Intuit QuickBooks Assisted Payroll



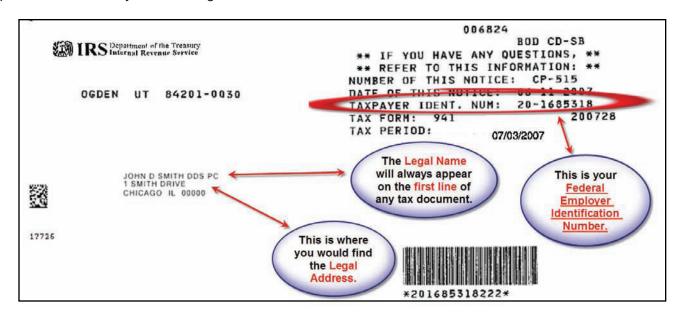
Reporting Agent Authorization

The Reporting Agent Authorization gives Intuit permission to interact with the Internal Revenue Service on your behalf for your payroll taxes, filings and any related notices. It is critical the information on this form is completed EXACTLY as the IRS has it on record. **TYPE YOUR ANSWERS INTO THIS FORM BEFORE PRINTING.**

Please complete the following steps. Your answers will fill in the appropriate fields of the required forms.

1. Legal Name & Address:

Using a document the IRS has recently sent you as your reference, please enter your Taxpayer Legal Name and Address. A sample is displayed below. Acceptable documents for IRS proof include any IRS correspondence within the last 6 months, an IRS letter assigning your EIN, or a pre-printed federal deposit coupon (form 8109). Items not considered IRS proof are a Federal 940, 941 or SS-4 form. You can call the IRS at (800) 829-4933 to request verification of your EIN, Legal Name, and Address.



The IRS doesÁ [t allow punctuation such as periods or apostrophes; symbols; or special characters. Ampersands and hyphens are permitted. Your Legal Name is not your dba/trade name.

Legal Name Bus. Telephone

Legal Address Fax

City State Zip Code

Trade or DBA Name

2. Federal Employer Identification Number (FEIN):

Enter the nine digit federal ID number issued by the IRS. It can be found on your IRS proof.

Federal Employer Identification Number

3. Authorized Signer:

Enter the name of the person who will be signing the Reporting Agent Authorization form. Only an OFFICER of the company may sign this document. If incorporated, the signer must be listed on the Articles of Incorporation. Signer Name

Only certain titles are permitted for a specific legal company type. Click on the button and select the appropriate title from the drop-down list.

4. Assisted Payroll Start Date:

Enter the first month and year you will run your first payroll on the Assisted Payroll Service.

Month Year

5. State Registration:

Enter State ID numbers for both Unemployment Insurance and State Withholding agencies for EACH state. There should be two entries for each state. If your state has only one agency such as California EDD for example, enter your registration number twice. Once for UI and again for WH.

If you have not registered with a state agency or are in the process of doing so, select "Applied For" in the drop-down list.

Visit our website at http://www.payroll.com/support/stateforms.html for further registration information and links to State Tax Agencies.

6. Click, Print, Sign & Fax:

- 1. Click on the print button to print the completed forms.
- 2. Sign completed Federal 8655 Reporting Agent Authorization and Intuit LPOA & Tax Information forms.
- 3. Fax signed forms, including the cover sheet and the IRS proof you used. Fax them to Intuit at (888) 437-8001.

If you need assistance completing these forms, contact a Payroll Activation Coordinator at (800) 332-4844 Ext. 82273 between the hours of 6:00 AM and 6:00 PM Pacific Time.

State Registration # Tax Type

The	following documents need to be faxed to Intuit Payroll Services:
1.	Cover Sheet (This page)
2.	Signed Federal 8655 Form
3.	Signed INTUIT LPOA & Tax Information Authorization Form
4.	IRS Proof of Legal Name & Address
Fax	# 1.888.437.8001
. 0.21	
То:	Activations Processing
Fron	
	Principal or Duly Authorized Company Officer
Page	es: Including Cover Sheet
	including cover sheet
bei	PORTANT: To ensure speed and efficiency, we ask that you gather and fax these items fore continuing with the setup process. We'll need this information to accurately set up your count (and thereby help avoid problems later).
NOT	ES:

Fax-in SignUp Kit Cover Sheet

Form 8655

Reporting Agent Authorization

OMB No. 1545-1058

	t of the Treasury enue Service										
Taxpay	er										
1 a l	Name of taxpaye	r (as distinguished	d from trade nam	e)				2	Employer id	entification nur	nber (EIN)
1 b	1 b Trade name, if any						4	4 If you are a seasonal employer, check here			
3 /	Address (number	, street, and room	or suite no.)					5	Other ident	ification numbe	
	City or town, stat	e, and ZIP code									
6 (Contact person			7	7 Daytime telep	ohone num	ber	8	Fax number	r	
	ing Agent							1.4		1	
		pany name or na esources, In						10	88-0146	dentification nu 711	mber (EIN)
11 /	Address (number	, street, and room									
	O Box 3000										
Re	· · · · · · · · · · · · · · · · · · ·	e, and ZIP code a 89520-300	5								
	Contact person			1	3 Daytime tele		nber	14	Fax numbe		
	AF Agent	t.:	F- C: F:	In Date	(775) 424	+-0000			(866) 29	3-2047	
		orting Agent T				agont Ento	r the heginning	year of an	aual tay roturn	s or hoginning a	uarter of quarterly
		instructions for how									
	940	941		940-PR		941-PR		941-9	ss <u>N/A</u>	_ 943	
	943-PR <u>N/A</u>	944		944-PR	<u> N/A</u>	944-SS	_N/A_	945		1042	
(CT-1 <u>N/A</u>										
Authori	ization of Rep	orting Agent 7	To Make Depo	sits ar	nd Pavments						
16 l	Use the entry line	s below to enter the nstructions for how	ne starting date (th	ne first r	nonth and year)	of any tax i					
Ġ	940	941		943		944		945		720	_N/A_
	1041 N/A	1042	N/A	1120	N/A	CT-1	N/A	990-l	PF N/A	990-T	N/A
Disclos	ure of Informa	ation to Repor	ting Agents								
		uthorize the repo			or request cop	ies of tax	information a	nd other	communicati	ions from the	IRS related
		on granted on lin									
ь	Check here if the	reporting agent a	also wants to rece	ive cop	ies of notices fro	om the IRS	•				🗀
Disclos	ure Authoriza	tion									
		gent is authorize								in responding	to certain IRS
	9	o the Form W-2 se			•		•		5 5	·	
		gent is authorize the Form 1099 s								in responding	to certain IRS
	_	gent is authorize			•		•		-	in responding	to certain IRS
		o the Forms 3921									
State or	r Local Autho	rization									
		norize the reporting	g agent to sign and	d file sta	te or local return	s related to	the authorization	on granted	on line 15 and	d/or line 16	
	ization Agree										
If line 15 is completed, revoked by and/or line	s completed, the re , the reporting age y the taxpayer or re e 16, including discl will not revoke any F		I above is authorized authorized to make authorizing the IRS process Form 8655. (Form 2848) or Tax In	d to sign deposit to discl Disclosu formation	and file the return s and payments ose otherwise cor ure authority is eff n Authorization (Fo	n indicated, beginning w nfidential tax fective upon rm 8821) in e	beginning with the period ind indicate in the period indicate information to to signature of taxpeffect.	ne quarter of dicated. Ar the reportin payer and l	or year indicated by authorization g agent relating RS receipt of F	I. If any starting d granted remains g to the authority orm 8655. The au	dates on line 16 are in effect until it is granted on line 15
Sian	I certify I have t	he authority to exec	ute this form and au	uthorize	disclosure of othe	rwise confid	ential informatio	n on behal	f of the taxpaye	r.	
Sign Here											
· icic		Signature o	of taxpayer				Title			Dat	

Limited Power of Attorney And

Tax Information Authorization

(In accordance with Internal Revenue Service Revenue Procedures - substitute for Form 8655)

Reno, Nevada 89520-3005

	TAXPAYER FEDERAL I.D. NUMBER						
1.							
2.		New Federal I.D. Number					
3.		Seasonal or Intermittent Filer					
4.		Additional State Authorization Only					
5.		OR REPORTING AGENT USE ONLY company Number					

CITY, STATE AND ZIP CODE	Computing Resources P.O. Box 30005	Phone: 800 422-8800	Fax : 866 293-1994			
STREET ADDRESS						
	s on file with the Internal Revenue Service.	Please ensure you show street address, city	, state and zip code):			
7. DBA NAME (Include s	spaces, ampersands, and hyphens. Do	o not enter any other punctuation.):				
6. TAXPAYER LEGAL NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):						

Fed EIN: 88-0146711

Computing Resources, Inc., an Intuit company, is authorized as a designee of the taxpayer to receive copies of notices, correspondence, transcripts, deposit frequency data, or other information with respect to employment tax returns filed and deposits made by the designee. **Note: Do Not Change Taxpayer Address of Record**

If the taxpayer is required to file a return electronically or to submit tax deposit data electronically, Computing Resources, Inc. is required to file the return and submit the deposit data electronically for the taxpayer. If the taxpayer is not required to file or deposit electronically, Computing Resources, Inc. may file or make deposits on their behalf in one of the methods indicated below:

9. For Reporting Agent Use Only

Form		ing hod	Filing Period
941	М	Е	(qq/yyyy)
940	М	Е	(yyyy)
943			(<i>yyyy</i>) N/A
945			(<i>yyyy</i>) N/A

FEDERAL TAX DEPOSITS				
Form	Payment Method	Deposit Period (mmyyyy)		
941	E			
940	Е			
943	E	N/A		
945	E	N/A		

10. STATE FORMS/DEPOSITS				
STATE NAME	STATE ID NUMBER	TAX TYPE	FILING PERIOD (99yyyy)	

The Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing powers of attorney and tax information authorizations on file with respective tax authorities with respect to the same tax matters and tax periods covered hereby, but has no effect on any other Power of Attorney or authorization.

11. Signature of Taxpayer or Authorized Representative

I understand that this authorization does not absolve me as the taxpaver of the responsibility to ensure that all returns are filed and all taxes are paid on time. Computing Resources, Inc. is hereby appointed Reporting Agent with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper, for the above stated taxpayer to Federal, State, and Local jurisdictions. This authorization shall include the appropriate State and Local forms and related deposits, Federal employment tax forms with related deposits as designated above, beginning with the tax period indicated and remaining in effect through subsequent periods until the taxpayer or designee notifies IRS or the appropriate State and Local jurisdictions, that this authorization is terminated or revoked. I authorize the taxing authorities to disclose otherwise confidential information to Computing Resources, Inc. as necessary to discuss or provide filing or account information relating to employment tax returns filed or to be filed and/or deposits made or to be made by Computing Resources, Inc. (including information relating to any penalty resulting from such deposits) as well as deposit requirements. I certify that I have the authority to authorize the disclosure of otherwise confidential tax data on behalf of the taxpayer.

Printed Name (Required)	·
	<u> </u>
Title (Required)	Telephone Number
Signature (Required)	
Date (Required)	
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C lom th	kt 1000
John Lippert, Manager of Tax Opera	ations

Computing Resources Inc., an Intuit Company

