



## Service Agreement

This Payroll Service Agreement (the "Agreement") (Rev. 5/16) is made and entered into by and between the business named below ("Company") and SurePayroll, Inc., a Delaware corporation with offices at 2350 Ravine Way, Suite 100, Glenview, IL 60025 ("Provider"). This Agreement contains the terms and conditions that govern the use of, and the terms and conditions upon which Provider will provide to Company, certain payroll processing, payroll tax service and other related payroll services (collectively the "Services"). The Services may be accessed via Provider's Internet Website through [www.surepayroll.com](http://www.surepayroll.com) ("Website") or by means of an application on an electronic communications device ("App") through which the Services may be accessed (the Website or App at which the Services are offered is referred to as the "Service Site").

### Company Information

Company's Legal Name OBLMFGJE

Business Address 100 Melrose Ave E ste 017-1101

City Seattle State WA Zip 98104

Company DBA (Doing Business As) Data Protection Officer Federal Employer ID 83-1427324

Please select one: Company is a ☐ Sole Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Non Profit  
☐ Corporation ☐ Limited Liability Company ☒ Other Corporation

Authorized Officer's Name Matthew Sauls Title Owner

Email Address liskwasi@gmail.com Phone Number 206-414-8652

Social Security # 533-08-4743 Fax Number \_\_\_\_\_

Company agrees that Provider is not rendering legal, tax, accounting, or investment advice in connection with the Services, nor is Provider a fiduciary of Company, a fiduciary of any Company benefit plan offered for the benefit of Company's employees, or the employer or joint employer of Company's employees. Provider will not be responsible for Company's compliance with, nor will Provider provide legal or other financial advice to Company, with respect to federal, state, or local statutes, regulations, or ordinances, including, but not limited to, the Fair Labor Standards Act or any wage and hour laws. Company agrees to comply with any and all applicable federal, state, and local laws or ordinances.

Company represents and warrants that it possesses full power and authority to enter into this Agreement, and has read and agrees to the terms and conditions set forth in section 1- 19 of this Agreement. Company has caused this Agreement to be executed (by signature, electronic signature or by clicking to approve) by the individual listed below, and by execution hereof (whether by signature, electronic signature, or by clicking to approve), such individual represents that he or she has the authority to execute this Agreement on behalf of Company and bind Company to this Agreement.

Company understands that this Agreement may be considered an application for credit and hereby authorizes Provider to investigate and verify the identity, bank account and credit of the Company and/or its principals, including vendor references, bank account and funding status, and history (collectively "Company's Credit"). Provider's performance of the Services under this Agreement is subject to approval of Company's Credit. Company acknowledges that Provider may engage a third party to investigate Company's Credit and authorizes Provider to share with the third party any Company data, including Company Confidential Information, as may be needed to investigate Company's Credit. Company further agrees that Provider is not liable for the actions or inactions of such third party, including but not limited to any unauthorized use or disclosure of Company data.

DocuSigned by:

Matthew Sauls

Authorized Officer's Signature

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Date 2/26/2019

**1. SERVICES.** Provider will provide Company the Services in accordance with this Agreement. A minimum of five (5) business days before the initial payroll processing date, Company shall submit the completed and executed documents Provider requires for providing the Services, which documents shall include any federal, state or local powers of attorney required by Provider, all local, state, or federal tax identification numbers for payroll taxes to be processed through Provider, Company account information and any additional information requested by Provider. Company acknowledges that Provider may be required to obtain documents necessary to verify the identity of Company pursuant to applicable federal and/or state statutes or regulations. Subsequent to the initial payroll processing, Company will complete and execute any renewals, amendments or replacements of the aforementioned documents which Provider deems necessary. Provider will not commence any of the Services until Provider receives all documents necessary to begin each of the Services and notifies Company of the date Provider will commence each of the Services ("Service Effective Date"). Company acknowledges that each of the Services may have separate Service Effective Dates. **Until the Service Effective Date, Company will continue to provide for itself the Services requested of Provider. Except as specifically set forth herein, Provider assumes no responsibility for Services prior to the Service Effective Date or for Services declined by Company.**

