

Payroll Preparation & Tax Filing Agreement

Client Name: (as printed on checks) _____

Address _____

Bank Name: _____ Bank Telephone Number _____

Nine Digit Routing Number _____ Bank Account Number _____

EFTPS Login _____ Pin # _____ Password: _____

Leave EFTPS information blank if you are not signed up with the EFTPS Program

Services:

Payroll Service: Advanced Financial Services will prepare payroll for Client based on information provided by client on the Easy Start Payroll Submission Form. Advanced Financial Services will maintain a complete record of all transaction processed and will make all records available at the request of the Client. All changes made, i.e., pay rates, worker's comp codes, etc., will be made in writing so that we have continuous and accurate record.

Tax Service: Advanced Financial Services will generate payroll tax information form input data as supplied by the Client and will prepare, deposit and file payroll tax deposits and returns as required by Federal, State, and Local taxing authorities. Advanced Financial Services will maintain a record of the payments, and determine and reconcile the Client's payroll tax account position based on quarterly returns prepared and filed with the aforementioned taxing authorities.

If there are any incidents of NSF (Non Sufficient Funds) in the clients Bank Account, or if Client fails to advise of changes in pertinent information, i.e., bank account #, etc., Advanced Financial Services will not warrant that any deposit to and Federal and/or State and/or Local taxing authority will be made in a timely manner. Any and all penalties and/or interest assessed by said taxing authority arising from said NSF shall remain the sole responsibility of the Client. Client guarantees and warrants that the Account identified hereon, and any account identified in the future, as the Client Authorized Electronic Debit Account is a Business Banking Account, not a Personal Banking Account.

Advanced Financial Services is authorized to act on Client's behalf starting on _____.

Client hereby agrees to terms described above.

Authorized Signature as shown on bank records: _____

Print Name and Title: _____ Date: _____