

---

(Client Name)

# New Client Information Package



[WWW.CentsSolutions.com](http://WWW.CentsSolutions.com)

Start Date \_\_\_\_\_

Payroll solutions designed to meet your business needs.  
Questions about this package? Call 435.787.2828



**Consultation Sheet**

**Benefits**

**Medical Insurance**       YES  NO

**Dental Insurance**       YES  NO

**Supplemental Insurance**  YES  NO

**Life Insurance**       YES  NO

**Paid time off**       YES  NO

**Workers Comp**

**Current Coverage**       YES  NO

**Day as you Go**       YES  NO

**CPA / Tax**

**Address Information & Notes**

## Bank Account Authorization Agreement

Cents Solutions Inc. (“SERVICE BUREAU”) or its designee is authorized by the undersigned client (“Client”) to implement and utilize the debit method (and/or corrections to previous debits) originated by check or electronic fund transfer for purposes of collecting from Client’s bank or other financial institution (“Financial Institution Account”) identified below (the “Account”) for its services and charges consisting of the following:

1. Direct deposit obligations under SERVICE BUREAU or its designee’s direct deposit service;
2. Payroll tax obligations under SERVICE BUREAU’S tax deposit and filing service;
3. Business tax deposit obligations for SERVICE BUREAU’S business tax depositing service;
4. Payment of SERVICE BUREAU’S fees for its services; and/or
5. Payroll obligations for SERVICE BUREAU’S official bank check service.

The Financial Institution is authorized by Client to comply with this authorization and debit the Account in accordance with the debit method originated by check or electronically as if initiated by client. This authorization shall remain in effect until revoked by the undersigned in writing and received by Financial Institution so as to allow a reasonable amount of time for all involved parties to act on it.

Client further agrees that if any debit or charge is dishonored by Financial Institution, whether with or without cause, Financial Institution shall have no liability with respect to such dishonor.

|   |
|---|
| <p>1. Bank Name, City, &amp; State: _____</p> <p>Routing &amp; Transit Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Direct Deposit   <input type="checkbox"/> Payroll Taxes   <input type="checkbox"/> Business Taxes   <input type="checkbox"/> Service Fees   <input type="checkbox"/> Official Bank Checks   <input type="checkbox"/> Other _____</p> |
| <p>2. Bank Name, City, &amp; State: _____</p> <p>Routing &amp; Transit Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Direct Deposit   <input type="checkbox"/> Payroll Taxes   <input type="checkbox"/> Business Taxes   <input type="checkbox"/> Service Fees   <input type="checkbox"/> Official Bank Checks   <input type="checkbox"/> Other _____</p> |
| <p>3. Bank Name, City, &amp; State: _____</p> <p>Routing &amp; Transit Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Direct Deposit   <input type="checkbox"/> Payroll Taxes   <input type="checkbox"/> Business Taxes   <input type="checkbox"/> Service Fees   <input type="checkbox"/> Official Bank Checks   <input type="checkbox"/> Other _____</p> |

|   |  |
|---|--|
| <p>_____<br/>Printed or Typed Name and Title</p>                                    | <p>_____<br/>Depositor Name as Shown on Bank Records</p> |
| <p>_____<br/>Signature (must be authorized to sign on the accounts noted above)</p> | <p>_____<br/>Date</p>                                    |

**If this agreement cannot be honored, please immediately contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_-\_\_\_\_.**

