



Payroll powered by:



# Payroll Services Agreement



Between Millennial Mountain Corp, Inc., hereinafter "Payroll City and \_\_\_\_\_  
hereinafter "Client."

1. TERM

- a. The term for this contract shall be continuous from the date this document is executed until terminated in writing, unless otherwise specified here.

2. SERVICES AND FEES

- a. Client authorizes Payroll City to provide payroll services, including check calculations, check printing, payment of payroll taxes, filing of payroll reports in behalf of Client and other payroll related activities. Client authorizes Payroll City to debit their bank account for taxes, direct deposits, and fees.

- i.  OPTIONAL NO TAX PAY- If this box is checked, Client **does not** opt for Payroll City to make tax deposits. Client will be responsible for all tax deposits and tax reporting. Payroll City will not debit Client's account for taxes, but will debit for service fees as they incur. Payroll City will provide Clients with quarterly reports. Client understands additional charges may apply when opting out of tax pay.

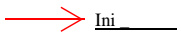
- b. Services can be added or deleted either verbally or in writing. Verbal changes and/or instructions regarding payroll processing or services are binding. Additional services may increase fees. Payroll City base fees are charged for every *scheduled* payroll regardless of whether an actual payroll run occurs.

- c. Any credit earnings or interest earned on funds deposited by Client with Payroll City will be for the benefit of Payroll City.

3. CLIENT RESPONSIBILITIES

- a. Accuracy- Completeness and accuracy of all information is the responsibility of the Client. The Client understands that they may edit, review, and update information online. Client certifies that information is accurate at the time of submission to Payroll City. The Client may have Payroll City enter payroll information but it remains the responsibility of the Client to review all final payroll reports for accuracy. Payroll information is considered accurate unless Client informs Payroll City otherwise within one (1) business day. This includes but is not limited to employee information, earnings, deductions, accruals, company and other information. Client must regularly compare all reports on credits or debits initiated by Payroll City to Client's records and promptly notify Payroll City of any discrepancies.

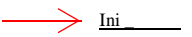
- b. Tax Notices- Client is responsible to notify Payroll City immediately upon becoming aware of any payroll related tax notices, letters or changes including but not limited to rate changes, payment frequency, reporting requirements, etc. Failure to do so may result in additional costs and/or penalties.



- c. Insufficient Funds (NSF)- Client guarantees that all payroll funds will be available and released in their bank account at the time of payroll submission to Payroll City. ***If good funds are not available, Client agrees to pay a fee of \$100 plus 2% of the debit amount, and a fee of \$50 for each funded direct deposit.*** Client acknowledges that insufficient funds may prevent federal and state tax deposits and/or direct deposit paychecks. Client also agrees to reimburse Payroll City for all such NSF items, plus associated costs, including but not limited to, additional interest and attorney fees.

- i. Client understands Payroll City will disperse collected funds in the following order of priority:  
1) Payroll City fees 2) Direct deposits 3) Tax Payments

- d. Setup and ongoing payroll services- Client shall provide Payroll City with all documentation that Payroll City requires to perform its responsibilities. Payroll City may process payroll, but cannot make tax payments until the Client has provided the appropriate agency identification numbers. Failure to provide Payroll City with the correct and timely information may result in late payments, tax filing penalties, interest and additional charges, including additional Payroll City fees.



- e. Missing or inactive tax IDs- Payroll City will charge an additional \$50 per payroll if Client has missing or invalid tax ID numbers or if an account is not properly activated or set up with the appropriate taxing agency.

- f. Authorized Contacts- Client will inform Payroll City of all authorized personnel who may speak with Payroll City regarding their account. Client is responsible for managing web access accounts utilizing the Payroll City online system.
- g. Submission time frame- Unless otherwise specified, payroll information must be submitted by 3:30 MST at least one day prior to the check date. If Client utilizes direct deposit, this submission time frame will be advanced to 4 banking days. See Section 4 below.
- h. Authorizations- By executing this contract, the Client authorized Payroll City to schedule and make direct debits from Client's designated bank account for payrolls, taxes, direct deposits and payments for its services. Client agrees to provide Payroll City with proper documentation to arrange and make direct payment ACH fund transfers and all necessary employee direct deposit fund transfers as applicable. Client authorizes Payroll City to perform duties for and in behalf of the Client according to industry standards and applicable law. Client authorizes Payroll City to verify available funds by speaking directly with their designated bank.
- i. ACH- Client agrees to adhere to NACHA rules and requirements.

