

Welcome to



o Proof of your Federal Tax ID Number

- Any preprinted document from the IRS showing your EIN number and legal name. This nine digit number can be found on Form 941 (quarterly report preprinted by the IRS) or miscellaneous IRS correspondence.

If you cannot locate any IRS documents with your EIN, you can call **1-800-829-0115** to obtain it. You must be a corporate officer and be in the presence of a fax machine.

o Proof of your State Tax ID Number and Current Year Rate

- This seven digit number can be found on Form RT-6 or miscellaneous state correspondence. **This document must show the Employer rate for the current year.**

If you cannot locate any state documents, you can call **1-800-482-8293**, Option 2, then Option 2 again. The state rep will provide you with your RT Number and rate for the current year.

If you do not have a Reemployment account number, you can register online with the Florida Dept of Revenue at <http://dor.myflorida.com/dor/taxes/registration.html>. Once on the page, click *Start A New Registration*. Please print a copy of the confirmation page for the completed application.

o Voided Company Check

- Please make sure that you provide the appropriate account number for payroll, payroll taxes, and fees for service. The bank routing and account numbers must be clearly displayed on the MICR line of the check.

o Employee Information

- Please provide W-4 information (SSN, name, address, pay rate, marital status, number of dependents, hire & birth dates, departments, and per pay deductions (if any)) for every **active employee**.
- Signed Direct Deposit Authorization forms and a check copy for all active employees wanting direct deposit.
- Please provide the following W-4 information (SSN, name, and address) for every **terminated employee** with earnings this year.

o Employee and Company Balances

- QUARTER TO DATE, GROSS TO NET breakdown, for each closed quarter in the current year.
Payroll Reports with GROSS TO NET breakdowns for all current quarter payrolls (can be QUARTER TO DATE as well).

QUICKBOOKS

- o *Payroll Summary by Employee* Report for each closed quarter.
- o *Payroll Summary by Employee* Report for each check date in the current quarter OR Quarter to Date as of the last check date in the current quarter.

PAYCHEX

- o *Employee Earnings Record* OR *Year to Date Report* for each closed quarter.
- o *Payroll Journal, Department Summary and Cash Requirement Report* for each check date in the current quarter.

ADP

- o *Employee Earnings Record* OR *Quarter to Date Report* for each closed quarter.
- o *Payroll Register & Payroll Summary* for each check date in the current quarter.

o Government Returns/Proofs of Deposits:

1. 941 Return and RT-6 for all previous quarters in the current year.
2. EFTPS 941 deposit proofs for all payrolls in the current year.
3. Proof of any FUTA (940) deposits for previous quarters (if applicable).

Thank you for choosing us as your payroll provider. If you have any questions regarding the above documents, do not hesitate to call your Sales Representative at 954-455-6933.



Payroll Client Services Agreement

Client Name _____

EIN _____

Initial next to each service only as applicable:

Initials

Service

Total Tax Filing (federal and state forms required)

Nature of services: South Florida Payroll Services, Inc. agrees that upon acceptance of this agreement, it will (1) collect from Client, hold in its account (the "Tax Account") and deposit with an appropriate authorized depository institution on or before the statutory deadlines, the required Federal, state, and local payroll tax amount; and (2) prepare and file all required Federal, state, and local employment tax forms and reports on or before the statutory deadlines. South Florida Payroll Services will not accept any responsibility for failure to make deposits or filings if it is not provided with timely or accurate information or insufficient funds. South Florida Payroll Services will assume interest charges and/or penalties, which are the result of South Florida Payroll Services negligence only. Terms and conditions continued on below and page 2.

Direct Deposit (direct deposit forms and EE forms required)

Client authorizes South Florida Payroll Services, Inc. to create and initiate ACH files to said Banking Institution for the purpose of moving money through the Automated Clearing House (ACH) and providing direct deposit of payroll for Client's employees (Transactee's). Client agrees to indemnify and hold South Florida Payroll Services, Inc. harmless from any and all claims of any persons whatsoever arising out of Banking Institution's processing activities for Client under the terms of this agreement or otherwise. Such claims may include, but are not limited to, claims for customer's employees or other persons or organizations, including taxing authorities whose credits may have been reversed or banks who may have suffered damage or loss because of insufficient funds of Client. Client understands and agrees that South Florida Payroll Services, Inc. has no direct financial interest in the debits and credits provided, pursuant to this agreement, and is providing a service to Client for a fee. All risk of loss and liability to any person or organization arising out of the services furnished hereunder shall be that of Client.