## Tax Service General Terms & Conditions

- I. Cents Solutions Inc. (“SERVICE BUREAU”) hereby agrees to collect payroll tax liabilities from the undersigned client (“Client”) and to receive and hold the funds in an account separate from SERVICE BUREAU’S general account. SERVICE BUREAU will deposit payroll taxes and prepare and file payroll tax returns, as required by the applicable taxing agencies, during the term of this Agreement. Client shall continue to be responsible for maintaining their own records, and this Agreement does not relieve Client of any of its tax reporting or payment liabilities.
- II. Client shall pay SERVICE BUREAU or its designee a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU’S thirty (30) day written notification.
- III. Client shall immediately provide SERVICE BUREAU with copies of any notices or correspondence received from any taxing authority with respect to any tax return(s) or tax deposit(s) made by SERVICE BUREAU. Client shall immediately provide SERVICE BUREAU with notification of any changes that will affect the impound of funds and/or the depositing of payroll taxes or filing of returns. Client shall provide accurate payroll information to SERVICE BUREAU no later than (2) banking days prior to each payroll check date, unless a payroll check date were to fall on a Saturday, Sunday or a bank holiday, in such case the information must be provided no later than (3) banking days prior to the payroll check date.
- IV. SERVICE BUREAU may debit the account designated by Client in order to make the necessary payroll tax deposits and collect any fees due to SERVICE BUREAU. Client shall maintain a sufficient balance in said account to be readily available on Client’s payroll check date to cover all current payroll tax liabilities and/or charges to cover any NSF or service fees as agreed upon by SERVICE BUREAU and Client. If for any reason Client’s bank were to refuse to honor a payroll tax draft, a \$50.00 NSF fee will be assessed to Client as SERVICE BUREAU’s reasonable costs. Under such circumstances, SERVICE BUREAU may immediately terminate this Agreement without written notice. Should SERVICE BUREAU so terminate this Agreement, SERVICE BUREAU shall not be responsible or liable for making the then due or any future payroll tax deposits or filing of tax returns.
- V. This Agreement shall have a continuous month to month term until terminated by either party by thirty (30) days prior written notice.
- VI. SERVICE BUREAU shall have no liability for failure to make deposits or filings if Client has not provided it with accurate and adequate information to make the necessary deposits or filings, or, if Client fails to maintain sufficient funds to cover such payroll tax obligations. In no event shall the liability of SERVICE BUREAU exceed the fees paid or payable by Client. In no event shall SERVICE BUREAU be liable for any incidental, consequential, special or punitive damages, penalties or attorney’s fees.
- VII. This Agreement is entered into and shall be performed in the County of Cache, State of Utah. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Cache, State of Utah.

SERVICE BUREAU:

CLIENT:

Cents Solutions Inc

\_\_\_\_\_  
(Company Name)\_\_\_\_\_  
(Company Name)\_\_\_\_\_  
(Authorized Signature)\_\_\_\_\_  
(Authorized Signature)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Printed or Typed Name and Title)\_\_\_\_\_  
(Printed or Typed Name and Title)

# Limited Power of Attorney and Tax Information Authorization 5

(Produced in Accordance with Internal Revenue Service Procedures)

|   |                     |
|---|---------------------|
| <b>Taxpayer Information</b>                 |                     |
| Taxpayer Name (as registered with the IRS): | Federal ID Number:  |
| Address:                                    | Telephone Number:   |
| City, State, & Zip Code:                    | Plan Number:<br>N/A |

|  |   |
|--|---|
| <b>Reporting Agent Information</b>                                     |   |
| Reporting Agent:   | CAF No.:                                    |
| Cents Solutions Inc.<br>567 East 1800 North<br>North Logan, Utah 84341 | ****_*****                                  |
|  | Daytime Telephone Number:<br>(435) 787-2828 |
|  | Fax Number:<br>(435) 753-4039               |

The undersigned client ("Client") hereby appoints Cents Solutions Inc. ("SERVICE BUREAU") as Reporting Agent for reporting on behalf of Client to Federal, State and Local taxing authorities with full right and authority to execute and file in the name and on behalf of Client employment tax returns and to make deposits in such forms as may be authorized by law.

Client further authorizes and designates SERVICE BUREAU to receive all notices, communications, correspondence, transcripts, data, and other information with respect to any such filings or deposits. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow a reasonable amount of time for SERVICE BUREAU to act on such a revocation.

