

COMPANY CHANGE FORM – Tax Service

Client Number: _____ Client Name: _____
 Company Number: _____ Company Name: _____
 Date Requested: _____ Change Effective Date: _____
(Please note: For proper audit PayData requires advance notice for company changes)

Changing to:

PayData Tax Service (complete ER Transfer Agreement) Yes No
 (complete Power of Attorney) Yes No

Notes or Other: _____

Is client being billed for changes? Yes No If yes, amount per pay period \$ _____ Flat amount \$ _____

I agree to and authorize PAYDATA to make the above changes to our company set up.

Authorized client representative: _____ Title: _____

Signature: _____ Date: _____

For PayData use only: Requestor: _____ CSR Rep: _____ Date Requested: _____

Route form to all Departments for Review Priority: High Medium Low

1- FINANCE: _____ Date Completed: _____
 2- TAX: _____ 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. 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: _____

Company #: _____ Company Name: _____

Authorized Signature: _____ Date: _____

(Must be corporate officer/ owner/ fiduciary)

PayData: _____ Date: _____

Taxpayer

Reporting Agent Authorization

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.)	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) PayData Payroll Services, Inc.	10 Employer identification number (EIN) 03-0320969
11 Address (number, street, and room or suite no.) P.O. Box 706	
City or town, state, and ZIP code Essex Junction, VT 05453-0706	
12 Contact person Judy Bernier	13 Daytime telephone number 1-802-655-6160 x138
14 Fax number 802-655-7263	

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 1/2007 941 1/2007 940-PR _____ 941-PR _____ 941-SS _____ 943 _____
 943-PR _____ 944 _____ 944-PR _____ 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 1/2007 941 1/2007 943 _____ 944 _____ 945 _____ 720 _____ 1041 _____
 1042 _____ 1120 _____ CT-1 _____ 990-C _____ 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 2007.
- 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 **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

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 disclosers 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
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>▶ _____ ▶</p> <p>Signature of taxpayer</p> </div> <div style="width: 45%;"> <p>_____ ▶</p> <p>Title</p> </div> </div>
	<p>_____</p> <p>Date</p>

Signature of Notary Public

(Please complete REVERSE side of form)

ATTESTATION OF AGENT

I, PayData do hereby attest that I accept appointment as agent for

_____ (hereafter "principal"), and:

that I understand my duties under this Limited Power of Attorney and under the law;

that I understand that I have a duty to act for the principal as to the specified transactions and types of transactions if expressly required to do so in this Limited Power of Attorney;

that I hereby specifically acknowledge and accept such duties to act in signing this Limited Power of Attorney;

in the case of such a duty to act, my agreement to act on or behalf of the principal is enforceable against me regardless of whether there is any consideration to support a contractual obligation;

that I understand and acknowledge in signing this Limited Power of Attorney, that I have been selected as agent with the expectation that I have special skills or expertise I will use those skills on behalf of the principal.

Signature of Agent (PayData Tax Representative)

Date Signed

VERMONT
EFT ENROLLMENT FORM
CREDIT

EMPLOYER INFORMATION

Employer Name

VT Employer ID #

Mailing Address

Fed Employer ID #

Street, P.O. Box

City

State

Zip Code

Primary Contact Person

Telephone #

E-mail Address

Secondary Contact Person

Telephone #

E-mail Address

Denise Bell - Hollinger

(802) 655-6160

dhollinger@paydata.com

Please return completed enrollment form to:

Mailing Address: Vt. Dept. of Taxes P.O. Box 547 Montpelier, VT 05601-0547
Fax Number: (802) 828 - 5787



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

Principal	1 Name of Business, Estate, or Trust
	2 Federal ID Number / State ID Number (if applicable)

Agent	3 Name of Agent PayData Payroll Services, Inc.	4 Telephone Number of Agent 802-655-6160
	5 Address of Agent P.O. Box 706 Essex Junction, VT 05453	

6 This principal named above hereby appoints the above-named agent as its agent and authorized said agent to perform the following acts on its behalf:
 (Check all applicable boxes)

<input checked="" type="checkbox"/> Prepare, sign and file Vermont state tax returns	<input type="checkbox"/> Represent it in appeals before the Commissioner of Taxes, including informal conferences and formal hearings
<input checked="" type="checkbox"/> Receive its tax returns and information regarding its returns which have been filed with the Department of Taxes	<input type="checkbox"/> Perform any and all acts on its behalf with respect to the following tax matters:
<input checked="" type="checkbox"/> Represent it in informal discussions with Vermont Department of Taxes personnel regarding its tax returns and/or liabilities	_____
<input type="checkbox"/> Negotiate the assessment and payment of tax liabilities	_____

7 Special skills or expertise of Agent (i.e., CPA, RPA, Tax Preparer, Attorney-at-Law). If none, write "None".
 Tax Preparer

8 This power of attorney is effective for the following tax periods:
 All

9 It applies to the following taxes:
 Vermont Withholding Taxes

10 All prior powers of attorney on file with the Department of Taxes are hereby revoked except:


11 Printed name of the person signing POA for The Principal	12 Title of person signing POA
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13 Signature of Principal or Authorized Representative (person on Line 11)	14 Date
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FORMATION OF WITNESS

firm that the principal appeared to be of sound mind and free from duress at the time this power of attorney signed, and that he/she affirmed that he/she was aware of the nature of this document and signed it y and voluntarily.

Print name of Witness

 Signature of Witness for person signing on Line 13

Date

FOR USE BY NOTARY

e Of _____

Country of _____, SS.

_____ on the _____ day of _____, 20 _____
City Day Month

Year

Personally appeared _____ who acknowledged this Instrument signed by
Name from Line 11

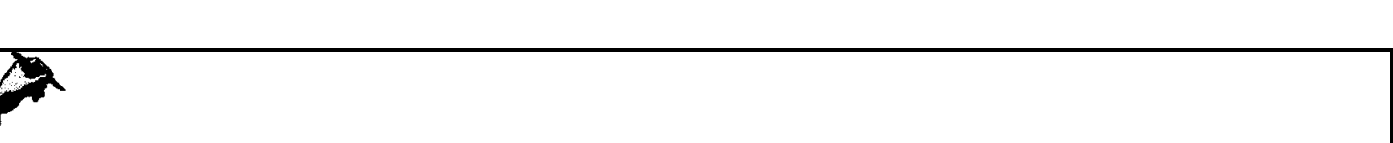
/her to be his/her free act and deed, and the free act and deed of {{Company}} _____
Name from Line 1

ore me _____

Commission Expires: 2/11 _____

ATTESTATION OF AGENT

hereby attest that I accept appointment as agent for the principal and:
that I understand my duties under this power of attorney and under the law;
that I understand that I have a duty to act for the principal as to specified transactions or types of
transactions if expressly required to do so in this power of attorney;
that I hereby specifically acknowledge and accept such duties to act in signing this power of attorney;
in case of such a duty to act, my agreement to act on behalf of the principal is enforceable against me
regardless of whether there is any consideration to support a contractual obligation;
that I understand and acknowledge in signing this power of attorney, that if I have been selected as agent
with 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