



325 Wood Road
 Braintree, Massachusetts 02184
 Telephone: 617-298-1000 Facsimile: 781-843-3450

CEOS Corporation DBA @TimePay\$ Service Agreement

Legal
 Co. Name: _____ Contact: _____

Address: _____ CPA/Bookkeeper _____ Phone _____

Employer ID: _____ Rep. _____ Referral _____

Phone: _____ Cell: _____ Fax: _____ Email Address _____

- | | | | | |
|--------------------------------|--|---|---|--|
| <u>Time Keeping</u> | <u>Payroll</u> | <u>Human Resources</u> | <u>Ancillary Products</u> | |
| <input type="checkbox"/> Swipe | <input type="checkbox"/> PC Remote | <input type="checkbox"/> HR Answers OL | <input type="checkbox"/> QB G/L Export | <input type="checkbox"/> 401K Nationwide |
| <input type="checkbox"/> BIO | <input type="checkbox"/> Online | <input type="checkbox"/> HR On Demand | <input type="checkbox"/> PT G/L Export | <input type="checkbox"/> Cash Card |
| <input type="checkbox"/> Phone | <input type="checkbox"/> GREEN | <input type="checkbox"/> HR Inf. Software | <input type="checkbox"/> Worker's Comp Ins. | <input type="checkbox"/> Visa / MC |
| <input type="checkbox"/> Web | <input type="checkbox"/> Fax/Phone | | <input type="checkbox"/> 401K Online | |
| | <input type="checkbox"/> Cloud Payroll | | | |

INITIAL CHARGES

_____ Magnetic time cards @ \$1.75 per card \$ _____

_____ Card racks (10 cards - \$ 20.00), (25 - \$ 25.00), (40 - \$ 35.00) _____

Sales Tax (Where applicable) _____

Signature Encryption \$ 50 one time fee _____

Set up fee, programming, company set up, Payroll set up _____

Total Due this invoice \$ _____

ESTIMATED RECURRING TIME KEEPING, TAX FORM & PAYROLL CHARGE

Base fee per pay period Weekly Bi-weekly Semi-Monthly Monthly \$ _____

Includes _____ Clocks, Licenses, Compilation, Standard Shipping To One Location (subject to additional Fuel Surcharges), Quarterlies & Unlimited Reports, etc...

Per tax payment / check / employee fee \$ _____, X _____ = _____
 # _____

Envelope stuffing _____
 Yes # _____ No _____

Direct Deposits _____
 Yes # _____ No _____

Estimated cost per payroll period \$ _____

W-2 Set Up Fee _____ each W-2 _____

 AUTHORIZATION (I declare I am authorized to sign for the above)

 Title

 Date



Service Agreement

CEOS Corporation DBA @TimePay\$

Please list the following information for all owners and officers:

Legal

Co. Name (Client): _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Both CLIENT and CEOS Corporation dba **@TimePay\$** hereafter TIMEPAYS agree in establishing and continuing a working relationship concerning payroll processing and or time and attendance and other ancillary services. CLIENT shall pay TIMEPAYS for services rendered at mutually agreed upon rates TIMEPAYS shall have the right to change prices without prior notice. CLIENT shall make its bank account number available to TIMEPAYS. TIMEPAYS shall automatically debit CLIENT bank account for all fees and charges as may be incurred. CLIENT agrees to reimburse TIMEPAYS for any and all expenses TIMEPAYS may incur, including interest and attorney fees, in taking any action to collect amounts due TIMEPAYS. TIMEPAYS shall deposit funds in TIMEPAYS tax trust accounts, Direct Deposit trust accounts, CLIENT Employee accounts and TIMEPAYS fees in TIMEPAYS Bank accounts but not limited to these accounts as agreed in a timely manner after funds are collected from CLIENT accounts. Credit earnings or interest earnings on funds deposited by CLIENT hereunder, pending settlement to payee on respective settlement dates, will be for the sole benefit of TIMEPAYS. CLIENT understands and acknowledges that TIMEPAYS is not a bank but that TIMEPAYS processes EFT transactions through the Federal Reserve Bank via ACH.