4. DIRECT DEPOSIT REQUIREMENTS

- a. Client understands that utilizing the direct deposit option requires advance funding and may be subject to the acceptance of Client's credit and the approval of the Originating Depository Financial Institution (ODFI) and/or its agent that will be originating instructions on Payroll City's behalf. Client agrees to the terms of this agreement and the terms and conditions of the ODFI and/or its agent and services will begin on the implementation date and will continue until terminated.
- b. **All payroll information must be provided by 3:30 MST at least four banking days in advance of the payroll date.** Timeframe excludes weekends and all banking holidays. The timeframe can be shortened if client provides Payroll City with a drawdown authorization or a pre-funded account. Failure to submit timely may result in delayed direct deposits and/or checks.
- c. At Payroll City's sole option, Client may be required to fund a payroll file by wire transfer (drawdown). The Client will be responsible for payment of wire transfer charges which may be assessed by Payroll City or Client's bank. Payroll City will, and Client hereby authorizes Payroll City to initiate debits or reverse wire transfers to Client's bank account prior to each pay date for Client's payroll and credit the bank accounts of Client's employees and others to be paid by Client by direct deposit payment on the pay date (a "Payee"), all in compliance with the operating rules of the National Automated Clearing House Association and the terms and conditions hereof.
- d. Client will also obtain a written authorization (Direct Deposit Authorization) from any Payee prior to the initiation of the first credit to the account of such Payee and shall provide upon demand a copy of such written authorization to Payroll City. Client will indemnify and hold Payroll City harmless from any and all claims or loss associated with incorrect depository or account information (including, but not limited to liabilities, legal costs, expenses, incidental, consequential, or punitive damages).

5. REFUND/ADJUSTMENTS.

- a. Any refunds/adjustments will not be processed by Payroll City until verification is available that good, collected and the final funds from Client are in Payroll City's account.

6. DEFAULT; TERMINATION.

- a. Payroll City shall have the right, at its option, to terminate this Agreement immediately without prior notice to Client if (a) Client's Account is not funded as required by this Agreement and as a result any debit to Client's Account is returned to Payroll City or ODFI and/or its agent; (b) Client fails to pay any sum due to Payroll City due hereunder or perform any obligation required to be performed hereunder; (c) Client files or has filed against it a petition for bankruptcy or becomes insolvent or has a substantial portion of its property become subject to levy, execution or assignment; (d) ODFI and/or its agent notifies Payroll City that it is no longer willing to originate debits and credits for Client for any reason; (e) Payroll City's agreement with ODFI and/or its agent is terminated. If Payroll City terminates this Agreement, Payroll City's obligation under this Agreement shall cease and Payroll City's sole responsibility to Client shall be to return to Client any payroll funds then held by Payroll City after the deduction of all fees and expenses due Payroll City, ODFI and/or its agent.

7. HOLD HARMLESS

- a. Client agrees to hold Payroll city, its parent Company and/or affiliates, harmless in the event of penalties, fines, and/or assessments resulting from errors or omissions on the part of the Client, or Client's payees, employees, or

agents. This includes inaccurate payroll submissions, inaccurate or late tax payments that Client is required to make, failure to report errors or discrepancies timely, insufficient funds, incomplete or erroneous information.

- b. Payroll City employees do not provide legal advice. Client acknowledges that conversations with Payroll City employees are not to be construed as legal advice.

#### 8. INDEMNIFICATION; LIMITATIONS

- a. **INDEMNIFICATION** Client shall indemnify and hold harmless Payroll City from and against any loss, liabilities, claims or damages, including attorneys' fees, arising from any breach by Client of the terms and conditions of this Agreement or any fraudulent or dishonest acts or omissions of Client or Client's Payees, employees or agents involving Client use of the Service.
- b. **REIMBURSEMENT** Client acknowledges that Payroll City is acting solely in the capacity of data processing agent and is not a source of funds for Client. Client shall be liable for each debit initiated by Payroll City, whether by electronic entry or wire transfer. Client promises to pay Payroll City on demand the amount of any unfunded direct deposit file, with interest, and all Payroll City or third party fees or charges including, without limitation, any debit returned to Payroll City due to insufficient or uncollected funds or for any other reason.
- c. **LIMITATION OF LIABILITY** Payroll City's sole liability to Client or any third party hereunder shall be for claims arising out of errors or omissions in the Services caused solely by Payroll City, and the sole remedy shall be to furnish a correct advice of deposit, and/or corrected or reversal debit or credit entry, as the case may be; provided that, in each case Client advises Payroll City no later than one business day after the occurrence of such errors or omissions. Payroll City makes no warranty, representation or promise to Client in connection with this agreement, and disclaims all express or implied warranties, including any implied warranties with respect to the services. In no event shall Payroll City or its agents be liable for any indirect, special, incidental, consequential, or punitive damages, including loss of anticipated profits or other economic loss, to Client or third persons, whether such damages result from Payroll City's breach of this agreement, breach of warranty, its negligence or that of its agents.

