



New Client Information

Setup Date:	1st Check Date:
Sales Rep:	Prior Service Provider:

Company Information	Legal Name:		
	d/b/a (if any):		
	Address 1:		
	Address 2:		
	City:	State:	Zip:
	Primary Phone:	Primary Fax:	

Contact Information	Payroll Contact:	Title:	Phone:	Ext.
			email:	
	Contact 2:	Title:	Phone:	Ext.
			email:	
Contact 3:	Title:	Phone:	Ext.	
		email:		
Accountant:	Firm:	Phone:	Ext.	
		email:		

Co. Info	Bank Name:	aba#	Taxes	Dir Dep	
		Acct #:	Fees	Checks	
	Bank Name:	aba#	Taxes	Dir Dep	
		Acct #:	Fees	Checks	
			Circle all that apply		Electronic Signature (within box)

Agencies	1.	3.
	2.	4.

Delivery	Mail	Courier	Special Instructions:
	UPS	Pick-Up	
	Electronic		
	Other: _____		

Earnings	Reg, OT, Holiday, Other	_____
	Vacation, Personal, Sick	_____
	Bonus, 3rd Party Sick	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Special Instructions: (Non-Taxable earnings, etc)		

Deductions*	Miscellaneous	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
* Be sure to indicate if Pre-Tax, attached Agencies, etc.		
Special Instructions: (pension match rules, etc)		



SIGNATURE FORM

Company _____ Effective Date _____

In order for us to successfully scan a signature for check signing, please follow the guidelines below:

1. Sign the form twice. One in box #1 and then in box #2.
2. For best results, sign using a fine, felt tip marker.
3. Keep the signature COMPLETELY WITHIN the outside lines of the box. DO NOT allow the signature to touch the outside lines since they will be removed from the final image.
4. If using two signatures, please have both signatures on the same form.

Print Name of Signature

Print Name of Company

Bank Name For This Account

Bank Account # Using this Signature

Single Signature Box #1

Single Signature Box #2

Double Signature Box #1

Double Signature Box #2

Reporting Agent Authorization

► Information about Form 8655 and its instructions is at www.irs.gov/form8655.

Taxpayer

1 a Name of taxpayer (as distinguished from trade name)		2 Employer identification number (EIN)
1 b Trade name, if any		4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.)		5 Other identification number
City or town, state, and ZIP code		
6 Contact person	7 Daytime telephone number	8 Fax number

Reporting Agent

9 Name (enter company name or name of business)		10 Employer identification number (EIN)
MINT PAYROLL LLC		46-2303513
11 Address (number, street, and room or suite no.)		
1528 W WARM SPRINGS ROAD STE 120		
City or town, state, and ZIP code		
HENDERSON, NV 89014		
12 Contact person	13 Daytime telephone number	14 Fax number
SHERYL MOREHEAD	702-685-0899	702-685-7593

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>01/2020</u>	941	<u>01/2020</u>	940-PR	_____	941-PR	_____	941-SS	_____	943	_____
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>01/2020</u>	941	<u>01/2020</u>	943	_____	944	_____	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 JANUARY 1, 2018.

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 JANUARY 1, 2018.

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 JANUARY 1, 2019.

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



SERVICE AGREEMENT

- 1. TERM.** The initiation of direct deposit services by Mint Payroll LLC 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 Mint Payroll LLC's 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 AUTHORIZATIONS.** Mint Payroll LLC will process Client's payroll 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 MINT PAYROLL LLC'S SOLE OPTION, BE REQUIRED TO FUND PAYROLL FILE BY WIRE TRANSFER. CLIENT WILL BE RESPONSIBLE FOR PAYMENT OF WIRE TRANSFER CHARGES WHICH WILL BE ASSESSED BY CLIENT'S BANK. Mint Payroll LLC will, and Client hereby authorizes Mint Payroll LLC to, initiate debits or reverse wire transfers, as the case may be, to Client's bank account ("Client's Account") described in Mint Payroll LLC's Terms and Conditions prior to each payday 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 Mint Payroll LLC 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 Mint Payroll LLC. Client will indemnify and hold Mint Payroll LLC 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 Mint Payroll LLC may withdraw funds from Client's Account to process direct deposit payrolls; (b) input or report all relevant payroll data to Mint Payroll LLC no later than 2:00 p.m. Pacific Standard Time (PST) two banking days prior to each Paydate; (c) have available in Client's Account good, collected funds in an amount sufficient for Mint Payroll LLC to cover the debits initiated by Mint Payroll LLC 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 Mint Payroll LLC to Client's records and promptly notify Mint Payroll LLC of any discrepancies. Client and Mint Payroll LLC may agree to vary certain of these responsibilities depending on Client needs and circumstances.
- 4. DEFAULT; TERMINATION.** Mint Payroll LLC 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 Mint Payroll LLC or ODFI and/or its agent; (b) Client fails to pay any sum due to Mint Payroll LLC due hereunder or perform any obligation 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 Mint Payroll LLC that it is no longer willing to originate debits and credits for Client for any reason; (e) Mint Payroll LLC's agreement with ODFI and/or its agent is terminated. If Mint Payroll LLC terminates this Agreement, Mint Payroll LLC's obligation under this Agreement shall cease and Mint Payroll LLC's sole responsibility to Client shall be to return to Client any payroll funds then held by Mint Payroll LLC after the deduction of all fees and expenses due Mint Payroll LLC, ODFI and/or its agent.
- 5. LIMITATION OF LIABILITY.** Mint Payroll LLC'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 Mint Payroll LLC, 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 Mint Payroll LLC no later than one business day after the occurrence of such errors or omissions. MINT PAYROLL LLC 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 MINT PAYROLL LLC 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 MINT PAYROLL LLC'S BREACH OF THIS AGREEMENT, BREACH OF WARRANTY, ITS NEGLIGENCE OR THAT OF ITS AGENTS.