Any filings or deposits which Client is required to make electronically shall be made by SERVICE BUREAU electronically for Client in accordance with its obligations to Client. Otherwise, beginning in the periods indicated below, SERVICE BUREAU may make the filings of forms 940, 941 and 943 electronically, by magnetic media or by paper and may make the filing of form FTD either electronically or by magnetic media.

|                   |                              |                              |                              |                               |
|-------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| Forms:            | <input type="checkbox"/> 940 | <input type="checkbox"/> 941 | <input type="checkbox"/> 943 | <input type="checkbox"/> FTDs |
| Beginning Period: | (Year) _____                 | (Qtr/Year) ____/____         | (Year) _____                 | (Qtr/Year) ____/____          |

This Tax Filing Power of Attorney and Tax Information Authorization revokes and supercedes all earlier tax filing powers of attorney and tax information authorizations by Client on file with the respective Federal, State and Local taxing authorities with respect to the matters and periods referred to herein, but has no effect on any other Power of Attorney or authorization.

## Signature of Taxpayer or Authorized Representative

I certify that I am duly authorized to execute this Tax Filing Power of Attorney and Tax Information Authorization on behalf of Client. I authorize the taxing authorities to disclose otherwise confidential tax information to SERVICE BUREAU 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 SERVICE BUREAU (including information relating to any penalties resulting from such deposits) as well as deposit requirements. The above authorization does not absolve Client from any liability to ensure that all tax returns are timely and properly filed and that all taxes and withholdings are timely and properly paid or deposited, as the case may be.

\_\_\_\_\_  
Printed or Typed Name (Required)

\_\_\_\_\_  
Title (Required)

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date (Required)

\_\_\_\_\_  
Reporting Agent Signature

## Tax Deposit Frequency Authorization

Client Name: \_\_\_\_\_

For Lookback Period: \_\_\_\_\_ (Quarters 3, 4 of \_\_\_\_\_ and Quarters 1, 2 of \_\_\_\_\_).

Example: The Lookback Period for **1999** is Quarters 3, 4 of **1997** and Quarters 1, 2 of **1998**.

Employers must pay their payroll taxes on a Next Day, Semi-Weekly or Monthly basis. To determine your tax deposit frequency, the IRS uses your tax liability incurred during the four-quarter lookback period (see example above). For instance, if your liability equaled or exceeded \$50,000 during the lookback period, then you are a Semi-Weekly Depositor. If your liability was less than \$50,000 during the lookback period, then you are a Monthly Depositor. The only exceptions to this determination are previously required next day tax deposits (i.e., a deposit exceeding \$100,000), or if your taxes were previously paid on a semi-weekly basis. Either exception would cause an automatic Semi-Weekly Depositor status.

Before Cents Solutions Inc. can process your payroll, we must know your correct deposit frequency. As such, you must provide us with the necessary documentation, initial the appropriate section, and sign below. If you are unsure of your deposit frequency, we suggest you consult a qualified tax professional. Please note that unless a section is initialed below and this form is properly signed at the bottom, our system will automatically process your payroll as a Semi-Weekly Depositor.

### ONLY INITIAL THE ONE BOX THAT APPLIES TO YOUR COMPANY

Semi-Weekly:

\_\_\_\_\_ I. I either do not meet any of the conditions noted in boxes II through V below, or I previously deposited payroll taxes other than as a Monthly Depositor. As such, we qualify as a Semi-Weekly Depositor.

Monthly With Lookback Documentation:

\_\_\_\_\_ II. I am providing copies of our 941s from the lookback period. Since our tax liability during that period was less than \$50,000 and we have never deposited taxes differently, we qualify as a Monthly Depositor.

Monthly With IRS Letter:

\_\_\_\_\_ III. I am providing a copy of our current Federal Tax Deposit Requirements letter from the IRS. It states that we may follow the monthly rule for our tax deposits and we have not deposited taxes differently.