Electronic Paycheck (order form required)

Minimum Processing Fee

Client understands and agrees that if they do not pay employees on the agreed upon schedule (Weekly, Bi-Weekly, Semi-Monthly or Monthly) South Florida Payroll Services, Inc. must charge a minimum base fee in order to keep the client active in our database and current with Federal, State and Local tax authorities. The clients' minimum processing fee shall be \$25 for weekly payroll, \$35 for bi-weekly and semi-monthly processing and \$70 for monthly payroll processing. Client grants South Florida Payroll Services, Inc. permission to electronically debit the agreed upon minimum service fee on the scheduled pay date.

Check Signature (signature form required)

Client authorizes South Florida Payroll Services, Inc. to scan Client's Authorized Agent's signature and store this information in South Florida Payroll Services, Inc.'s property. South Florida Payroll Services, Inc. understands that upon acceptance of this agreement, it will produce said Authorized Agent's signature onto checks and provide signed bank checks for Client's employees for the purpose of payroll, based on the data provided by Client. Client agrees to inform South Florida Payroll Services, Inc. of change in Client's Authorized Agent at least 5 working days prior to Client's payroll check date. Client agrees to indemnify and hold South Florida Payroll Services, Inc. harmless from any and all claims of any persons whatsoever arising out of transportation of said signed checks from South Florida Payroll Services, Inc.'s premise to Client's requested delivery address and thereafter. Client agrees to indemnify and hold South Florida Payroll Services, Inc. harmless against any loss, liability or expense arising out of any claim of any person that South Florida Payroll Services, Inc. is responsible for any act or omission of Client. It is understood that signed checks are negotiable documents and should be reviewed by an authorized representative of the company before distribution.

PlatinumPay.com (Client usage)

Nature of services: South Florida Payroll Services, Inc. agrees that upon acceptance of this agreement it will (1) provide payroll software access via the internet to Client for the sole purpose of payroll data entry; (2) provide software support to Client; (3) process payroll entered by Client; and (4) package and either deliver per Client instruction or hold prepared payroll on premises for Client pick-up. Client understands that the payroll information processed is a result of Client-entered data and therefore Client agrees to indemnify and hold South Florida Payroll Services, Inc. harmless from any and all payroll errors that arise from Client's data input.

Worker's Compensation Insurance Impounding and Payment

If South Florida Payroll Services undertakes to collect and forward worker's compensation insurance premiums to any insurance company of behalf of the client, it is only acting as a conduit for such services, and it is agreed by the parties herein that South Florida Payroll Services is not providing insurance services or insurance advice and has no responsibility for the accuracy of the calculation of worker's compensation insurance premiums, which remains the sole responsibility of the client, who agrees to hold South Florida Payroll Services harmless from any and all liability in this regard.

No Tax Service

South Florida Payroll Services will provide a statement of liability due with each payroll and signature-ready copies of all applicable returns on a quarterly basis. Client assumes complete responsibility of timely paying and filing of all Federal, state, and local employment taxes due. South Florida Payroll Services will not be held liable for the payment of liability due or filing any returns required.

Payroll Promotions

If client is eligible for discount promotion for a set period of time, clients understands and agrees that the promotion is being offered on the condition that the client agrees to remain a client in good standing for a minimum period of twenty-four months. If the client discontinues regular and agreed upon service any time within two years of the signature on this document, the client authorizes South Florida Payroll Services, Inc. to immediately and with no further authorization electronically debit the amount that was discounted as part of our regular service and agreement.