Should CLIENT cause an NSF transaction by error or by design, CLIENT shall establish an NSF Reserve Account immediately via Fed Wire Transfer with TIMEPAYS to equal that NSF transaction plus ten (10) percent. Should any future NSF exceed the current Reserve Account amount, CLIENT shall wire sufficient funds to TIMEPAYS to match the current NSF plus ten (10) percent. For no reason and at the discretion of TIMEPAYS, The Federal Reserve or any entity involved in CLIENT transfer of funds, future CLIENT ACH, EFT, privileges may be rescinded. Should CLIENT not reimburse TIMEPAYS for funds advanced by TIMEPAYS in good faith, the officers of said CLIENT agree to be personally liable for the deficit amount. Such deficits are subject to interest and service charges. CLIENT shall indemnify and hold harmless TIMEPAYS 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 Payees, employees or agents involving CLIENT use of the Service. It is agreed that TIMEPAYS assumes no liability or obligation for tax payments or tax filing for uncollected funds and that former tax funds held in escrow shall be used to satisfy any fees, shortfalls and NSF for the sole benefit of TIMEPAYS including but not limited to redirecting existing tax payments, any and all tax money paid and held in escrow.

CLIENT agrees that the electronic time clock (if applicable) is and remains the property of TIMEPAYS. In the event that TIMEPAYS ceases to be CLIENT time keeping, provider CLIENT will return the clock and ancillary attachments immediately. In the event that the clock is damaged or stolen CLIENT will reimburse TIMEPAYS for the cost of a new clock. CLIENT agrees to payment by automatic withdrawal from CLIENT bank account for all fees and funds related to this agreement. CLIENT agrees that CLIENT is responsible for all payroll and taxes and for any mistakes, omissions, errors that are caused by CLIENT assigns, employees or officers that generate fees, interest or charges. If any ACH transmission is denied due to CLIENT error or negligence CLIENT agrees that CLIENT will immediately wire those funds, all penalty charges and all future funds to TIMEPAYS upon demand.

AUTHORIZATION (I declare I am authorized to sign for the above) _____ Title _____ Date _____

Between _____, Herein after "Client" and CEOS Corporation DBA @TimePay\$.
Client and CEOS Corporation DBA @TimePay\$ intending to be legally bound hereby, agree as follows:

