

GINA L. GWOZDZ, CPA

Specializing in Minimizing Your Taxes

I appreciate the opportunity to provide you payroll services. To ensure an understanding between us, this letter sets forth the terms of our engagement as well as the nature and limitations of our services to you.

Payroll Calculation Services

I will (1) Calculate payroll for your employees, (2) Calculate federal and state payroll tax deposits, (3) Withdraw the calculated amount of employee pay and tax deposits and remit them timely, (4) Prepare quarterly federal and state payroll tax forms as required, (5) Prepare Form W-2.

My responsibility

Beginning _____, I will run payroll for your company _____. I will set up new employees for payroll on an as needed basis using the information from documents that you provide to me. I will inform you of the amount and due date of your payroll tax payments and filings and assist you in making them.

Your responsibility

You will provide me with payroll information on a timely and periodic basis, including hours worked, pay rates, employee status, and benefits information. You will provide me promptly with updated and corrected information as needed.

You must maintain sufficient funds in your bank account to cover payroll expenses and related tax liabilities. You will be charged an exceptions fee if there are insufficient funds in your account when payroll or payroll taxes are due.

Payment and Filing Services

You will authorize me to make payments and filings for you. To do so, a principal officer or partner of your business must sign the Form 8655 and Electronic Services Authorization form and return them to me for filing. After authorizing me to pay your employees or contractors electronically, you must ask each of them to sign a Direct Deposit Authorization and retain it in your files.

By giving me access to your bank account, you authorize me to make payroll, contractor and payroll tax payments and filings on your behalf, and you will be bound by them as though you had made them yourself. Typically, I will send payment transactions through the Automated Clearinghouse ("ACH") Network. You agree that these payment transactions will be governed by the ACH Rules as in effect from time to time, and that each entry I make on your behalf will be authorized, timely, for an amount due and owing, and will not violate the laws of the United States.

My fees

My fees for providing payroll varies by the frequency of your paychecks and number of employees and contractors per run. Please see my website for my current fees. My fee will be directly withdrawn from you bank account with the rest of your payroll each payroll period.

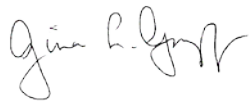
Services not provided

We will not audit or verify the information that you provide to me. If an amount appears unusual, I will call it to your attention. However, I am not responsible for the detection of errors, irregularities, theft, fraud or illegal acts. I do not provide legal services.

Approvals

I am pleased to have you as a payroll client and hope that this will begin a long and pleasant association. Each of us, however, retains the right to terminate this engagement at any time. Please date and sign a copy of this letter and return it to me to acknowledge your agreement with the terms of this engagement.

Sincerely,



Acknowledged:

[Client]

[Date]

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EMPLOYER INFORMATION SHEET

General Information

Business Name _____	Contact Name _____
Business Address _____	Phone _____
City, State, Zip _____	Fax _____
Filing Name (if different) _____	Email _____
Filing Address (if different) _____	
City, State, Zip _____	

Company Type S-Corp C-Corp LLC LLP Partnership
 Sole Proprietor 501c3 Other _____

Form 1099 Information

Federal EIN _____ <input type="checkbox"/> Applied For	Please note: I will only prepare Form 1099-MISC, Form 1099-DIV and Form 1099-INT, if you need to file other Form 1099s please make other arrangements to do so.
State Employer Account No. _____ <input type="checkbox"/> Applied For	
Other state tax rates, if applicable: _____ _____	
_____	_____ Form 1099-MISC
	_____ Form 1099-INT
	_____ Form 1099-DIV

Notes:

Authorization For Direct Withdrawal

I authorize PayCycle to directly withdrawal my company payroll and taxes automatically from my company checking account indicated below, and if necessary, to adjust or reverse a withdrawal for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing in as such time as to afford PayCycle a reasonable opportunity to act on it.

Name on Bank Account:

Bank Routing Number:

Checking Account Number:

Important: Please attached a voided check for the checking account from which funds should be withdrawn.

Client/Authorized Signature:

Date: _____

EMPLOYEE INFORMATION SHEET

Complete this form for each employee.