Total Tax Terms and Conditions

1. Client Responsibilities

Client agrees to provide South Florida Payroll Services a mutually acceptable data transmission of accurate and complete payroll tax information at least two (2) banking days prior to the check date. Client acknowledges that the Tax Filing Services of South Florida Payroll Services use information supplied by Client, including payroll data and Federal, state, and local deposit frequencies and identification numbers, and assumes responsibility for the verification and accuracy of this information. Client agrees that any changes additions or deletions to Client master file information will be made known immediately and in writing to South Florida Payroll Services. This includes but is not limited to notices or correspondence received from any Federal, state, or local authority with respect to any tax return or deposit made by South Florida Payroll Services.

2. Demand Deposit Account

Client agrees to authorize the direct debit of a Demand Deposit Account ("DDA") through the ACH established at _____ Bank ("Bank") and maintain sufficient funds in said account to cover all payroll tax deposits current or past due and to collect fees and charges. If Client's federal tax liability exceeds \$100,000.00, which is subject to the Federal \$100,000 One-Day Rule, the Client agrees to fund that liability via wire transfer at the request of South Florida Payroll Services from the Client's DDA bank account to South Florida Payroll Service's Tax Account. Client agrees that debits will be made no later than one day prior to the check date. In the event sufficient funds are not available to cover the above listed items, South Florida Payroll Services will assess a NSF fee of \$35 and a reprocessing charge of \$65 for a total of \$100. In the second event of insufficient funds South Florida Payroll will charge as described above and reserve the right to immediately terminate the Agreement without prior written notice. If South Florida Payroll Services terminates this Agreement, South Florida Payroll Services shall not be responsible for making any further payroll tax deposits or filings, and shall retain tax deposits to offset any amounts owed from Client.

3. Service Fees

Client agrees to pay South Florida Payroll Services, Inc. per the agreed upon price schedule attached hereto or to the Service Agreement for the services described above. Client understands that the service fees will be auto debited from Client's bank account, as indicated by Client. As additional consideration, South Florida Payroll Services may invest funds as South Florida Payroll Services deems appropriate and that any and all profits, accumulations, and any other form of gain resulting from such investments shall accrue for the benefit of and the sole property of South Florida Payroll Services. South Florida Payroll Services agrees to return Client tax refunds in excess of actual tax liabilities and fees upon authorized written request from Client.

4. Term

This Agreement will be in effect from the date of acceptance by South Florida Payroll Services. Upon termination of service, Client agrees to provide at least thirty (30) days written notice of its intent to terminate the Agreement or failing to do so pay a \$250.00 termination fee. All Clients leaving the Tax Filing Services shall pay a Termination Service Continuance charge of \$150.00 to cover costs of required follow-up after the discontinuance of service. Should Client leave South Florida Payroll Services Tax Filing Service owing tax balances and/or fees to South Florida Payroll Services, the officers of said Client agree to be held personally liable for the deficit amount.

5. Authorization to Receive Information

Client hereby instructs all Federal, state, and local tax authorities to deliver tax forms, documents, and other related information to South Florida Payroll Services. South Florida Payroll Services is hereby given full authorization to represent and submit records on behalf of Client before Federal, state, or local jurisdiction's tax office with respect to employment taxes. Client hereby authorizes Client's payroll department, including any vendor or computer service, to deliver to South Florida Payroll Services all necessary documents and payroll information, including payroll tax registers, quarterly reports and summaries.

6. Relationship

This Agreement establishes an independent contractor relationship only, by which South Florida Payroll Services will perform the tax filing services described herein. It is not intended as, and shall not be construed to establish a partnership, joint venture, agency, or master/servant relationship.

7. General Provisions

Client's failure to comply with all items contained within the Service Agreement terminates this contract and relieves South Florida Payroll Services of any liability for the proper execution of payroll tax processing as defined in this document. Therefore, Client promises to indemnify and hold South Florida Payroll Services harmless from any claim against Client and/or South Florida Payroll Services arising out of the use of information furnished by Client. The total liability of South Florida Payroll Services is limited to the correction of any error due to the negligence of South Florida Payroll Services. The Terms and Conditions stated herein between Client and South Florida Payroll Services supersede any and all prior agreements, warranties, or representations other than those contained within this document, and shall remain in effect until such time as either Client or South Florida Payroll Services provides thirty (30) days written notification to the other that service is no longer needed or provided. The laws of the State of Florida govern this Agreement. South Florida Payroll Services will be entitled to immediate recovery of all attorney's fees and expenses that arise from any suit filed in relation to this Agreement.

