

PAYWERX REQUIRED DOCUMENTATION:

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.

PAYWERX REQUIRED DOCUMENTATION:

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.

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:

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

Form 8655 <small>(Rev. October 2018) Department of the Treasury Internal Revenue Service</small>		Reporting Agent Authorization <small>OMB No. 1545-1058</small>	
<small>► Information about Form 8655 and its instructions is at www.irs.gov/Form8655.</small>			
Taxpayer			
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 (optional)	
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)		10 Employer identification number (EIN)	
Paywerx, LLC		83-2815022	
11 Address (number, street, and room or suite no.)			
8000 Avalon Blvd, Ste. 100			
City or town, state, and ZIP code			
Alpharetta, GA 30009			
12 Contact person		13 Daytime telephone number	14 Fax number
Randy Matthews		424-369-6167	404-537-2645
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 Date 941 Date 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 Date 941 Date 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. <input checked="" type="checkbox"/>			
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. <input checked="" type="checkbox"/>			
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
For Privacy Act and Paperwork Reduction Act Notice, see instructions. Cat. No. 10241T Form 8655 (Rev. 10-2018)			

PAYWERX REQUIRED DOCUMENTATION:

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

► Go 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 or to authorize someone to represent you. See instructions.

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 6.

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

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

<p>Name and address Paywerx, LLC 8000 Avalon Blvd, Suite 100 Alpharetta, GA 30009</p> <p><input checked="" type="checkbox"/> Check if to be sent copies of notices and communications</p> <p>Name and address _____</p> <p><input type="checkbox"/> Check if to be sent copies of notices and communications</p>	<p>CAF No. _____ None PTIN _____ Telephone No. _____ Fax No. _____ <input type="checkbox"/> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No.</p> <p>CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ <input type="checkbox"/> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No.</p>
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3 Tax information. Each designee 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.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(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
Payroll	940 and 941		

4 Specific use not recorded on the 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 line 5

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 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 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

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

DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

Date

Print Name

Title (if applicable)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P **Form 8821** (Rev. 01-2021)

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:

- Signature
- Date
- Print Name
- Title


For a corporation, the IRS Form 8821 must be signed by the President or Chief Executive Officer of 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.

PAYWERX REQUIRED DOCUMENTATION:

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

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.



Client Authorization Form

<p>Company Information</p> <p>Legal Business Name: _____</p> <p>Trade Name: _____</p> <p>Type of Business: _____</p> <p>Tax ID #: _____</p> <p>Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Main Phone #: _____</p> <p>Main Fax #: _____</p> <p>Website: _____</p> <p>Contact Name: _____</p> <p>Contact Title: _____</p> <p>Contact Phone #: _____</p> <p>Contact Email Address: _____</p> <p>Password: _____</p> <p>Transmission Reports</p> <p>Email Address 1: _____</p> <p>Email Address 2: _____</p> <p>Report Type: <input type="checkbox"/> HTML <input type="checkbox"/> PDF <input type="checkbox"/> Encrypted PDF</p> <p>Encrypted PDF Password: _____</p> <p>Authorized Signature</p> <p>By signing this Client Authorization Form, authorization is hereby granted to: <u>Paywerx, LLC</u> and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information associated with the Authorized Account specified on this form.</p> <p>I acknowledge that: _____ shall utilize the services provided by NatPay for the purpose of transferring funds through the Automated Clearing House (ACH) in accordance to the rules of the National Automated Clearing House Association (NACHA), the laws of the State of Florida, and all applicable federal rules and regulations for various purposes that include, but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other applicable reason that the Company may desire to transfer funds electronically through the ACH system. All applicable transfers of funds shall also be in accordance with the Service Agreement signed by the Professional Payroll Processor (PPP) specified on this form. The term of this Agreement shall be for one year, and is subject for review and acceptance each year thereafter. Any of the applicable parties may terminate this Agreement at any time upon written notice to the other applicable parties. This signed Client Authorization Form may be considered as an application for credit, and therefore authorizes the PPP specified on this form and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, and a Company's bank to verify status, history, and other applicable credit information.</p> <p>Company Manager Name (Please print.): _____</p> <p>Company Manager Title: _____</p> <p>Company Manager Signature: _____</p> <p>Date: _____</p> <p>Please return this form, along with all other applicable documentation to NatPay either by fax: 813-221-8651, or email: ddapps@natpay.com, or by US Postal Service to the address shown below.</p> <p style="text-align: center;">100313A</p> <hr/> <p style="text-align: center;"><small>Powered by National Payment Corporation (NatPay) 3415 West Cypress Street • Tampa, FL 33607 • 813.222.0333 • Fax 813.221.8651 www.natpay.com</small></p>	<p>Funding & Timing Options</p> <p>1</p> <p>PPP Information</p> <p>PPP Name: <u>Paywerx, LLC</u></p> <p>PPP Account #: <u>10934795</u></p> <p>Fees Charged To: <input checked="" type="checkbox"/> PPP <input type="checkbox"/> Client</p> <p>Pennies Challenge Waived: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorized Account for ACH Transactions / Fees</p> <p>Bank Name: _____</p> <p>Routing/Transit #: _____</p> <p>Account #: _____</p> <p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Authorized Account for Tax Payments (if applicable)</p> <p><input checked="" type="checkbox"/> Authorized Account Above <input type="checkbox"/> Authorized Account Below</p> <p>Bank Name: _____</p> <p>Routing/Transit #: _____</p> <p>Account #: _____</p> <p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>
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PAYWERX REQUIRED DOCUMENTATION:

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