#### 9. PERSONAL GUARANTEE

- a. Should Client not reimburse Payroll City for funds advanced by Payroll City in good faith, the Officers of said Client agrees to be personally liable for all amounts owed to Payroll City, including interest and service charges.

#### 10. CONTRACT MODIFICATION

- a. Client will notify Payroll City immediately of any change to its legal structure or any information which may impact or affect the terms of this agreement. (Examples: ownership changes, account changes, bankruptcy)
- b. It may be necessary to amend this Services Agreement. Amendments delivered in writing to the Client or Client's representative will serve as notice and be made part of this document. Notice can be made by either paper or electronic means.

#### 11. PARTNER RELATIONSHIPS


- a. If Client receives the payroll services through a 3<sup>rd</sup> party relationship between Payroll City and a Partner, Client gives Payroll City permission to share any and all payroll information with Partner or its representatives.


#### 12. EXCLUSION OF WARRANTIES

- a. Client hereby acknowledges that Payroll City has no control over internet-related and server conditions that may affect its software. Client hereby acknowledges that Payroll City has made no representation or warranty, express or implied, with respect to: (i) the suitability of its services for the purposes or uses of Client, or (ii) the merchantability or fitness for a particular purpose. Payroll City shall not be liable to Client, and Client hereby assumes all risk and waives all claims against Payroll City, irrespective of any damages suffered by Client, whatsoever, in connection with Client's use of the Payroll Software (whether based upon contract, tort, negligence, warranty, product liability, strict liability, and/or otherwise and whether or not Payroll City has been notified of the possibility of such damage) resulting from, or arising out of, Payroll City's Services or Client's use of the Payroll Software.
- b. In no event shall Payroll City be liable to the Client for any indirect, special, incidental or consequential damages arising out of or related to this agreement or the performance or breach thereof, even if Payroll City has been advised of the possibility of such damages. Payroll City's entire liability to the Client under this agreement shall be limited to, at Payroll City's option, re-performance of the services, credit toward future services or refund. In all instances, the aggregate, total liability of Payroll City under this agreement, if any, shall not exceed the total amount actually paid by Client to Payroll City under this agreement for the prior 12 months or \$1,000.00, whichever is less.

13. GOVERNING LAW; DISPUTE RESOLUTION

- a. This Agreement is governed by Colorado law, without regard to any state's conflict of law principles. In the event that any dispute arises between the Parties concerning this Agreement, each party shall submit written information concerning the dispute to the other party and try to resolve the dispute between them. If, within 90 days, the Parties fail to resolve the dispute, the dispute shall be submitted for mediation in El Paso County, Colorado before further action may commence. The Parties shall mutually agree on a mediator. If the Parties fail to agree on a mediator, the dispute will be submitted to the Judicial Arbitrator Group ("JAG") in Colorado Springs or Denver, Colorado and if the Parties fail to agree on a mediator within JAG, JAG will appoint the mediator. If the Parties fail to resolve the dispute within thirty (30) days of the mediation, either Party may bring an action in a federal or district court exclusively located in or having jurisdiction over El Paso County, Colorado. The court in any such action shall award the prevailing Party its reasonable attorney's and expert witness fees incurred in such action (including without limitation the costs, expenses and fees for any appeals) payable by the non-prevailing Party.