8. New Hire Provision

Client understands that all states require of all employing entities, the reporting of all new employees hired within 20 days of hire date. Client understands that South Florida Payroll Services, Inc. will automatically enroll Client in New Hire Service and that Client will be charged \$3.75 per employee reported per month unless Client has signed the New Hire Addendum refusing this service.

Name of Authorized Agent

Signature of Authorized Agent

Title

Date

South Florida Payroll Services, Inc.

Signature

Title

Date

Reporting Agent Authorization

OMB No. 1545-1058

► Information about Form 8655 is at www.irs.gov/form8655.

Taxpayer

1 a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)
1 b 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
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) Joseph Pintimalli @ South Florida Payroll Services, Inc.	10 Employer identification number (EIN) 20-8337024
11 Address (number, street, and room or suite no.) 2400 E Commercial Blvd, Suite 224 City or town, state, and ZIP code Fort Lauderdale, FL 33308	
12 Contact person Joseph Pintimalli	13 Daytime telephone number 954-455-6933
14 Fax number 954-455-6935	

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 <u>2015</u>	941 <u>1Q-2015</u>	940-PR <u>1Q-2015</u>	941-PR <u>1Q-2015</u>	941-SS <u>1Q-2015</u>	943 _____
943-PR _____	944 <u>1Q-2015</u>	945 <u>1Q-2015</u>	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 <u>1Q-2015</u>	941 <u>1Q-2015</u>	943 <u>1Q-2015</u>	944 <u>1Q-2015</u>	945 <u>1Q-2015</u>	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

Disclosure of Information to Reporting Agents

17 a 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 lines 15, 16, and/or line 18 ☒

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

Disclosure Authorization

18 a 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 2015.

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 2015.

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

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.



Signature of taxpayer



Title



Date

Tax Information Authorization

Received by:

Name _____

Telephone _____

Function _____

Date _____

► Information about Form 8821 and its instructions is at www.irs.gov/form8821.

► Do not sign this form unless all applicable lines have been completed.

► To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)

Taxpayer identification number(s)

Daytime telephone number

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address

Joseph Pintimalli@South Florida Payroll Services Inc
2400 E Commercial Blvd, Suite 224
Fort Lauderdale, FL 33308CAF No. **0301-61946R**

PTIN _____

Telephone No. **954-455-6933**Fax No. **954-455-6935**Check if new: Address ☐ Telephone No. ☐ Fax No. ☐**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Employment	940-941-944-945	2015-2018	

4 Specific use not recorded on 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 lines 5 and 6 ☐**5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):**a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐**Note.** Appointees will no longer receive forms, publications and other related materials with the notices.**b** If you do not want any copies of notices or communications sent to your appointee, check this box ☒**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box ☐

To revoke this tax information authorization, see the instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

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

► DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

Date

Print Name

Title (if applicable)

☐ ☐ ☐ ☐ ☐

PIN number for electronic signature



**Florida Department of Revenue
POWER OF ATTORNEY
and Declaration of Representative**

DR-835
R. 10/11
TC

Rule 12-6.0015
Florida Administrative Code
Effective 01/12

See Instructions for additional information.

PART I - POWER OF ATTORNEY

Section 1. Taxpayer Information. Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8.

Taxpayer name(s) and address(es)	Federal ID no(s). (SSN*, FEIN, etc.)	Florida Tax Registration Number(s) (Business Part. No., Sales Tax No., R.T. Acct No., etc.)
	Contact person	Telephone number ()
		Fax number ()

The Taxpayer(s) hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

Section 2. Representative(s). Each representative must be listed individually, and must sign and date this form on Page 2, Part II.

Name and address (include name of firm if applicable) Joseph Pintimalli @ South Florida Payroll Services, Inc. 2400 East Commercial Boulevard, Suite 224 Fort Lauderdale, FL 33308 E-mail address: info@southfloridapayroll.com	Telephone number (954) 455-6933 Fax number (954) 455-6935 Cell phone number ()
Name and address (include name of firm if applicable) E-mail address:	Telephone number () Fax number () Cell phone number ()
Name and address (include name of firm if applicable) E-mail address:	Telephone number () Fax number () Cell phone number ()

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

Section 3. Tax Matters. Do not complete this section if completing Section 4.