General Information

Employee Name _____	Birth Date MM____/DD____/YY____
Address _____	Hire Date MM____/DD____/YY____
City, State, Zip _____	Social Security No. _____
Email Address _____	Gender <input type="radio"/> Female <input type="radio"/> Male

Direct Deposit Information

Will this employee be paid by direct deposit?

Direct deposit Yes No If yes, attach completed Authorization of Direct Deposit form

Tax Information

Please attach or specify the following information for this employee:

- Attach completed federal Form W-4
- Attach completed state withholding form
Only applicable if state income tax and filing status/allowances are different from federal
- Specify any payroll taxes that this employee is exempt from, such as state unemployment, social security, or Medicare:

- Specify any local taxes that need to be withheld from this employee's paycheck: _____

Notes:

Pay Information

How often will this employee be paid?

Pay Frequency

- Every Week
- Every Other Week
- Twice a Month
- Every Month
- Other _____

Payday details

Date(s) or day(s) employees paid _____
(e.g. 1st and 15th of the month)

Period Covered _____
(e.g. Paycheck on the 1st covers the 16th to the end of the prior month)

Which types of pay does this employee receive?

- | | | |
|---|--|--|
| <input type="checkbox"/> Salary _____ per _____ | <input type="checkbox"/> Bonus | <input type="checkbox"/> Clergy Housing (Cash) |
| <input type="checkbox"/> Hourly _____ per hour | <input type="checkbox"/> Commission | <input type="checkbox"/> Clergy Housing (In-Kind) |
| <input type="checkbox"/> 2 nd hourly rate _____ per hour | <input type="checkbox"/> Double overtime | <input type="checkbox"/> Bereavement Pay |
| <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Allowance | <input type="checkbox"/> Group Term Life Insurance |
| <input type="checkbox"/> Sick Pay | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> S-Corp Owners Health Ins. |
| <input type="checkbox"/> Vacation Pay | <input type="checkbox"/> Cash Tips | <input type="checkbox"/> Personal Use of Company Car |
| <input type="checkbox"/> Holiday Pay | <input type="checkbox"/> Paycheck Tips | <input type="checkbox"/> Other: |

Select the voluntary deductions that apply and enter the \$ or % amount to be deducted from each paycheck

Deduction	\$ Amount or % of Gross	Deduction	\$ Amount or % of Gross
<input type="checkbox"/> Pre-tax medical <input type="checkbox"/> Pre-tax vision <input type="checkbox"/> Pre-tax dental <input type="checkbox"/> Taxable medical <input type="checkbox"/> Taxable vision <input type="checkbox"/> Taxable dental <input type="checkbox"/> 401K <input type="checkbox"/> Simple 401K		<input type="checkbox"/> 403b <input type="checkbox"/> Simple IRA <input type="checkbox"/> SAR SEP <input type="checkbox"/> Medical expense FSA <input type="checkbox"/> Dependent care FSA <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Cash Advance Repayment <input type="checkbox"/> Other _____	

Is this employee subject to wage garnishments, such as a federal tax or child support garnishment?
 Yes No If yes, attach copies of all garnishment orders

Sick and Vacation

If this employee earns paid time off, complete the section below; otherwise, leave blank.

Sick Pay	Vacation Pay
No. of Hours Earned Per Year _____	No. of Hours Earned Per Year _____
Max. hours accrued per year (if any) _____	Max. hours accrued per year (if any) _____
Current Balance _____	Current Balance _____
Hours are accrued: <input type="radio"/> As a lump sum at the beginning of year <input type="radio"/> Each pay period <input type="radio"/> Each hour worked	Hours are accrued: <input type="radio"/> As a lump sum at the beginning of year <input type="radio"/> Each pay period <input type="radio"/> Each hour worked

Notes:

Authorization For Direct Deposit

I authorize _____ to directly deposit my pay automatically to the accounts indicated below, and if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing in as such time as to afford _____ a reasonable opportunity to act on it.

Name on Bank Account:

Bank Routing Number:

Bank Account Number:

_____ Checking or _____ Savings

_____ Entire Pay or \$_____ specific dollar amount

Balance of pay to:

Name on Bank Account:

Bank Routing Number:

Bank Account Number:

_____ Checking or _____ Savings

Important: Please attached a voided check for each bank account to which funds should be deposited.

Employee/Contractor Signature:

Date: _____