1. **TERM.** The initiation of direct deposit services by CEOS Corporation DBA @TimePay\$ is 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 CEOS Corporation DBA @TimePay\$ behalf. If accepted and should you agree to the terms of this agreement and the terms and conditions of the ODFI and/or its agent, services will begin on the implementation date and will continue until terminated upon 90 days prior written notice by either party or as otherwise provided for hereby.
2. **DIRECT DEPOSIT SERVICES AND FEE AUTHORIZATIONS.** CEOS Corporation DBA @TimePay\$ will process Client's payroll and or other services on direct deposit by initiating electronic debit and credit instructions and/or wire transfer instructions in accordance with this Agreement. FOR ANY CLIENT PAYROLL FILE CONTAINING \$100,000 OR MORE IN DIRECT DEPOSIT CREDITS, THE CLIENT MAY, AT CEOS Corporation DBA @TimePay\$ SOLE OPTION, BE REQUIRED TO FUND SUCH PAYROLL FILE BY WIRE TRANSFER. CLIENT WILL BE RESPONSIBLE FOR PAYMENT OF WIRE TRANSFER CHARGES, WHICH WILL BE ASSESSED BY CLIENTS BANK. CEOS Corporation DBA @TimePay\$ will, and Client hereby authorizes CEOS Corporation DBA @TimePay\$ to, initiate debits or reverse wire transfers, as the case may be, to Client's bank account ("Client's Account") described in CEOS Corporation DBA @TimePay\$ Terms and Conditions prior to each pay date or invoice date for Client's payroll ("Paydate") and credit the bank accounts of Client's employees and others to be paid by Client by direct deposit payment on Paydate (a "Payee"), all in compliance with the operating rules of the National Automated Clearing House Association and the terms and conditions hereof. Client will notify CEOS Corporation DBA @TimePay\$ immediately of any change in the information in the Authorization Agreement at least 14 days before the effective date of any such change. Client will also obtain a written 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 CEOS Corporation DBA @TimePay\$. Client will indemnify and hold CEOS Corporation DBA @TimePay\$ harmless from any and all claims or loss (including, but not limited to liabilities, legal costs, expenses, incidental, consequential, or punitive damages).
3. **CLIENT RESPONSIBILITIES.** Client will: (a) complete and execute all required documentation so that CEOS Corporation DBA @TimePay\$ may withdraw funds from Client's Account to process direct deposit payrolls; (b) input or report all relevant payroll data to CEOS Corporation DBA @TimePay\$ no later than 11:00 a.m. Eastern Standard Time (EST) two banking days prior to each Pay date; (c) have available in Client's Account good, collected funds in an amount sufficient for CEOS Corporation DBA @TimePay\$ to cover the debits initiated by CEOS Corporation DBA @TimePay\$ hereunder no later than the opening of business (i) two banking days prior to each Paydate for debits by electronic entry, and (ii) two banking days prior to each Paydate for funding by wire transfer; and (d) compare all reports on credits or debits initiated by to Client's records and promptly notify CEOS Corporation DBA @TimePay\$ of any discrepancies. Client and CEOS Corporation DBA @TimePay\$ may agree to vary certain of these responsibilities depending on Client needs and circumstances.
4. **DEFAULT; TERMINATION.** CEOS Corporation DBA @TimePay\$ 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 CEOS Corporation DBA @TimePay\$ or ODFI and/or its agent; (b) Client failed to pay any sum due to CEOS Corporation DBA @TimePay\$ 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 CEOS Corporation DBA @TimePay\$ that it is no longer willing to originate debits and credits for Client for any reason; (e) CEOS Corporation DBA @TimePay\$ agreement with ODFI and/or its agent is terminated. If CEOS Corporation DBA @TimePay\$ terminates this Agreement, CEOS Corporation DBA @TimePay\$ obligation under this Agreement shall cease and CEOS Corporation DBA @TimePay\$ sole responsibility to Client shall be to return to Client any payroll funds then held by CEOS Corporation DBA @TimePay\$ after the deduction of all fees and expenses due CEOS Corporation DBA @TimePay\$, ODFI and/or its agent.
5. **LIMITATION OF LIABILITY.** CEOS Corporation DBA @TimePay\$ 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 CEOS Corporation DBA @TimePay\$, 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 CEOS Corporation DBA @TimePay\$ no later than one business day after the occurrence of such errors or omissions. CEOS Corporation DBA @TimePay\$ 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 CEOS Corporation DBA @TimePay\$ 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 CEOS Corporation DBA @TimePay\$ BREACH OF THIS AGREEMENT, BREACH OF WARRANTY, ITS NEGLIGENCE OR THAT OF ITS AGENTS.
6. **INDEMNIFICATION; REIMBURSEMENT.** Client acknowledges that CEOS Corporation DBA @TimePay\$ 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 CEOS Corporation DBA @TimePay\$, whether by electronic entry or wire transfer. Client promises to pay CEOS Corporation DBA @TimePay\$ on demand the amount of any unfunded direct deposit file, with interest, and all CEOS Corporation DBA @TimePay\$ or third party fees or charges including, without limitation, any debit returned to CEOS Corporation DBA @TimePay\$ due to insufficient or uncollected funds or for any other reason. Should Client not reimburse CEOS Corporation DBA @TimePay\$ for funds advanced by CEOS Corporation DBA @TimePay\$ in good faith, the officers of said Client agree to be personally liable for the deficit amount. Such deficits are subject to interest and service charges. Client shall indemnify and hold harmless CEOS Corporation DBA @TimePay\$ 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.
7. **PAYMENT; FEES.** Client shall pay CEOS Corporation DBA @TimePay\$ for the Services at the prices as may pertain from time to time and CEOS Corporation DBA @TimePay\$ shall have the right to change this price list without notice to Client. Payments by Client shall be made on the terms set forth in CEOS Corporation DBA @TimePay\$ Terms and Conditions via ACH direct deposit. Client agrees to reimburse CEOS Corporation DBA @TimePay\$ for any and all expenses CEOS Corporation DBA @TimePay\$ may incur, including interest and reasonable attorneys' fees, in taking action to collect any amounts due CEOS Corporation DBA @TimePay\$ hereunder. Any credit earnings or interest earned on funds deposited by Client with CEOS Corporation DBA @TimePay\$ hereunder pending payment to Payee on respective Pay dates will be for the benefit of CEOS Corporation DBA @TimePay\$.
8. **REFUND/ADJUSTMENTS.** Any refunds/adjustments will not be processed by CEOS Corporation DBA @TimePay\$ until verification is available that good, collected and the final funds from Client are in CEOS Corporation DBA @TimePay\$ account.
9. **GENERAL TERMS.** (a) This agreement shall not be assigned by Client without the prior written consent of CEOS Corporation DBA @TimePay\$ and any assignment attempted to be made without such consent shall be void; (b) this Agreement contains the entire agreement of the parties and may be modified only by a writing signed by both parties; (c) if any provision of this Agreement or any portion thereof shall be held to be invalid, illegal or unenforceable, the validity, legality or enforceability of the remainder of this Agreement shall not in any way be affected or impaired; and (d) this Agreement shall be governed by, and construed in accordance with, the laws of the State of Massachusetts.