Type of Tax (Corporate, Sales, Reemployment, formerly Unemployment, etc.)	Year(s) / Period(s)	Tax Matter(s) (Tax Audits, Protests, Refunds, etc.)

Section 4. To Appoint a Reemployment Tax (formerly Unemployment Tax) Agent Only. Do not complete Sections 3 and 6 if completing Section 4.

By completing this section, an employer (taxpayer) appoints a representative to act as its Florida reemployment tax agent before the Florida Department of Revenue on a continuing basis and to receive confidential information with respect to mailings, filings, and other tax matters related to the Florida reemployment assistance program law. All other sections of this form (except Sections 3 and 6) must also be completed. **Do not complete Section 4 unless you wish to appoint a reemployment tax agent on a continuing basis.**

Agent name Joseph Pintimalli	Agent number (required) A0006027
Firm name South Florida Payroll Services, Inc	Federal I.D. No. (required) 20-8337024
Address (if different from above) Same	Telephone number (954) 455-6933

Mail Type: See Instructions for explanations. Check one box only. ☐ 1 (Primary) ☐ 2 (Reporting) ☐ 3 (Rate) ☐ 4 (Claim)

Section 5. Acts Authorized.

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in Section 3 and Section 4 (for example, the authority to sign any agreements, consents, or other documents). Except as otherwise provided, the authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. This authority does not include the power to endorse or cash warrants, or the power to sign certain returns.

If you want to authorize a representative named in Section 2 to receive (but not to endorse or cash) refund warrants, write the name of the representative on this line and check the box ☐

List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney.



Florida Tax Registration Number:

Taxpayer Name(s):

Federal Identification Number:

- Taxpayer(s) must complete Page 1 of this Power of Attorney or it will not be processed.

Section 6. Notices and Communication. Do not complete Section 6 if completing Section 4.

- Notices and other written communications will be sent to the first representative listed in Part I, Section 2, unless the taxpayer selects one of the options below. Receipt by either the representative or the taxpayer will be considered receipt by both.
 - If you want notices and communications sent to both you and your representative, check this box ☐
 - If you want notices or communications sent to you and not your representative, check this box ☒

Certain computer-generated notices and other written communications cannot be issued in duplicate due to current system constraints. Therefore, we will send these communications to only the taxpayer at his or her tax registration address.

Section 7. Retention / Nonrevocation of Prior Power(s) of Attorney.

The filing of this Power of Attorney will not revoke earlier Power(s) of Attorney on file with the Florida Department of Revenue, even for the same tax matters and years or periods covered by this document. If you want to revoke a prior Power of

Attorney, check this box ☐

You must attach a copy of any Power of Attorney you wish to revoke.

Section 8. Signature of Taxpayer(s).

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, member/managing member, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer.

Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

Signature	Date	Title (if applicable)
Print name		
Signature	Date	Title (if applicable)
Print name		

PART II - DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Department of Revenue, including Rules 12-6.006 and 28-106.107 of the Florida Administrative Code, as amended.
- I am familiar with the law and facts related to this matter and am qualified to represent the taxpayer(s) in this matter.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive and inspect confidential taxpayer information.
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent - enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
 - Former Department of Revenue Employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
 - Reemployment Tax Agent authorized in Section 4 of this form.
 - Other Qualified Representative.
- I have read the foregoing Declaration of Representative and the facts stated in it are true.**

If this Declaration of Representative is not signed and dated, it will not be processed.

Designation - Insert Letter from Above (a - f)	Jurisdiction (State) and Enrollment Card No. (if any)	Signature	Date
E	FL		



Please *ONLY* initial the waivers that are applicable to your company.

If you are unsure of which ones, if any, to initial, please discuss with your sales representative.

NO PRIOR BALANCES RELEASE OF LIABILITY _____ (Initial)

I _____ as an officer of _____ verify that we have processed NO payrolls and have NO taxes due for the current calendar year _____.