**2. TAX SERVICES.** In order for the Services to be instituted, Company must submit accurate wage and payroll information to Provider during the enrollment process which includes, but is not limited to, that which is used to calculate and pay employee payroll, track Company-defined employee benefits, pay payroll taxes to applicable taxing agencies in compliance with the laws and regulations of such taxing agencies, produce payroll tax returns and W-2 statements and print checks on Company's account (if applicable) ("Payroll Information"). Payroll Information must be reconciled by the Company with Company's payroll tax returns for the current calendar year and Company's wage and payroll tax information for the current quarter. Thereafter, Company shall timely and accurately (a) update all Payroll Information as necessary to reflect changes and (b) respond with additional information requested from time to time by Provider. It is Company's responsibility to timely submit complete and accurate information to Provider in connection with the Services. Any penalty or interest incurred due to inaccurate or untimely information provided by Company will be the sole responsibility of Company. Company further agrees to hold Provider harmless from such liability. Provider, at its option, may decide not to file Company's payroll tax returns, pay Company's payroll taxes or otherwise process Company's payroll if there are any unresolved problems with any information requested by Provider or submitted by Company.

- A. Company will deposit immediately any FICA, Federal, State and Local withholding liabilities incurred to date (before commencing the payroll processing with the Provider).
- B. Company will submit any payroll returns to tax agencies (state, federal, and/or local) that are now due or will be due prior to the Service Effective Date.
- C. Company will cancel any prior payroll service or leasing agency and inform them how to handle the taxes according to this documentation (described in A and B above).
- D. Company will request a refund of withheld but un-deposited FUTA (federal unemployment) and SUI (state unemployment) for the current quarter.
- E. Company will notify Provider immediately of any deposited current quarter FUTA and/or SUI.
- F. Effective with the first check date, Provider will assume responsibility for payment of Company's FUTA and SUI liabilities incurred in the calendar quarter of the first check date. Provider's responsibility is contingent upon Provider successfully collecting funds required for payment of Company's FUTA and SUI liabilities from Company. Provider will debit the Company's account with the first payroll processing for FUTA and SUI liabilities incurred in the current quarter previous to the first check date with the Provider. The debit amount will be calculated based on the current quarter wage detail provided by the Company during implementation.
- G. Company acknowledges that it is obligated to timely provide Provider with (i) accurate employer identification numbers ("EIN") for all taxing authorities (federal, state and/or local) for payroll taxes to be processed through Provider ("Payroll Taxes"); and (ii) copies of all tax notices or other communications from all taxing authorities regarding Payroll Taxes ("Tax Notices"). Provider will commence collection of funds for the payment of Payroll Taxes as of the first check date but is not responsible for remittance of Payroll Taxes or associated Payroll Tax returns until a reasonable time after accurate EIN information is received. Company is subject to additional Fees for payrolls processed without accurate EIN information and is subject to termination for cause if accurate EIN information is not received within thirty (30) days of the Service Effective Date. Provider is not responsible for any penalties, interest, late payment and/or other damages resulting from Company's failure to timely provide accurate information and/or Tax Notices for Payroll Taxes.

**3. LIMITED SOFTWARE LICENSE.** During the term of this Agreement, Provider hereby grants Company a limited, nonexclusive, royalty free license to access (through Provider's Service Site only) and utilize Provider's application service provider software (the "Software") solely for the purpose of facilitating Provider's collection of the Payroll Information and other information Provider needs to furnish Services to Company. Provider will not transfer legal title or physical possession of any Software to Company. The parties acknowledge that the Software is of no intrinsic value to Company, and no portion of any of the Fees related to the Services or charges paid by Company to Provider hereunder shall be treated as a royalty for the limited license that Provider is granting to Company hereunder.