 \_\_\_\_\_  
Corporate/Legal Name

 \_\_\_\_\_  
Printed Name Title

 \_\_\_\_\_  
Signature of Corporate Officer Date

***Keep one document for your records. Return one signed document to Payroll City***

***518 N Chelton Rd. Ste 200, Colorado Springs, CO 80909 • Ph:719-260-9933 • Fx:719-260-9934  
E-mail: admin@payrollcity.com***



# Startup Information

Please Print Clearly

Please fill out entire form

(Instructions attached)

<b>COMPANY INFORMATION</b> (must select one)				<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER
<b>Legal Name</b>				dba			
<b>Address</b>				Shipping Address			
<b>City</b>				State	Zip		
<b>Business Phone</b>		<b>Business Fax</b>		<b>Owner Email:</b>		<input type="checkbox"/> E-Reports <input type="checkbox"/> E-Reminders <input type="checkbox"/> Texts (Carrier)	
<b>Owner Name</b>		<b>Owner Cell</b> (carrier needed for texts)		<b>Rep Email:</b>		<input type="checkbox"/> E-Reports <input type="checkbox"/> E-Reminders <input type="checkbox"/> Texts (Carrier)	
<b>Company Rep</b>		<b>Rep Cell</b> (carrier needed for texts)					
<b>TAX ACCOUNTANT INFORMATION</b>							
<b>Accountant Name</b>		<b>Accountant Phone</b>		<b>Accountant Email</b> (they will receive e-reports)		<input type="checkbox"/> Authorized to Contact and receive Payroll information and reports	
<b>PROCESSING INFORMATION</b>							
<b>Pay Frequency</b> (MUST MARK ONE)		<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Semi-Monthly	
		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly			
<b>Pay Period 1</b>		From	To		Check Date		
<b>Pay Period 2</b>		From	To		Check Date		
<b>Anticipated First Payroll Check Date</b>		Days between pay period end & check date (5-7 for Direct Deposit)			<b>Weekend Check Shift</b> <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Split		
<b>TAX INFORMATION</b>							
<b>FEIN #</b>		<input type="checkbox"/> 941	<input type="checkbox"/> 943	<input type="checkbox"/> 944	<b>Tax Deposit Frequency</b> Semi-Weekly    Monthly <small>(Assigned by IRS, if incorrect penalties may occur)</small> <input type="checkbox"/> <input type="checkbox"/>		You are responsible to notify Payroll City of any changes in writing
<b>State Withholding ID</b>		<b>Tax State</b>		<b>Local Taxing District</b>		<b>Local ID</b>	
<b>SUI/SUTA ID (Unemployment)</b>		<b>Combined Rate</b>		<b>SUI Base Rate</b>		<b>SUI Surcharge</b>	
<b>Other Taxes</b>				<b>Mid-year signups please attach current year copies of 941 and SUI Quarterly Reports</b>			
<b>Accounts with missing ID numbers (WH or SUI) will be charged an additional \$50 per payroll until we have the numbers needed to pay appropriate taxes.</b>							
<b>BANK INFORMATION</b>							
<b>Bank Name</b>		<b>Contact</b>			<b>Phone</b>		
<b>Routing #</b>		<b>Acct#</b>			<b>Starting Check #</b>		

**Please attach a VOIDED CHECK**

**NO DEPOSIT SLIPS – THE ROUTING NUMBER MAY NOT BE CORRECT**

Please fill out and return to your sales agent or fax to Payroll City at 719-260-9934



## Pay as you go Workers Comp

Please fill out the information below to setup for this service.

<b>Policy #:</b>		<b>Effective Date:</b>	
<b>Insurance Carrier:</b>			
<b>Agency Name:</b>			
<b>Agent Name:</b>			
<b>Agent Address:</b>			
<b>Agent Phone:</b>			

List the class codes you use for your business:

<b>Description (for convenience):</b>	<b>WC Class Code:</b>	<b>Amount/\$1,000:</b>



# Startup Information

Please Print Clearly

## Selected Services

Company Name \_\_\_\_\_

Primary Submission Method \_\_\_ Phone \_\_\_ Fax \_\_\_ Email \_\_\_ Website \_\_\_ Exchange File

\_\_\_ Direct Deposit

\_\_\_ Automatic Check Signing \*Be sure to provide signature

\_\_\_ 100% Direct Deposit (emailed reports only)

\_\_\_ Remote Check Printing (emailed reports only)

\_\_\_ Pressure Sealed Checks

\_\_\_ Vacation/PTO Tracking (attach company policy if available, setup fees apply)

Starts accruing on: \_\_\_ Hire Date \_\_\_\_\_ Days from hire (specify)

Please specify how Vacation will be paid

\_\_\_ Per Paycheck \_\_\_ Per Hour Worked \_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_ (hours) after \_\_\_\_\_ (length of employment)

\_\_\_\_\_ (hours) after \_\_\_\_\_ (length of employment)