I authorize South Florida Payroll Services to begin processing payrolls and paying taxes on behalf of the above mentioned company effective ____/____/20____.

I release South Florida Payroll from any taxes, penalties, and/or interest due as a result of any payroll processed prior to the above mentioned date. Additionally, I understand that if South Florida Payroll Services has to make any corrections to year-end tax returns as a result of our company running payroll prior to the above mentioned date, we will incur additional charges.

DIRECT DEPOSIT PRE-NOTE WAIVER _____ (Initial)

I _____ representing _____ authorize South Florida Payroll Services to OVERRIDE the Pre-Note process for direct deposit. Direct deposit will therefore be active on the first payroll processed by SFPS. I understand that South Florida Payroll highly recommends the pre-note process be completed and has discouraged me from overriding it. I agree that any and all errors resulting will NOT be the responsibility of South Florida Payroll Services. Additionally, I acknowledge that any errors as a result of overriding pre-note may take 5 – 7 business days to resolve.

MAIL WAIVER _____ (Initial)

I _____ representing _____ understand that South Florida Payroll Service's preferred method of delivery for payroll checks and reports is a bonded and insured courier service. SFPS uses a courier service because of the extremely time sensitive nature of payroll and the need to preserve the integrity of our clients' information. We STRONGLY recommend again using U.S. Mail because of the absence of tracking ability, insurance, and a scheduled delivery date.

I _____ of _____ agree to hold South Florida Payroll Services harmless against any and all damage that may occur as a result (directly and indirectly) of using the United States Postal Service or any other vendor than those expressly recommended by SFPS. Finally, I am aware that I may incur additional charges if a package is lost, stolen, damaged, or delayed.

X _____

Printed Name: _____

Title: _____ **Date:** _____



FLORIDA DEPARTMENT OF REVENUE UNEMPLOYMENT VERIFICATION

(CALL 1-800-482-8293 OPT 2 THEN OPT 3)

COMPANY LEGAL NAME: _____

EIN #: _____

STATE SUI #: _____

UNEMPLOYMENT RATE FOR YEAR 2015 IS: _____

PERSON VERIFIED: _____



Signature Card

Date:_____ Client Name:_____

Please sign **completely within the area**, not touching or crossing any lines.

Signature One:

Signature Two (if applicable):

Check next to the statement that applies to you:

- ☐ Use this signature on all payrolls. ☐ Use this signature only when requested.



EMPLOYEE SETUP/CHANGE SHEET

COMPANY NAME: _____ **COMPANY#:** _____

Employee Name: _____

Social Security #: _____

Address: _____

City, State & Zip Code: _____

Email Address: _____

Birth Date: _____

Hire Date: _____

Pay Rate: _____

Per Hour ☐ Salary (per pay period) ☐ Commission Only ☐ 1099 ☐

Full Time or Part Time: _____

Federal Filing Status (W-4): SINGLE or MARRIED _____

of Allowances Claimed (W-4): _____

Home Division (if applicable): _____

Home Department: _____

Job Title: _____

Tax State: _____

EE Deductions (if applicable): _____

Worker's Compensation Code: _____

Other Information: _____

PLEASE FAX THIS COMPLETED FORM TO (954) 455-6935
FOR ALL NEW HIRES and EMPLOYEE CHANGES

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
	For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
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• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



Direct Deposit

Employee Authorization

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST

Company Name:	
Employee Name:	Employee Number:

SAVINGS ACCOUNT DIRECT DEPOSITS WILL NOT BE ENTERED AND YOU WILL NOT BE NOTIFIED UNLESS THERE IS A LETTER ON OFFICIAL BANK STATIONARY DETAILING THE ROUTING & ACCOUNT NUMBERS OF YOUR SAVINGS ACCOUNT.

DEPOSIT SLIPS ARE NOT ACCEPTED UNDER ANY CIRCUMSTANCES

Routing Number for Bank/Credit Union	State	Type Circle One	Amount Percentage Circle One	Account Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit - Amount was: Amount Changed to:
<input type="checkbox"/>	Other, Please Explain:

ATTACH VOIDED CHECK HERE

It is my responsibility to verify deposits on a per day period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor South Florida Payroll Services is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Signature: _____ Date: _____