For: _____
(CEOS Corporation DBA @TimePay\$)

For: _____
(Client)

By: _____
(Signature/Date)

By: _____
(Authorized Officer Signature/Date/Title)



Direct Deposit Employee Authorization and Agreement

Date: _____

Company Name: _____

Employee Name: _____

Social Security Number: _____

Address: _____

City, State and Zip Code: _____

| Bank Routing Number | State | Type | Amount | Account |
|---------------------|-------|------------|--------|---------|
| | | Ckg Sav | | |
| | | Ckg Sav | | |
| | | Ckg Sav | | |

Please attach a voided check for the Direct Deposit bank account
This is required verification for each request.

I authorize my employer as noted above, CEOS Corporation dba @TimePay\$, Cachet Banq and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer, CEOS Corporation dba @TimePay\$ or Cachet Banq is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with _____ CEOS Corporation dba @TimePay\$ Direct Deposit Agreement, Cachet Banq / CEOS Corporation dba @TimePay\$ Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Name and Title: _____

Signature: _____

Date: _____



CEOS Corporation DBA @TimePay\$

TimePay\$ Automatic Blanket Billing Withdrawal Authorization

Date: _____

Company Name: _____

Address: _____

City, State, ZIP: _____

Name and Title of person authorized to order this transaction: _____

Name of Bank: _____

Address of Bank: _____

Account & routing number that funds are to be drawn on: _____

Please maintain a balance, which can accommodate your payroll and your withdrawal amount. You agree that all funds are your responsibility.

It is understood that any charges that result from overdrafts will be billed to your account plus a minimum of an additional \$50.00 service fee from @TimePay\$. In the event there are Non-sufficient funds in the account you agree to wire the funds immediately and all future funds upon demand and you will be terminated from ACH service. @TimePay\$ is not a bank or lending company.

Please attach a blank VOID check for the account funds will be drawn on.

I hereby authorize @TimePay\$ to withdraw funds for payroll, taxes, fees and billing from my bank accounts including but not limited to Processing Fees, Federal 941, Federal 940, SUTA State Unemployment, MA Health, MA Department of Revenue

In the event my account changes I authorize this form to serve as authorization for withdrawal from the new account.

I agree to the above. Signature of authorized agent.

Date

Please print name and title.



325 Wood Road
Braintree, Massachusetts 02184
Telephone: 617-298-1000 Facsimile: 781-843-3450

New Employee Set-Up Form

Company Name: _____

Benefits: (Names and Amount)

Employee Name: _____

Male Female

Employee Card Number: _____

Social Security Number: _____

Date of Hire: _____

Time Off Accrual:

Address: _____

Tax Filing Status:

Single Married

Direct Deposit?

