

Address:

- This address should match the SS-4 form. The IRS will send you a confirmation confirming the Employer Identification Number. This is the address the IRS has on file. This letter will have the address they have on file.
- If you have submitted the 8822-B, Business Address change form to the IRS, you will enter the most up to date address (New Address) and want to provide us with the 8822-B form.
- This will provide less confusion and issues with the IRS when we go to file payments and quarterly tax filings.
- All required forms should have the same address, as long as DD Plus does not have PO Box
 - » This will be rejected by our ACH Department with a PO Box address
- Mailing address and Physical address can be different
 - » Mailing Address: P.O. Box.
 - » Legal Address

Contact:

- Should be the same on all required forms.
- This contact Person is not the same Contact who will have access to the Payroll Software system
- Must be an authorized signer
 - » Board Members
 - » Managers
 - » Other Personnel (appointed by company)

If you have any questions on the completing the forms, please reach out to marketing@paywerx.com. The proper completion of these forms will affect the payroll processing date. Your assigned Implementation Consultant will review each of these for accuracy and completeness during the initial kickoff call.

Paywerx utilizes an online signature and form submittal application. The software allows us to identify the required fields and assign fields that require client input. It is recommended that forms be completed by the client, signed, and submitted through that secure application.

Instructions for SS-4

If a client does not have a copy available. Request a replacement copy by calling the IRS Business And Specialty Tax line. Phone (800) 829-4933, 7 am to 7 pm Monday – Friday. The tax specialist will ask for EIN and some additional identifying information about your business.



Instructions for Completing the IRS Reporting Agent Authorization Form 8865

Indicates that Paywerx Tax team is authorized to access and submit financial information on behalf of the client as of a certain date. Client will need to submit in order to process the first payroll. This form will need to be renewed each year.

Rev. October 2018)	5	I	Repor	ting Agent Authorizatio	n	OMB No. 1545-1058
epartment of the Treasu sternal Revenue Service	ry	▶ Information	about For	m 8655 and its instructions is at www.irs.c	gov/Form8655.	
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1b Trade nam	e, if any				4 If you are a seaso	
3 Address (no	umber, street, a	nd room or suite n	0.)		check here 5 Other identificat	ion number (optional)
City or tow	n, state, and ZIF	code .				
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andy Matthews				424-369-6167	404-537-26	345
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				urns, use "YYYY/MM" format. "MM" is the last month		
(for example	, "2018/09" for thir	rd quarter of 2018). Fo	or annual retu	rns, use "YYYY" format to indicate the year for which	h the authorization begins.	
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Items highlighted are required fields for completion.

Please note the fields that prepopulate with Paywerx information are also required. If submitting a paper application, please use the prepopulated Paywerx template.

If using the online signature application, client will only need to complete the following:

- Signature (must be a legal representative of the client)
- Title
- Date



Instructions for Completing the IRS Tax Information Authorization Form 8821

Required to identify those representatives (indicated by the client) that can complete financial inquiries with the IRS. This is similar to a Power of Attorney that allows Paywerx to call on behalf of the client to the IRS on tax inquiries. This form can remain in effect for up to 3 years.

Form 8821 (Rev. January 2021) Department of the Treasury Internal Revenue Service	Tax Information Authorization Foot to www.irs.gov/Form8821 for instructions and the latest information. Don't sign this form unless all applicable lines have been completed. Don't use Form 8821 to request copies of your tax returns ror to authorize someone to represent you. See instructions.										
1 Taxpayer information		must sign and date this forn	n on li	ne 6.							
Taxpayer name and addres	S				Taxpayer ident	ificatio	n numb	er(s)			
					Daytime teleph	one nu	ımber	Plan num	ber (if	applicab	ole)
2 Designee(s). If you very designees is attached	wish to name	more than two designees, at	tach a	list to th	nis form. C	heck h	ere if a	list of add	itiona	ı	
Name and address				CAF No).			Vone			
Paywerx, LLC 8000 Avalon Blvd, Suite 100			PTIN								
			Fax No	one No.							
Alpharetta, GA 30009 Check if to be sent copies of notices and communications			$\overline{\mathbf{v}}$		if new: Address		Telen	hone No.		Fax No.	Т
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periods, and specific i	matters you li	st below. See the line 3 instru	uction	s.			1101	tile typ	e or ta	х, юппз,	
By checking here,	I authorize a	ccess to my IRS records via ar	1 Inter	mediate	Service Provide	r.					
(a)		(b)		(c) Year(s) or Period(s) Spec		c ·c	(d)				
Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)		Tax Form Number (1040, 941, 720, etc.)		real(s) of Period(s)		Specific Tax Matters					
Payroll		940 and 941									
		ne Centralized Authorizati check this box. See the instru						authoriza			Ε
isn't checked, the IRS	will automa	x information authorizatio tically revoke all prior tax in nformation authorization(s)	forma	tion auth		ile unle	ss you		line 5	box	Г
		uthorization(s) without subn	,							. •	_
individual, if applicab	le), executor,	r a corporate officer, partner, receiver, administrator, trust form with respect to the tax i	ee, or	individu	al other than the	e taxpa	yer, I ce	rtify that I	nave		
IF NOT COMPLETE	ED, SIGNED,	AND DATED, THIS TAX INFO	ORMA	TION AU	JTHORIZATION	WILL E	BE RETU	JRNED.			
DON'T SIGN THIS	FORM IF IT IS	BLANK OR INCOMPLETE.									
Signature							Date				
Print Name							Title (if ap	plicable)			