Monthly -- New Business:

\_\_\_\_\_ IV. I started my business during the following month \_\_\_\_\_ and year \_\_\_\_\_, and therefore do not have all of the 941s to meet the lookback requirements. I am providing any 941s that do apply. Since our tax liability during that period was less than \$50,000 and we have not deposited taxes differently, we qualify as a Monthly Depositor. (A copy of a completed SS-4 must be attached).

Monthly Without Lookback Documentation:

\_\_\_\_\_ V. I do not have the necessary documentation to prove that I am a Monthly Depositor, however, I know my tax liability falls within the guidelines set forth by the IRS.

**By signing this authorization, I request Cents Solutions Inc. to assign the above initialed deposit frequency status to the company identified below and, as such, I will not hold Cents Solutions Inc., or any of its agents, responsible for any tax penalties incurred due to an incorrect deposit frequency status.**

\_\_\_\_\_  
Printed or Typed Name and Title

\_\_\_\_\_  
Company Name as Registered With the IRS

\_\_\_\_\_  
Signature (must be authorized to sign for the company noted above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal ID Number (EIN)

# Reporting Agent Authorization

## Taxpayer

|   |  |  |
|---|--|--|
| <b>1a</b> Name of taxpayer (as distinguished from trade name)                                     |  | <b>2</b> Employer identification number (EIN)<br>.....                                 |
| <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.)<br><br>City or town, state, and ZIP code |  | <b>5</b> Other identification number   |
| <b>6</b> Contact person   | <b>7</b> Daytime telephone number<br>( ) | <b>8</b> Fax number<br>( )   |

## Reporting Agent

|  |   |   |
|--|---|---|
| <b>9</b> Name (enter company name or name of business)   |   | <b>10</b> Employer identification number (EIN)<br>..... |
| <b>11</b> Address (number, street, and room or suite no.)<br><br>City or town, state, and ZIP code |   |   |
| <b>12</b> Contact person   | <b>13</b> Daytime telephone number<br>( ) | <b>14</b> Fax number<br>( )                             |

## Authorization of Reporting Agent To Sign and File Returns

**15** Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

|              |           |              |              |              |            |
|--------------|-----------|--------------|--------------|--------------|------------|
| 940 _____    | 941 _____ | 940-PR _____ | 941-PR _____ | 941-SS _____ | 943 _____  |
| 943-PR _____ | 944 _____ | 944-PR _____ | 945 _____    | 1042 _____   | CT-1 _____ |

## Authorization of Reporting Agent To Make Deposits and Payments

**16** Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

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

## Disclosure of Information to Reporting Agents

**17a** Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on line 15 and/or line 16 . . . . .

**b** Check here if the reporting agent also wants to receive copies of notices from the IRS . . . . .

## Form W-2 series or Form 1099 series Disclosure Authorization

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

## State or Local Authorization

**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. 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 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.

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

|                                  |                  |                 |
|----------------------------------|------------------|-----------------|
| ▶ _____<br>Signature of taxpayer | ▶ _____<br>Title | ▶ _____<br>Date |
|----------------------------------|------------------|-----------------|

## Check Signing Authorization

- I. The undersigned client ("Client") hereby authorizes Cents Solutions Inc. ("SERVICE BUREAU") to implement and utilize the facsimile of a computerized signature image to make an impression upon each payroll check prepared for the Client. Although SERVICE BUREAU will take precautionary procedures to help ensure the proper use of Client's computerized signature image, Client must check the validity and accuracy of all checks and reports prepared by SERVICE BUREAU.
- II. Client shall pay SERVICE BUREAU a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU'S thirty (30) day written notification.
- III. SERVICE BUREAU shall incur no liability for loss or damage sustained by Client as the result of, but not limited to, inappropriate or incorrect use of the computerized signature image or the checks said image is prepared on unless a SERVICE BUREAU employee causes damage as a direct result of fraudulent or dishonest activity, and said SERVICE BUREAU employee acts without the involvement or support of Client or Client's employees or representatives. Client must also make any claim relating to the fraudulent or dishonest activity by a SERVICE BUREAU employee within (45) days of the date on the check in question. Otherwise, claims made after the (45) days will not be paid. All damages or loses not covered by this Agreement remains Client's liability, and in no event shall SERVICE BUREAU be liable for any incidental, consequential, special or punitive damages, penalties or attorney's fees.
- IV. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow a reasonable amount of time for SERVICE BUREAU to act on such a revocation.
- V. This Agreement is entered into and shall be performed in the County of Cache, State of Utah. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Cache, State of Utah.