Yes No

Exemptions: _____

(If yes, direct deposit form is required for set up)

Extra Withholding? Fed: _____ State: _____

Pay Information:

Pay Group: _____

Pay Frequency: _____

Wage: _____ (For multiple departments, please fill in below:)

Dept# _____ Wage: _____ / Dept# _____ Wage: _____ / Dept# _____ Wage: _____

Time & Attendance:

Rounding Policy: _____

Breaks: Swipe IN/OUT: _____ Auto _____ minutes

If automatic, after how many hours? _____

Other Deductions: (Names and dollar amounts or percentages per pay period)



Service Agreement

CEOS Corporation DBA @TimePay\$

325 WOOD ROAD
 BRAINTREE, MASSACHUSETTS 02184
 TELEPHONE 617-298-1000 FACSIMILE 781-843-3450

| | |
|--|---------------|
| Client Credit Review | \$250.00 |
| Client Credit Review (Expedited) | 500.00 |
| Expedited Client Set Up Fee | 300.00 |
| <u>ACH Fees:</u> | |
| ACH File Cancellation Fee | 50.00 |
| Notification of Change Fee | 3.00 |
| NSF (Non-Sufficient Funds) Return – Minimum Each File Per Day* | 100.00 |
| Post Deadline Processing – Transmission | 37.00 |
| Post Deadline Processing – Handling per hour | 190.00 |
| Rejected (Error) File – Each Includes review and Notification of file | 20.00 |
| Test File – Each - | 20.00 |
| Tracer on File – Each | 45.00 |
| Wire Transfer Fund Fee – Each (Other fees may apply) | 40.00 |
| Post Implementation Training Fee – per Hour Minimum One Hour** | 190.00 |
| Research Support – per hour (Plus: Material & other 3 rd party costs) | 190.00 |
| Reversal Fee (Payroll or ACH) per Hour (\$ 100.00 minimum) | 250.00 |
| EXCESSIVE Technical Support - Per Hour | 190.00 |

*Non-Funded NSF Risk Exposure pricing noted below will be charged.

**Applies only to training CLIENT employees after implementation period.

All NSF Must be satisfied via WIRE TRANSFER immediately upon Notification the same day or the schedule of additional fees will apply. There are NO EXCEPTIONS to this schedule as they are determined by the ACH. (Our advise is just do not bounce any funds.)

| | |
|---|--------|
| 1 st NSF Occurrence (Per \$1000.00 per day – above noted \$100 minimums per file per day pertain)***** | \$1.04 |
| 2 nd NSF Occurrence (Per \$1000.00 per day – above noted \$100minimums per file per day pertain)***** | 1.45 |
| 3 rd NSF Occurrence (Per \$1000.00 per day – above noted \$ 100minimums per file per day pertain)***** | 1.85 |

*****Charged from effective settlement date of the original through the date the funds are collected.

Note: All of the above are for @TimePay\$ Standard Exception Fees. In the event that a typical processed transaction requires research and / or other follow up activity on the part of TIMEPAYS or other third parties, then TIMEPAYS reserves the right to charge for these services rendered and other costs as may be incurred, including but not limited to collection costs and attorney fees. TIMEPAYS pricing is subject to periodic change.



New Customer Payroll Set Up

Company Information:

Legal Name _____
Business Name (DBA) _____
Billing Address: _____
Shipping Address: _____
Address on Physical Check: _____

Payday: _____ Pay period begin day: _____ End: _____ 1st pay date: _____

Pay Check Set Up:

Should Legal name be on the check? Y or N
Should DBA name be on the check? Y or N

Check number you would like us to begin with: _____

FEDERAL:

Federal Deposit Frequency: ATTACH - Copy of Quarterly Report

____ Monthly (for total federal liabilities under \$50,000 in any look back period)
____ Semi-Weekly (for total federal liabilities over \$50,000 in any look back period)

STATE Locations:

Number of Locations: _____ Multiple States: Y or N

| States | State ID# |
|--------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

State Withholding Frequency: _____ Weekly _____ Monthly _____ Quarterly (See Master List)

Employer Tax Liabilities, in addition to FICA Social Security and Medicare: (please include copies of rates issued by the state / DET LETTER)

| | |
|-----------------------|-----------------------------------|
| Federal Unemployment | exempt or non exempt (circle one) |
| State Unemployment | exempt or non exempt (circle one) |
| MA State _____ | rate _____ |
| MA WFD _____ | rate .0006 _____ |
| State _____ | rate _____ |
| State _____ | rate _____ |
| MA Health | rate _____ |
| Other, please explain | rate _____ |

City / Local: _____

BENEFITS:

Additional items in lieu of pay provided to employees

| Benefit Type | FIT | SIT | SS | MEDI | SUTA | WFD | MAHLTH | FUTA |
|-----------------------------|------------|------------|-----------|-------------|-------------|------------|---------------|-------------|
| Dental Insurance | | | | | | | | |
| Health Insurance | | | | | | | | |
| Life Insurance | | | | | | | | |
| GTL | | | | | | | | |
| Disability Insurance | | | | | | | | |
| 401K Matching | | | | | | | | |
| 403B Matching | | | | | | | | |
| Simple IRA Matching | | | | | | | | |
| Automobile | | | | | | | | |
| Other | | | | | | | | |

TIME OFF ACCRUALS:

ATTACH POLICY for all Accruals, Vacation, PTO, Sick, Personal, Etc...

COMPANY & EMPLOYEE DATA SETUP: email Import spread sheet for Company & YTD

For each employee you will need to provide:

- ❑ Employee Number
- ❑ Employee Name and Address
- ❑ Social Security Number
- ❑ Date of Hire
- ❑ Pay Frequency
- ❑ Pay Group / Batch
- ❑ Pay Types
- ❑ Pay Allocation (department, Location, etc.)
- ❑ Tax Withholding information
 - Exemptions, Single, Married. # of withholdings, etc.
 - Gender
 - Extra Withholding
- ❑ Deductions
- ❑ Benefits
- ❑ Time Off
- ❑ Direct Deposit info, (voided blank check required)
- ❑ Wage / Pay Rate

In addition you must provide your previous quarter's payroll tax reports, all the reports you are required to file for payroll purposes. This information will assist in the set up of you new payroll files. All Year to Date payroll information must be entered before beginning processing by @TimePay\$.

- 1) Quarter to date check register with the following information:
 - a. Employee's year to date gross wages (MASTER LIST REPORT)
 - b. YTD deductions REPORT
 - c. YTD benefits REPORT
 - d. YTD taxes, Employee & Employer REPORT
 - e. YTD net pay REPORT
 - f. YTD DIRECT DEPOSIT REPORT
 - g. Previous Quarter QUARTERLY REPORT
- 2) Quarter to date employer liabilities including the following:
 - a. Social Security
 - b. Medicare
 - c. SUTA
 - d. Workforce Development
 - e. MA Health
 - f. Any other liabilities applicable to the state you are working in
- 3) Copies of ALL tax returns from the previous quarter
I.e. if you are starting with @TimePay\$ at the end of the third quarter we need all tax info from the 1st, 2nd & 3rd quarters.

Time and Attendance Client Set Up

Scan & email to T&A Set Up Dept.

Equipment:

Client Name _____ Address _____

of Clocks _____ Install date & time _____ Type of clock _____

Locations _____, _____, _____

Racks & Size _____ # Time Cards _____

Software Configuration:

Phone / Contact Name _____

Log In ID requested _____ Temp Password 12345678 (client should change)

Pay period Length _____, Pay Period From TO Days _____

Start date _____ Time Zone _____

Rounding nearest 15 min? YES / NO

Would they like Military Time? YES / NO

Any Special Pay Categories (Radio buttons on the edit screen)? _____

Labor Prompts: Dept? Location? Job? Other (list) _____ Collect on punch IN / OUT?