**4. CONFIDENTIALITY OF SOFTWARE.** Company acknowledges that the Software contains valuable trade secrets and confidential information owned by Provider or third parties (collectively "Confidential Information"). Company agrees that Company, its employees, and its agents will not, directly or indirectly (i) sell, lease, assign, sublicense, or otherwise transfer; (ii) duplicate, reproduce or copy; (iii) disclose, divulge, or otherwise make available to any third party; (iv) use, except as authorized by this Agreement; (v) decompile, disassemble, or otherwise analyze for reverse engineering purposes the Software or Confidential Information; or (vi) download any Software or Confidential Information onto Company's servers, to duplicate or make copies of any Software, or to use the Software for any purpose other than as described in this paragraph. Company will take appropriate action with Company's employees and agents to satisfy its obligations under this Agreement with respect to the use, protection, and security of Confidential Information. Company will notify Provider immediately of any unauthorized use or disclosure of Confidential Information and will cooperate in remedying such unauthorized use or disclosure.

**5. COPYRIGHT.** Provider owns all rights, title and interest, including but not limited to, copyright, patent, trade secret, and all other intellectual property rights, in the Software and any changes, modifications, or corrections to the Software. If Company is ever held or deemed to be the owner of any copyright rights in the Software or any changes, modifications, or corrections to the Software, Company hereby irrevocably assigns to Provider all such rights, title, and interest. Company agrees to execute all documents necessary to implement and confirm the letter and intent of this section. Company warrants to Provider that it (i) has title or is authorized to use any symbol, logo, or mark uploaded by Company or Company's agents or printed on Company's checks (collectively "Company Material"); and (ii) has full right and authority to use Company Material, and such use does not violate any other party's rights.

