



# Precision Payroll Services Inc.

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

- ✓ First time insufficient funds: . . . . . \$50.00
- ✓ Second time insufficient funds: . . . . . \$75.00
- ✓ Every time after: . . . . . \$100.00

**Please sign the debit authorization below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_



# Precision Payroll Services Inc.

## 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 Precision Payroll Services, Inc. with all the 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: \_\_\_\_\_



# Precision Payroll Services Inc.

## CUSTOMER AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS © [ACH CREDITS & DEBITS] REP. ID \_\_\_\_\_

BUSINESS  
NAME: Precision Payroll Services, Inc.

COMPANY  
ID NUMBER: P05062

I (we) hereby authorize the Company named above ("COMPANY"), to initiate debit and credit entries to my (our) (select one):  Checking  Savings account 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 receive the written notification from me (us) of its termination in such time, but no less than three (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 TO 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.**

# Reporting Agent Authorization

► Information about Form 8655 and its instructions is at [www.irs.gov/Form8655](http://www.irs.gov/Form8655).

## Taxpayer

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

## Reporting Agent

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

## Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

**15** Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

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 (Caution: See Authorization Agreement)

**16** Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

## Duplicate Notices to Reporting Agents

**17** Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent.

## Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

**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 \_\_\_\_\_.

**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 (Caution: See Authorization Agreement)

**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 and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. 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 terminated or 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.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

**Sign Here**

Signature of taxpayer	Title	Date