6. **INDEMNIFICATION; REIMBURSEMENT.** Client acknowledges that Mint Payroll LLC 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 Mint Payroll LLC, whether by electronic entry or wire transfer. Client promises to pay Mint Payroll LLC on demand the amount of any unfunded direct deposit file, with interest, and all Mint Payroll LLC or third party fees or charges including, without limitation, any debit returned to Mint Payroll LLC due to insufficient or uncollected funds or for any other reason. Should Client not reimburse Mint Payroll LLC for funds advanced by Mint Payroll LLC 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 Mint Payroll LLC 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 Mint Payroll LLC for the Services at the prices as may pertain from time to time and Mint Payroll LLC shall have the right to change this price list upon written notice to Client. Payments by Client shall be made on the terms set forth in Mint Payroll LLC's Terms and Conditions. Client agrees to reimburse Mint Payroll LLC for any and all expenses Mint Payroll LLC may incur, including interest and reasonable attorneys' fees, in taking action to collect any amounts due Mint Payroll LLC hereunder. Any credit earnings or interest earned on funds deposited Client with Mint Payroll LLC hereunder pending payment to Payee on respective Paydates will be for the benefit of Mint Payroll LLC.
8. **REFUND/ADJUSTMENTS.** Any refunds/adjustments will not be processed by Mint Payroll LLC until verification is available that good, collected and the final funds from Client are in Mint Payroll LLC's account.
9. **GENERAL TERMS.** (a) This agreement shall not be assigned by Client without the prior written consent of Mint Payroll LLC 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 Nevada.

MINT PAYROLL LLC

FOR: _____
Client

BY: _____
(Signature/date)

BY: _____
(Authorized Officer Signature/Date)

Tax Information Authorization

- ▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
- ▶ Don't sign this form unless all applicable lines have been completed.
- ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

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

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address	CAF No. _____ 0312-93788R
	PTIN _____ P00688522
	Telephone No. _____ 702-685-0899
	Fax No. _____ 702-685-7593
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT TAX / PAYROLL TAX	941, 940	2019-2024	ALL MATTERS

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. 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 ▶
 - Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
 - b If you don't want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, 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 and tax periods shown on line 3 above.

- ▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**
- ▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
Print Name	Title (if applicable)



Client ACH Authorization Form

Company Information

Client ID (if applicable): _____
 Legal Business Name: _____
 Trade Name: _____
 Type of Business: _____
 Tax ID/EIN #: _____
 Registered State: _____ State ID #: _____
 Business Address Line 1: _____
 Business Address Line 2: _____
 Business Address City: _____
 Business Address State: _____ Zip Code: _____
 Mailing Address same as Business Address?: Yes No
 Mailing Address Line 1: _____
 Mailing Address Line 2: _____
 Mailing Address City: _____
 Mailing Address State: _____ Zip Code: _____
 Listed Phone #: _____
 Website: _____
 Owner/Principal Name 1: _____
 Owner/Principal Title + % 1: _____
 Owner/Principal Name 2: _____
 Owner/Principal Title + % 2: _____
 Owner/Principal Name 3: _____
 Owner/Principal Title + % 3: _____
 Password: _____

Funding & Timing Options

Authorized Signature

By signing this Client Authorization Form, authorization is hereby granted to: MINT PAYROLL LLC and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information associated with the Authorized Account specified on this form.

I acknowledge that: MINT PAYROLL LLC shall utilize the services provided by NatPay for the purpose of transferring funds through the Automated Clearing House (ACH) in accordance to the rules of the National Automated Clearing House Association (NACHA), the laws of the State of Florida, and all applicable federal rules and regulations for various purposes that include, but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other applicable reason that the Company may desire to transfer funds electronically through the ACH system. All applicable transfers of funds shall also be in accordance with the Service Agreement signed by the Professional Payroll Processor (PPP) specified on this form. NatPay has no responsibility or ability to determine that the receiving bank or payee distributes funds accurately or as expected. The term of this Agreement shall be for one year, and is subject for review and acceptance each year thereafter. Any of the applicable parties may terminate this Agreement at any time upon written notice to the other applicable parties. This signed Client Authorization Form may be considered as an application for credit, and therefore authorizes the PPP specified on this form and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, and a Company's bank to verify status, history, and other applicable credit information.

Company Manager Name (Please print.)

Company Manager Title

Company Manager Signature

Date

022619A

Transmission Reports

Email Address 1: NA
 Email Address 2: NA
 Report Type: HTML PDF Encrypted PDF:
 Encrypted PDF Password: NA

PPP Information

PPP Name: MINT PAYROLL LLC
 PPP Account #: _____
 Fees Charged To: PPP Client
 Pennies Challenge Waived: Yes No (if applicable)
 In-Person Contact Made with Client: Yes No
 Live Processing Date: _____

Business Account for ACH Transactions

Bank Name: _____
 Routing/Transit #: _____
 Business Account #: _____
 Account Type (Include copy of voided check.): Checking Savings

Business Account for Tax Payments (if applicable)

Business Account Above Business Account Below:
 Bank Name: NA
 Routing/Transit #: NA
 Business Account #: NA
 Account Type (Include copy of voided check.): Checking Savings