 2007
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
Auth	orization Agreement
depoi 15 is year the r author requ author	derstand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all sits and payments are made. If line completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or indicated. If any starting dates on line 16 are completed, eporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any orization granted remains in effect until it is revoked by the taxpayer porting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the ority granted on line 15 and/or line 16, including disclosers ired to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The ority granted on Form 8655 will not revoke any Power of Attorney m 2848) or Tax Information Authorization (Form 8821) in effect
	I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer
	<b>&gt;</b>
	Signature of taxpayer Title Date
For	Privacy Act and Paperwork Reduction Act Notice, see page 2. Form 8655 (Rev. 5-2005)

# Limited Power of Attorney &

Tax Information Authorization (Business, Estate or Trust)

VT Unemployment Account Number				
* *				
Federal Identification Number				
1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Client Number				
Chefit T (diliber				

Taxpayer's Legal Business Name:			<del>-</del>
Trade Name(s):  PayData Payroll Services, Inc. is hereby appoint its behalf: (Check all that apply)	nted as its agent to perforn	n the following acts on	
Receive, prepare and file new and amended Vermo	ont Employer's Quarterly V	Vage & Contribution Report forms.	
$\overline{\mathrm{X}}$ Obtain from and provide to this agency information	n regarding its returns filed	for periods on or after the date below	· <b>.</b>
Discuss matters as they pertain to the rate assignment	ents and experience rating.		
Process all necessary forms/inquiries as they pertai (If this box is NOT selected, please specify the clien	n to claims potentially file nt address where benefit cl	d against its rating/account. aim related information should be ma	iled)
Address in Fact: PayData Payroll Svc. (C-101 Forms, Rate Notices, Essex Jct, VT 05453	Benefit Claim Related		
Statements)	Inform	nation Only	
This Limited Power of Attorney form is effective from Effect until this Department is otherwise notified.	om the period beginning	/ 2007 and will remain i (Quarter/Year)	n
It applies only to the items which have been selected matters for the client.	l above as they pertain to t	he Unemployment Insurance Tax and/	or Benefit related
This Limited Power of Attorney revokes all prior Po	wers of Attorney on file w	with the Department of Employment &	Training.
Person Completing and Signing Power of Attorney	Date		-
Signature		Title of Person Signing Power of A	ttorney
AFFIRMATION OF WITNESS			
I,affirm thattime this Limited Power of Attorney was signed, and freely and voluntarily.	that (s)he affirmed that (s	appeared to be of sound mind and f s)he was aware of the nature of this do	ree from duress at the cument and signed it
Signature of Witness (Cannot be same as Notary)	Date		-
FOR USE BY NOTARY	STATE OF	VERMONT	
	COUNTY OF	CHITTENDEN	,SS.
Aton the _	day of (Day)	personal (Month)	ly appeared
(Name of person signing POA) who acknowled	ged this mistrument and si	gned by him/her to be the free act and	
deed and the free act and deed of	hefore	e me	

		My Commission expires: 2/11	
Signature of Notary Pu			
	(Please complete REV	ERSE side of form)	
ATTESTATION OF A	AGENT		
I, PayData	do hereby attest that I acce	ept appointment as agent for	
	(hereafter "principal"), and:		
that I understand my d	uties under this Limited Power of Attorney and u	nder the law;	
	have a duty to act for the principal as to the spec o do so in this Limited Power of Attorney;	ified transactions and types of transactions	
that I hereby specifical	lly acknowledge and accept such duties to act in s	signing this Limited Power of Attorney;	
	uty to act, my agreement to act on or behalf of the there is any consideration to support a contractual		
	acknowledge in signing this Limited Power of Attexpertise I will use those skills on behalf of the pri	forney, that I have been selected as agent with the experincipal.	ectation that
Signature of Agent	(PayData Tax Representative)	Date Signed	

	VT Employer	ID#	
	Fed Employer ID #		
	State		Zip Code
Telephone #	E-ma	il Address	
Telephone #	<del></del>	E-mail Addı	·ess
( 802) 655-6	5160	dhollinger@	paydata.com
ent form to:			
	Telephone # ( 802) 655-6	State	Telephone # E-mail Address  Telephone # E-mail Address  ( 802) 655-6160 dhollinger@



Special Power of Attorney (Business, Estate, or Trust)

Name of Business, Estate, or Trust	
Federal ID Number / State ID Number (if applicab	le)
3 Name of Agent	4 Telephone Number of Agent
PayData Payroll Services, Inc.  Address of Agent	802-655-6160
5 Address of Agent	
P.O. Box 706 Essex Junction, VT 05453	
This principal named above hereby appoints the above-nato perform the following acts on its behalf: (Check all applicable boxes)	amed agent as its agent and authorized said agent
□ Prepare, sign and file Vermont state tax returns	Re esent it in appeals before the Commissioner of Taxes, including informal conferences and formal hearings
Receive its tax returns and information regarding its returns which have been filed with the Department of Taxes	Perrm any and all acts on its behalf with respect to the following tax matters:
Represent it in informal discussions with Vermont Department of Taxes personnel regarding its tax returns and/or liabilities	
☐ Negotiate the assessment and payment of tax liabilities	
Special skills or expertise of Agent (i.e., CPA, RPA, Tax I Tax Preparer	reparer, Attorney-at-Law). If none, write "None".
This power of attorney is effective for the following tax p All	eriods:
It applies to the following taxes: Vermont Withholding Taxes	
All prior powers of attorney on file with the Department of	of Taxes are hereby revoked except:
Printed name of the person signing POA for The Principal	Title of person signing POA
Signature of Principal or Authorized Representative (person on L	ine 11) Date

RMATION OF WITNESS						
rm that the principal appeared igned, and that he/she affirmed y and voluntarily.				•	•	
rint name of Witness						
Signature of Witness for person si	gning on Line 13			Date		
FOF	R USE BY NOTARY					
e Of						
ntry of	, SS.					
City	on the	day_of	Dov	, 20		
•			Day		Month	
<i>Y</i> ear						
sonally appeared	Name from L		ledged this Ins	strument signed	by	
n/her to be his/her free act and d	eed, and the free act	and deed of	{{Co <u>mpany</u> Name	from Line 1		_
ore me						
Commission Expires: 2/11		_				
	ATTEST	ATION OF A	GENT			
nereby attest that I accept appoint I understand my duties understand that I have a duransactions if expressly required at I hereby specifically acknowless of such a duty to act, my agardless of whether there is any	r this power of attorn ity to act for the princ to do so in this power edge and accept such greement to act on be	ney and under cipal as to spec r of attorney; a duties to act i chalf of the pri	the law; cified transacti in signing this incipal is enfor	power of attorno ceable against r		

at I understand and acknowledge in signing this power of attorney, that if I have been selected as agent the expectation that I have special skills or expertise I will use those skills on behalf of the principal.



Form PA-1 (Bus.) rev. 6/03