Numeric Clock Prompts: Tips? Other (List) _____ Collect on Punch IN or OUT?

Out Punch Completion? Y / N

Holidays Observed

- | | |
|---|--|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Civic Holiday (Canada) |
| <input type="checkbox"/> New Year's Day or closest weekday | <input type="checkbox"/> Labor Day (US) |
| <input type="checkbox"/> Martin Luther King Jr Day (US) | <input type="checkbox"/> Labour Day (Canada) |
| <input type="checkbox"/> President's Day (US) | <input type="checkbox"/> Columbus Day (US) |
| <input type="checkbox"/> Good Friday (Canada) | <input type="checkbox"/> Thanksgiving (Canada) |
| <input type="checkbox"/> Easter Sunday | <input type="checkbox"/> Veterans Day (US) |
| <input type="checkbox"/> Easter Monday (Canada) | <input type="checkbox"/> Veterans Day or closest weekday (US) |
| <input type="checkbox"/> Memorial Day (US) | <input type="checkbox"/> Remembrance Day (Canada) |
| <input type="checkbox"/> Victoria Day (Canada) | <input type="checkbox"/> Remembrance Day or closest weekday (Canada) |
| <input type="checkbox"/> Flag Day (US) | <input type="checkbox"/> Thanksgiving (Thursday) |
| <input type="checkbox"/> Flag Day or closest weekday (US) | <input type="checkbox"/> Thanksgiving (Friday) |
| <input type="checkbox"/> Canada Day (Canada) | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Canada Day or following Monday (Canada) | <input type="checkbox"/> Christmas Day or closest weekday |
| <input type="checkbox"/> Independence Day (US) | <input type="checkbox"/> Boxing Day (Canada) |
| <input type="checkbox"/> Independence Day or closest weekday (US) | <input type="checkbox"/> Boxing Day or closest weekday (Canada) |

Additional Holidays

Additional Holiday #1

Additional Holiday #2

Additional Holiday #3

Additional Holiday #4

Additional Holiday #5

How are holidays paid? Regular rate 1.5 OT Double Time Other _____

Do you pay Shift Differential? How? Custom Scripting? _____

Comments: _____

Office Notes: Set Up Custom Processing rule Pay Code Trans OK? Add Clocks Phone Clock?

Enable Miscellaneous. Settings: Disable pay Rate Over ride Scheduling Supervisor Accounts

CONFIGURE other requested features.

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

▶ Type or print. ▶ See the separate instructions.

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

| | | |
|------------------------------|--|---|
| Taxpayer name(s) and address | Social security number(s) _____ _____ _____ | Employer identification number _____ _____ _____ |
| | Daytime telephone number () - _____ | Plan number (if applicable) _____ |

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

2 Representative(s) must sign and date this form on page 2, Part II.

| | |
|------------------|---|
| Name and address | CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address | CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address | CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

| Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3) | Tax Form Number (1040, 941, 720, etc.) | Year(s) or Period(s) (see the instructions for line 3) |
|--|---|---|
| | | |
| | | |
| | | |

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF.** ▶

5 Acts authorized. The representatives 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 on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
 - b** If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

| | | |
|------------|--|---|
| Signature | Date | Title (if applicable) |
| Print Name | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number | Print name of taxpayer from line 1 if other than individual |
| Signature | Date | Title (if applicable) |
| Print Name | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN Number | |

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer—a bona fide officer of the taxpayer’s organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer’s immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

| Designation—Insert above letter (a–h) | Jurisdiction (state) or identification | Signature | Date |
|---------------------------------------|--|-----------|------|
| | | | |
| | | | |
| | | | |

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1185
For IRS Use Only
 Received by: _____
 Name _____
 Telephone () _____
 Function _____
 Date / / _____

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

| | | |
|--|---|--|
| Taxpayer name(s) and address (type or print) | Social security number(s) : : _____ | Employer identification number : _____ |
| | 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 | CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
|------------------|---|

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS 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, Excise, etc.) or Civil Penalty | (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.) |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

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 on page 3. 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▶
- 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 on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. 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/periods on line 3 above.