\_\_\_\_\_ (hours) after \_\_\_\_\_ (length of employment)

### ADDED SERVICES

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\_\_\_ Job Costing

\_\_\_ Payout Checks (check all that apply)

\_\_\_ Garnishments \*Client is responsible to send checks to appropriate agencies

\_\_\_ Worker's Comp

\_\_\_ Other \_\_\_\_\_

\_\_\_ Independent Cost Centers with Parent/Child relationship

\_\_\_ Departments (List) \_\_\_\_\_

\_\_\_ Automatic Minimum wage adjustment: \_\_\_ Wage to Min (or) \_\_\_ Tip to Min

### INTEGRATIONS

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\_\_\_ Timeclock Integration

\_\_\_ QuickBooks Interface (additional fees apply)

\_\_\_ Custom Integration

# Reporting Agent Authorization

► Information about Form 8655 and its instructions is at [www.irs.gov/form8655](http://www.irs.gov/form8655).

## Taxpayer

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

## Reporting Agent

<b>9</b> Name (enter company name or name of business) <b>Millennial Mountain Corp dba Payroll City</b>	<b>10</b> Employer identification number (EIN)
<b>11</b> Address (number, street, and room or suite no.) <b>518 N Chelton Rd. Ste. 200</b>	
City or town, state, and ZIP code <b>Colorado Springs, CO 80909</b>	
<b>12</b> Contact person <b>Kathleen Fox or Jeffrey Fox</b>	<b>13</b> Daytime telephone number <b>719-260-9933</b>
	<b>14</b> Fax number <b>719-260-9934</b>

## Authorization of Reporting Agent To Sign and File Returns (Caution: See Authorization Agreement)

**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>01/2016</u>	941 <u>01/2016</u>	940-PR _____	941-PR _____	941-SS _____	943 <u>01/2016</u>
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

## Authorization of Reporting Agent To Make Deposits and Payments (Caution: See Authorization Agreement)

**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>01/2016</u>	941 <u>01/2016</u>	943 <u>01/2016</u>	944 <u>01/2016</u>	945 _____	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 2016.

**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 2016.

**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

## 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 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
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# EMPLOYER REPRESENTATIVE AUTHORIZATION

K-CNS 032 (Rev. 2-14)

MAIL:	Kansas Department of Labor UI Tax Contributions 401 SW Topeka Blvd. Topeka, KS 66603-3182
FAX:	(785) 291-3425
EMAIL:	uitax@dol.ks.gov

Request will be denied if any item is incomplete.

Employer Serial Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Physical address of business **in KANSAS**. If no physical address, store front or business location exists **in KANSAS**, you must indicate **where in KANSAS** you have workers performing a service. Do **NOT** use a Post Office Box number.

- Business location
  Job site
  Company representative residence  
 Other (*explain*): \_\_\_\_\_

Address (Do <b>NOT</b> use PO Box number)	City	State	ZIP
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Representative retained to represent you: \_\_\_\_\_

Indicate which Kansas unemployment insurance reports you have delegated the authority to receive. Provide the mailing address for the delegated reports.

**Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100**

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

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Annual Experience Rating Notice, K-CNS 404, and Annual Notice of Benefit Charges, K-CNS 403**

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

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Last Employer, Base Period and all other Benefit and Appeal Claim Notices**

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

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

\_\_\_\_\_  
 Owner, partner, corporate officer, LLC member/manager signature Date (mm/dd/yyyy)

\_\_\_\_\_  
 Email (      )  
Phone

More information about filing reports as an authorized employer representative is found at [www.KansasEmployer.gov](http://www.KansasEmployer.gov).

# KANSAS DEPARTMENT OF REVENUE POWER OF ATTORNEY

1. **TAXPAYER INFORMATION.** Include spouse's name if this is for a joint return. If the taxpayer is a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4. (If you have any questions about how to complete this form, please see the instructions on the back).