Items highlighted are required fields for completion.

Please note the fields that prepopulate with Paywerx information are also required. If submitting a paper application, please use the prepopulated Paywerx template.

If using the online signature application, client will only need to complete the following:

- Signature
- Date
- Print Name
- Title

For a corporation, the IRS Form 8821 must be signed by the President or Chief Executive Officerof the corporation. If the 8821 is signed by any other officer, the signature must be attested to by another corporate officer with their signature, date, and title also appearing on the 8821.



Instructions for Completing the DD Plus Client Authorization Form

This form provides client banking information for Paywerx to debit monies from the client's account to fund payrolls and tax items

Client A	uthorization Form
Company Information	Funding & Timing Options
Legal Business Name:	T.
Trade Name:	
Type of Business:	
Tax ID #:	
Address Line 1:	
Address Line 2:	
City:	PPP Account #: 10934795
State:	Fees Charged To: [™] PPP Client Pennies Challenge Waived: [™] Yes No
Main Phone #:	remiles Challenge waived: res NO
Main Fax #:	
Website:	
Contact Name:	
Contact Title:	
Contact Phone #:	Account #:
Contact Email Address:	Account Type: Checking Savings
Password:	Authorized Account for Tax Payments (if applicable)
Transmission Reports	Authorized Account Above Authorized Account Below
Email Address 1:	
Email Address 2:	Routing/Transit #:
Report Type:HTMLPDF Encrypted PDF: Encrypted PDF Password:	
Authorized Signature	
•	Paywerx, LLC
	plicate and/or erroneous credit/debit information associated with the Authorized Account specified on this form.
Automated Clearing House (ACH) in accordance to the rules of the National Autom regulations for various purposes that Include, but are not limited to direct deposit applicable reason that the Company may desire to transfer funds electronically thr signed by the Professional Payroll Processor (PPP) specified on this form. The term the applicable parties may terminate this Agreement at any time upon written not	shall utilize the services provided by NatPay for the purpose of transferring funds through the ated Clearing House Association (NACHA), the laws of the State of Brorida, and all applicable federal rules and distribution of the Company's employee payroll funds, felselbe benefits plans, trace, child Support, or any other ough the ACH system. All applicable transfers of funds shall also be in accordance with the Service Agreement of this Agreement shall be for one year, and is supplict for review and acceptance each year threadfer. Any of tice to the other applicable parties. Bins giased Client Authorization form may be considered as an application vestigate the credit of the Company specified on this form and its principals. Credit checks involve checking with icable credit information.
Company Manager Name (Please print.)	Company Manager Title
	Date
Company Manager Signature	
Company Manager Signature Please return this form, along with all other applical email: ddapps@natpay.com, or by US Postal Service	

Items highlighted are required fields for completion.
Please note the fields that prepopulate with Paywerx information are also required.
If submitting a paper application, please use the pre-populated Paywerx template.



If using the online signature application, client will only need to complete the following:

You will only need to complete the following and submit a voided check with this completed document: (Items highlighted above)

- Company Information
- Trade Name (If applicable)
- Type of Business; Must be descriptive and equal the information provided when registering your organization
- Tax ID Number
- Address
- Phone Number (Must be a US number)
- Fax Number (If applicable)

Instructions for Completing the DD Plus Client Authorization Form

- Contact (Same person as signature)
 - » Name
 - » Title (Same as Signature)
 - » Choose from dropdown: CEO, President, Owner, and Pastor
 - » Phone Number (Must be a US number)
 - » Email Address
- Authorized Account for ACH Transactions/Fees (invoice)
 - » Valid Bank Account Information that equals documentation (Voided Check or Statement)
- Authorized Account for Tax Payments
 - » If different from account where payroll fees are drafted
- Acknowledgment Signature
- Company Manager Name
 - » Print Name
 - Title (Same as Contact) Choose from dropdown
 - Choose from dropdown: CEO, President, Owner, and Pastor
 - » Signature
 - » Date