

Tax Deposit Frequency Authorization

Client Name: _____

For Lookback Period: _____ (Quarters 3, 4 of _____ and Quarters 1, 2 of _____).

Example: The Lookback Period for **1999** is Quarters 3, 4 of **1997** and Quarters 1, 2 of **1998**.

Employers must pay their payroll taxes on a Next Day, Semi-Weekly or Monthly basis. To determine your tax deposit frequency, the IRS uses your tax liability incurred during the four-quarter lookback period (see example above). For instance, if your liability equaled or exceeded \$50,000 during the lookback period, then you are a Semi-Weekly Depositor. If your liability was less than \$50,000 during the lookback period, then you are a Monthly Depositor. The only exceptions to this determination are previously required next day tax deposits (i.e., a deposit exceeding \$100,000), or if your taxes were previously paid on a semi-weekly basis. Either exception would cause an automatic Semi-Weekly Depositor status.

Before Executive Payroll Solutions, Inc. can process your payroll, we must know your correct deposit frequency. As such, you must provide us with the necessary documentation, initial the appropriate section, and sign below. If you are unsure of your deposit frequency, we suggest you consult a qualified tax professional. Please note that unless a section is initialed below and this form is properly signed at the bottom, our system will automatically process your payroll as a Semi-Weekly Depositor.

ONLY INITIAL THE ONE BOX THAT APPLIES TO YOUR COMPANY

Semi-Weekly:

_____ I. I either do not meet any of the conditions noted in boxes II through V below, or I previously deposited payroll taxes other than as a Monthly Depositor. As such, we qualify as a Semi-Weekly Depositor.

Monthly With Lookback Documentation:

_____ II. I am providing copies of our 941s from the lookback period. Since our tax liability during that period was less than \$50,000 and we have never deposited taxes differently, we qualify as a Monthly Depositor.

Monthly With IRS Letter:

_____ III. I am providing a copy of our current Federal Tax Deposit Requirements letter from the IRS. It states that we may follow the monthly rule for our tax deposits and we have not deposited taxes differently.

Monthly -- New Business:

_____ IV. I started my business during the following month _____ and year _____, and therefore do not have all of the 941s to meet the lookback requirements. I am providing any 941s that do apply. Since our tax liability during that period was less than \$50,000 and we have not deposited taxes differently, we qualify as a Monthly Depositor. (A copy of a completed SS-4 must be attached).

Monthly Without Lookback Documentation:

_____ V. I do not have the necessary documentation to prove that I am a Monthly Depositor, however, I know my tax liability falls within the guidelines set forth by the IRS.

By signing this authorization, I request Executive Payroll Solutions, Inc to assign the above initialed deposit frequency status to the company identified below and, as such, I will not hold Executive Payroll Solutions, Inc., or any of its agents, responsible for any tax penalties incurred due to an incorrect deposit frequency status.

Printed or Typed Name and Title

Company Name as Registered With the IRS

Signature (must be authorized to sign for the company noted above)

Date

Federal ID Number (EIN)