

# Tax Information Authorization

<b>TAXPAYER FEDERAL I.D. NUMBER</b>	
1.	99   9999999
2.	<input type="checkbox"/> New Federal I.D. Number
3.	<input checked="" type="checkbox"/> Unemployment Insurance Authorization Only
4.	<input type="checkbox"/> Additional State Authorization Only
<b>FOR REPORTING AGENT USE ONLY</b>	
5.	Company Number <input type="text"/>

6. TAXPAYER LEGAL NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):

**COMPANY LEGAL NAME**

7. DBA NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):

**COMPANY TRADE/ DBA NAME**

8. LEGAL ADDRESS (As on file with the Internal Revenue Service. Please ensure you show street address, city, state and zip code):

**COMPANY LEGAL ADDRESS**

STREET ADDRESS

**CITY, STATE ZIP CODE**

CITY, STATE AND ZIP CODE

Paycycle Inc.

Phone: 888 927-7478

2632 Marine Way

FED EIN: 94-3345425

Mountain View, CA 94043

FAX: 866-936-0507

PayCycle Inc., an Intuit company is authorized as a designee of the taxpayer to directly verify / discuss 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, PayCycle 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, PayCycle Inc. may file or make deposits on their behalf in one of the methods indicated below:

9. For Reporting Agent Use Only			
Form	Filing Method		Filing Period
			(qq/yyyy)
941	M	E	(yyyy)
940	M	E	(yyyy)
943	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
945	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A

  

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

10. STATE FORMS/DEPOSITS			
STATE NAME	STATE ID NUMBER	TAX TYPE	FILING PERIOD (qqyyyy)
HI	9999999999	UI	

The Tax Information Authorization revokes all earlier 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 authorization.

## 11. Signature of Taxpayer or Authorized Representative

I understand that this authorization does not absolve me as the taxpayer of the responsibility to ensure that all returns are filed and all taxes are paid on time. PayCycle, Inc. is hereby appointing 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 PayCycle, 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 PayCycle, 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.

### PRIMARY PRINCIPAL NAME

Printed Name (Required)

### TITLE

Title (Required)

(999) 999-9999

Telephone Number

### PRIMARY PRINCIPAL SIGNATURE

Signature (Required)

### MM/DD/YYYY

Date (Required)

*John Lippert*

John Lippert, Agent

PayCycle, Inc., an Intuit Company