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

 Signature Date

 Signature Date

 Print Name Title (if applicable)

 Print Name Title (if applicable)

PIN number for electronic signature

PIN number for electronic signature



325 Wood Road
Braintree, Massachusetts 02184
Telephone: 617-298-1000 Facsimile: 781-843-3450

**CHECK SIGNER / IMPRINTER
SIGNATURE SPECIMEN FORM**

Client No: _____ Client Name: _____ Date: _____

Application: _____ Payroll Checks

VERY IMPORTANT INFORMATION

Please put your signature **INSIDE THE BOX** (Signature should not touch any of the line)

*****Use Only Black Ink*****

****Please use a felt tip pen and sign all 3 boxes. For TWO SIGNATURE REQUIREMENTS (two different signatures on checks) have one person sign the top section only and the second person sign only the bottom section (see example).**

John Doe

Jane Doe
John Doe



325 Wood Road
Braintree, Massachusetts 02184
Telephone: 617-298-1000 Facsimile: 781-843-3450

MA Department of Revenue Electronic Tax Payment

Beginning January 1, 2004, the Massachusetts Department of Revenue is requiring all businesses remitting \$10,000 or more in Massachusetts State taxes to file their withholding tax electronically. In preparation for this change, I am requesting that you do one of two things.

You can visit The Massachusetts Department of Revenue web site at www.MA.GOV, please **click** on the business tab, and then **click** on file business taxes. Then **click** register in the upper left hand corner, on the next choose "I am not a professional tax preparer" and then **click** next. On the next screen you will choose option one, my business is registered to pay taxes with the MA Department of Revenue, I now wish to register to file / pay electronically, and then click next. Now you will have to register yourself as the BMA or Business Master Administrator for your company, fill in all the information as requested, under tax types please make sure you check withholding tax, and then submit. At this point you will want to assign @TimePay\$ to be your PTP or Professional Tax Administrator so that we can pay your withholding tax and file tax returns on your behalf. To register us as your PTP, you will have to use our Federal ID # which is #62-1853227 and the company name to be used is Scott David Johnson (principal of @TimePay\$.) You will get confirmation from the Department of Revenue, upon receipt of the confirmation please notify us so that we can make sure we can access your account to pay the taxes. Please complete this as soon as possible so that there will not be any delays in paying your taxes. If you do not have access to the Internet, and you are unable to sign yourself up to pay taxes electronically, please sign below as authorization for us to go onto the Internet and assign us as your PTP. This will also authorize us to begin paying your Massachusetts withholding tax electronically effective immediately.

I hereby authorize @TimePay\$ to sign my business up to pay taxes electronically, to assign a BMA, and to assign @TimePay\$ as my PTP so they can pay my taxes electronically.

BMA Designate _____

Name: _____ Social Security #: _____ Title: _____

Signature: _____ Date: _____

Please call us if you have any questions.



325 Wood Road
Braintree, Massachusetts 02184
Telephone: 617-298-1000 Facsimile: 781-843-3450

MA Department of Labor and Workforce QUEST System

The Massachusetts Department of Labor and Workforce requires that all Massachusetts employers file and pay their quarterly Unemployment and MA Health tax using the Quest system. Please select option one or option two in order to successfully register @TimePay\$ as your TPA (third party administrator).

___ 1) I hereby authorize @TimePay\$ to assign themselves as the TPA (third party administrator) on my behalf to file and pay quarterly payroll taxes.

QUEST user name: _____

QUEST password: _____

Signature: _____ Date: _____

All lines must be completed in order to successfully register. If you do not know your user name and password or if you are not registered with the DUA please call them at 617-626-5075 to register

___ 2) I will register @TimePay\$ as my TPA (third party administrator).

- a. please go to the Quest website, www.mass.gov/uima
- b. click on employer login
- c. click on returning employer
- d. enter your username and password
- e. register @TimePay\$ as your TPA and enter the current date

Our TPA ID #: 100198

We are listed as: CEOS Corporation
11 Hillside Street
Milton, MA 02186

Please call us if you have any questions.