Taxpayer's Name. (If a business include both legal name and dba name.)				Taxpayer's Social Security #
Address	City	State	Zip Code	EIN/SSN/PTIN
Spouse's Name				Spouse's Social Security #
Address (if different)	City	State	Zip Code	Area Code & Phone Number

2. **TAXPAYER GRANT OF POWER OF ATTORNEY.**

**HEREBY APPOINT THE FOLLOWING ATTORNEY, ACCOUNTANT, OR OTHER REPRESENTATIVE AS MY ATTORNEY-IN-FACT:**

Representative's name and title. <i>If a member of a firm, enter both the representative's name and the firm name.</i> Kathleen Fox for Millennial Mountain Corp, dba Payroll City	Phone number 719-260-9933
Address 518 N. Chelton Road	Fax number 719-260-9934
City, State, Zip Code Colorado Springs, CO 80909	EIN/SSN/PTIN
Representative's name and title. <i>If a member of a firm, enter both the representative's name and the firm name.</i>	Phone number
Address	Fax number
City, State, Zip Code	EIN/SSN/PTIN

**TO REPRESENT ME BEFORE THE KANSAS DEPARTMENT OF REVENUE FOR THE FOLLOWING TAX MATTERS:**

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)
Withholding	2016 - Current

**AUTHORIZED ACTS.** For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- |   |   |
|---|---|
| <input type="checkbox"/> Receive and inspect my confidential tax information. | <input type="checkbox"/> Sign any agreement, consent, or other document on my behalf.                               |
| <input type="checkbox"/> Represent me in tax matters before the department.   | <input checked="" type="checkbox"/> Perform any act that I can perform with respect to the tax matter listed above. |

List any specific addition or deletion to the acts that are otherwise authorized in this power of attorney. See Instructions.

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**Retention/revocation of prior Powers of Attorneys.**

**I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.**

- Check this box if you DO NOT wish to revoke a prior power of attorney. You **must** attach a copy of any power of attorney you want to remain in effect.

3. **SIGNATURE OF TAXPAYER OR TAXPAYERS.** If a tax matter concerns a joint return, both the husband and wife must sign when joint representation is requested. When a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signs this section on behalf of a taxpayer, the signatory also certifies that the signatory is authorized to execute this form on behalf of the taxpayer.

(Signature)	(Printed Name)	(Date)
(Signature)	(Printed Name)	(Date)

4. **SIGNATURE OF REPRESENTATIVE OR REPRESENTATIVES.**

(Signature)	(Printed Name)	(Date)
(Signature)	(Printed Name)	(Date)



## Startup Information

Please Print Clearly

Company Name \_\_\_\_\_

Authorized signer (please print) \_\_\_\_\_

This form is not necessary if you are 100% direct deposit or if you prefer to sign your checks yourself.

For Automatic Check Signing, please sign in the center of the box below in black ink.

You may fax this form back to Payroll City at 719-260-9934 or return it to your sales agent.

**Please stay inside the box.**

Checks will display "Authorized Signature" below the signature line unless you fill in an optional printed name below.

Optional printed Name: \_\_\_\_\_

(This will show under the signature line of the check)

Optional Title: \_\_\_\_\_

Please fill out and return to your sales agent or fax to Payroll City at 719-260-9934

# Tax Reconciliation Sheet

(Jan 1-Mar 31=Q1, Apr 1-Jun 30=Q2, Jul 1-Sept 30=Q3, Oct 1-Dec 31=Q4)

In order to properly reconcile payments to the Quarterly Reports you need to verify tax deposits which have already been made.

- A. I have no previous payrolls this year/This is my first payroll of the year. (Skip line B and please sign line C.)
- B. Please fill out the worksheet below to reconcile your tax payments for the quarter and sign line C.

<u>Federal</u>	<u>QTD Taxes Owed</u>	<u>Payments Made</u>	<u>Balance Due</u>
941/944	_____	_____	_____

<u>State</u>	<u>QTD Taxes Owed</u>	<u>Payments Made</u>	<u>Balance Due</u>
WH	_____	_____	_____
Other	_____	_____	_____

	<u>QTD Taxes Owed</u>	<u>Payments Made</u>	<u>Balance Due</u>
SUI	_____	<u>\$0.00</u>	P.C. will Collect & Pay
940	_____	<u>\$0.00</u>	P.C. will Collect & Pay

- C. I understand that I am responsible for making all pending tax deposits for the current and previous quarters from payrolls processed before starting with Payroll City (Excluding FUTA and SUI deposits for the current quarter).

If the previous payroll company is refunding other tax monies, I understand Payroll City will need notification and instructions in order to make any payments for previous payrolls.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

This document must be returned to Payroll City. You can submit either by mail, fax or email.

Payroll City  
518 N Chelton Rd Ste 200  
Colorado Springs, CO 80909  
(719) 260-9934 (fax)

[submitpaydata@payrollcity.com](mailto:submitpaydata@payrollcity.com)

If you have any questions please give us a call at (719) 260-9933