\_\_\_\_\_  
Printed or Typed Name and Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Number

**Please sign inside the appropriate box using a pen with thick, sharp black ink:**

|   |  |
|---|--|
| Single Signature<br><br><br><br><br>_____ | Double Signature<br><br><br><br><br>_____<br><br>_____ |
|---|--|

**Please repeat signature(s) in the appropriate box below:**

|   |  |
|---|--|
| Single Signature<br><br><br><br><br>_____ | Double Signature<br><br><br><br><br>_____<br><br>_____ |
|---|--|

## Direct Deposit General Terms & Conditions

- I. Cents Payroll Services. ("SERVICE BUREAU") hereby agrees to collect, hold and disburse direct deposit payroll transactions in compliance with Automated Clearing House regulations from the undersigned client ("Client") via an account separate from SERVICE BUREAU's general account. Client will be responsible for providing SERVICE BUREAU with accurate payroll information in a timely manner so as to allow SERVICE BUREAU to initiate direct deposit payroll transactions to a designated bank, the Federal Reserve Bank, or any financial institution processor necessary for direct deposit transmissions to occur during the term of this Agreement.
- II. Client shall pay SERVICE BUREAU or its designee a service fee for the services described herein in accordance with the original price quote. However, quoted fees may be subject to change upon SERVICE BUREAU's thirty (30) day written notification.
- III. Client shall provide said information to SERVICE BUREAU no later than (2) banking days prior to each payroll check date, unless a payroll check date were to fall on a Saturday, Sunday or a bank holiday, in such case the information must be provided no later than (3) banking days prior to the payroll check date. In addition, Client shall immediately provide SERVICE BUREAU with notification of any changes that will affect the impound of funds and/or the transmission of payroll direct deposit transactions.
- IV. Client shall maintain a sufficient balance in said account to be readily available at least (2) banking days prior to Client's payroll check date to cover all current payroll direct deposit transactions and/or charges to cover any NSF or service fees as agreed upon by SERVICE BUREAU and Client. If for any reason Client's bank were to refuse to honor a payroll direct deposit transaction, a **\$150.00 NSF fee will be assessed to Client as SERVICE BUREAU's reasonable costs**. Under such circumstances, SERVICE BUREAU may immediately terminate this Agreement without written notice. Should SERVICE BUREAU so terminate this Agreement, SERVICE BUREAU shall not be responsible or liable for making the then due or any future payroll direct deposit transactions.
- V. This Agreement shall have a continuous month to month term until terminated by either party by thirty (30) days prior written notice.
- VI. Client agrees to review all related payroll information necessary to verify the complete accuracy of all employee's direct deposit transmissions. If an error occurs, Client must notify SERVICE BUREAU within (1) banking day before the effective transmission date, in which case SERVICE BUREAU will only be liable for the retransmission of the direct deposit amounts. In no event shall SERVICE BUREAU be held responsible or liable for any direct deposit amounts, interest, wiring fees or additional damages or expenses of any kind, including but not limited to any incidental, consequential, special or punitive damages, penalties or attorney's fees.
- VII. This Agreement is entered into and shall be performed in the County of Cache, State of Utah. Venue for any action to enforce or construe this Agreement shall be proper only in the County of Cache, State of Utah.

SERVICE BUREAU:

CLIENT:

Cents Payroll Services

(Company Name)

(Company Name)

(Authorized Signature)

(Authorized Signature)

(Date)

(Date)

(Printed or Typed Name and Title)

(Printed or Typed Name and Title)