

Payroll Administration Application

1) EMPLOYER INFORMATION

Company Name _____ Contact Name _____
 (Completed Company name only if submitting the Payroll Application with the AgriPlan and BizPlan Application)

Telephone Number _____ - _____ - _____ Fax Number _____ - _____ - _____ E-mail Address _____

Mailing Address _____ City _____ State _____ Zip _____

NAICS Code _____ Are you a current AgriPlan or BizPlan Client? Yes No
 (If no NAICS code please describe the type of business)

2) EMPLOYER PAYROLL INFORMATION

Federal EIN# _____ State Id# _____ (If no current State ID, please contact your State Department of Revenue office)

State UNEM# _____ (If no current UNEM number, please contact your State Unemployment office)

State Rate \$ _____ (If no current State Rate, please contact your State Department of Revenue office)

Local Tax Id# _____ (It is assumed that the employees local Tax Id number is that of the employer, if not please inform us of such)
(The above information must be filed out completely for this application to be accepted)

Payroll Frequency: Quarterly Monthly Number of Employees: _____

Have you paid any wages to your employee(s) in the current year using your current Federal Tax Id Number? Yes No (If yes, include the appropriate records.)

Funding – Precision Payroll of America LLC will initiate debit entries from the checking account and financial institution provided to them by me. Bank is hereby authorized and instructed to honor changes to Clients DDA (Demand Deposit Account) for payroll tax liabilities, employee paychecks and/or direct deposits, processing fee and if necessary, adjustments entries, which will be initiated by Precision Payroll of America, LLC. **A copy of a voided check must be included with this application.**

3) EMPLOYEE INFORMATION

First Name: _____ Last Name: _____ Social Security Number _____ - _____ - _____

Address: _____ City: _____ State _____ Zip _____

Check one: Single Married Salary Amount \$ _____ (per pay period) Deferral Amount \$ _____ (per pay period)

Exemptions Federal _____ (If left blank default will be zero) Exemptions State _____ (If left blank default will be zero) 401(k) Exemptions \$ _____

Employee Direct Deposit - Precision Payroll of America, LLC is authorized to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, an event of NSF or no-sufficient funds to fund payroll, to the account and the depository provided them by the employee, hereinafter called DEPOSITORY, and credit and/or debit the same to such account. **A copy of a voided check must be included with this application.**

4) PAYMENT

An Initial Enrollment Fee is due at the time of the plan start-up and must be enclosed. See Application Guide for Fee Schedule (South Dakota residents add 4% sales tax). Credit Card charges will appear on your statement as Division of TASC.

Total Annual fee for AgriPlan/Biz Payroll Plan: \$ _____ + Tax: \$ _____ = Total Amount: \$ _____

Check Number: _____ Credit Card: Master Card Visa American Express Discover

Card Holder Signature: _____ Card Number: _____ Expiration Date: _____ / _____

5) AUTHORIZATION

I have read, understand and agree to the terms and conditions states on the other side of this document as attested by the signature below, effective on the date of signature.

Employer (sign here) _____ Date _____

I certify that the follow name(s) have HIPPA Business Associate Agreements with me and are authorized to access information from TASC on my Behalf.

Name _____ Name _____ Name _____

Provider Name _____ Provider Number _____ Retail Code _____

Note: You must complete and attach the Reporting Agent Authorization Form (Form 8655) for this application to be accepted.



Payroll Tax Service Agreement

For purposes of performing the services under this Agreement, Client hereby authorizes TASC Payroll Processor, Precision Payroll of America (PPA), to sign and file Client’s applicable federal, state and local tax returns, and further authorizes PPA to charge Client’s bank account one day prior to payroll check date, all applicable taxes related to the Payroll Tax Service provided.

PPA agrees to take reasonable steps to make timely tax deposits for all payroll taxes it collects from the Client. PPA’s liability to Client for errors or for loss, destruction, or damage caused by PPA’s operations or personnel shall be limited to, and Client’s exclusive remedy shall be, recovery of interest and penalty which has resulted from error. At no time shall PPA be responsible for any taxes uncollected, which are due from Client to any taxing authority. Upon written request of Client, PPA agrees to refund to the Client any taxes it collects from the Client that it does not deposit with a taxing authority. In the event of NSF or Non-funded tax deposits by Client, Client shall be responsible for the immediate funding via a wire transfer to PPA’s tax account. Failure to fund a tax deposit made shall constitute a breach of contract and all necessary collection efforts, any attorney’s fee and any court costs arising from such breach shall be the responsibility of the Client.

PPA shall not be liable for, and Client shall hold PPA harmless for any incidental, indirect, special, or consequential damages suffered by Client, and any claim, demand or action against Client by any third party, in connection with or arising out of this Agreement or the performance of the service hereunder.

Funding Authorization

If bank does not or cannot honor such charges or if bank is contracted by Client regarding any authorized deductions, including electronic deductions, bank is additionally instructed to contract AgriPlan and BizPlan immediately and notify AgriPlan and BizPlan of the circumstances. Non-funding, NSF or any failure to fund payroll, taxes, direct deposit or service fee shall be remedied with a wire transfer no later than the next business day after notice from PPA, for balance due plus any bank charges arising from failure to fund. Failure to fund shall constitute a breach of contract and all transactions may be reversed. Additionally, all collection efforts, attorney’s fees and court costs shall be the sole responsibility of the Client

Unemployment Taxes

The Federal Unemployment Tax Act (FUTA), with state (SUTA) unemployment systems, provides for payments of unemployment compensation benefits to people who have lost their jobs. Most employers pay both federal and state unemployment tax based on their employee’s wages.

The FUTA tax rate is 6.2 % on the first \$7,000 of cash wages paid to each employee. SUTA’s tax rate and the amount of wages that it is based on depend on the particular state.

Termination

Upon and after the expiration or termination of this Agreement, the rights granted to the employer pursuant to this Agreement shall revert back to AgriPlan and BizPlan, divisions of Total Administrative Services Corporation. Within 20 days after the termination or expiration of this Agreement the employer shall return to AgriPlan and BizPlan all manuals, brochures, computer programs, customer and vendor data bases, and any other documents regarding the AgriPlan and BizPlan programs and systems and any copies thereof. In addition, the employer shall refrain from any further direct or indirect use of or reference to the AgriPlan and BizPlan marks, systems, publications, manuals, brochures, documents, computer programs and computer data bases in connections with the marketing, use, implementation, license, sale or distribution of any program and computer data bases in connection with the marketing use, implementation, license, sale, or distribution of any program or system that enable employers to offer employee benefits on a pre-tax basis. Finally, the termination of this Agreement shall not affect the duty of the employer not to infringe on AgriPlan and BizPlan trademarks and copyrights and not disclose and instead to keep confidential all said Confidential Information supplied to the employer by AgriPlan and BizPlan

Money Back Guarantee

If you are not entirely pleased with the Payroll Administration Service, simply return all Plan materials within 30 days of the date received to obtain a full refund of the purchase price, less a \$100 processing fee.

Please mail your Plan Application, your enrollment fee, and the completed Reporting Agent Authorization From to:

Total Administrative Services Corporation
P.O. Box 14629
Madison, WI 53708

For Administrative Use Only
Client# _____