**6. ACH ORIENTATION.**

- A. Company will provide Provider with all necessary Company Information pertaining to paying Company's employees at least (2) banking days prior to payroll check date. Company acknowledges that Company is responsible for any delayed remittance of wages, taxes, and additional processing Fees incurred as a result of its failure to provide Company Information timely.
- B. On or before Company's payroll direct deposit, payroll tax deposit, check date or other applicable due date, Company will approve, release, cancel, amend and/or submit Payroll Information ("Payment Order") to Provider thereby authorizing Provider to create and transmit ACH credit or debit entries ("Entry" or "Entries") necessary to process the Payment Order. Company authorizes Provider to process Electronic Funds Transfer transactions ("EFT") for such amounts as are necessary to pay (i) direct deposits and payroll taxes that are specifically identified on the Payroll Preview Summary; (ii) any fees or charges associated with the Services ("Fees"); (iii) any debit, correcting or reversing Entry initiated pursuant to this Agreement which is later returned to Provider; and (iv) any other amount that is due and owing under this Agreement or in connection with the Services (collectively, "Amounts Due"). Amounts withdrawn will be held by Provider in one or more account(s) ("Payroll Tax Account") until such time as those payments are due, and no interest will be paid to the Company on these amounts.
- C. For all EFTs required by this Agreement, Company (i) will execute all documentation needed by Provider to originate EFTs and to verify availability of funds in Company's bank account and (ii) agrees that the funds representing the Amounts Due will be on deposit in Company's bank account in collectible form and in sufficient amount on the day Provider's EFT is to be presented ("Funding Deadline"). All EFTs are performed in compliance with the National Automated Clearing House Association operating rules ("NACHA"). Company agrees (i) to follow NACHA, as they are amended from time-to-time and assumes the responsibilities of an initiator of EFTs; (ii) that it will not initiate any EFT that violates any law; and (iii) that Provider may identify Company to banks involved in the EFT. Company further agrees that it will notify Provider, pursuant to applicable NACHA and federal regulations, if funding for Company's payroll is received from a foreign financial agency and of any employees with non-U.S. addresses.
- D. Provider may reject any Payroll Information or Payment Order which does not comply with the requirements of this Agreement or NACHA or with respect to which Company's Account does not contain sufficient available funds to pay for the Entry. Provider will have no liability to Company by reason of the rejection of any Payroll Information or Payment Order. If Company requests that Provider repair an Entry on Company's behalf, Provider may endeavor to do so; provided, however, that Provider will not be liable either for making the requested repair or for its failure to make any requested repair.
- E. Company will have no right to cancel, amend or reverse an Entry or Payment Order received by Provider after it has been approved by Company's Payroll Approver and submitted to Provider. However, if Company's request to cancel, amend or reverse an Entry or Payment Order complies with the security procedure, Provider may use reasonable efforts to act on it but will have no liability if the cancellation, amendment or reversal is not effected. Company will reimburse Provider for any expenses, losses or damages Provider may incur in effecting or attempting to honor Company's request.
- F. Provider will process the Payment Order and Entries in accordance with its then current processing schedule, provided (i) the Payment Order is approved by Company and received by Provider no later than Company's applicable cut-off time on a business day and (ii) the ACH Operator is open for business on that business day. If Provider receives approved Payment Order after Company's cut-off time, Provider will not be responsible for failure to process the Payment Order on that day. If any of the requirements of clause (i) or (ii) of this Subsection are not met, Provider will use reasonable efforts to process the Payment Order and transmit the Entries to the ACH Operator with the next regularly scheduled file created by Provider which is on a business day on which the ACH Operator is open for business.
- G. Company expressly acknowledges that Provider does not intentionally or knowingly engage in or support International ACH Transactions ("IATs"), as defined in NACHA. Company represents and warrants that (i) the direct funding for the Entries originated by Provider on behalf of Company does not come from or involve a financial agency office that is located outside the territorial jurisdiction of the United States; (ii) Company will not instruct Provider to create, originate or transmit Entries that are IATs or Entries using a Standard Entry Class Code (as defined in NACHA) other than IAT if such Entries are required to be IATs under NACHA; and (iii) Company will not engage in any act or omission that causes or results in Provider creating, originating or transmitting an IAT or a payment that should have been categorized as an IAT pursuant to NACHA. Provider may, in its sole discretion, temporarily or permanently suspend providing the Services to Company, without liability, if Provider has reason to believe that Company has breached any of foregoing representations and warranties in this paragraph. Company shall indemnify and hold harmless Provider from any losses incurred by Provider in connection with Company's breach of the foregoing representations and warranties in this paragraph.

**7. PAYMENT BY WIRE TRANSFER OR OTHER METHOD.** Provider may require payment of Fees or Amounts Due through a wire transfer or other method. If required, Company agrees to provide Provider with all information necessary to confirm receipt of the payment prior to the Funding Deadline. Company acknowledges that Company is responsible for any delay in remittance of wages or taxes if Provider is unable to confirm receipt of funds prior to the Funding Deadline.

**8. REFUND/ADJUSTMENT/OVERPAYMENT/COMPANY DEFAULT**

- A. If Company does not have sufficient funds in Company's Account to pay Amounts Due under this Agreement at the time required, or if Company refuses to pay, Provider may (i) debit the Payroll Tax Account or any account at Company's financial institution or any Affiliate owned in whole or in part by Company to pay Amounts Due, (ii) refuse to pay any unremitted payroll taxes, in which case the payroll tax liability will become the sole responsibility of Company, (iii) refuse to perform further services, (iv) immediately terminate this Agreement without notice and declare all Amounts Due immediately due and payable, (v) assess insufficient funds Fees, (vi) apply any balances it is holding for Company, including, but not limited to, unremitted payroll taxes, to Amounts Due owed to Provider or its affiliates, and/or (vii) initiate an EFT to Company's bank account for any past due Amounts Due. Company acknowledges that Company is responsible for any delay in remittance of wages, garnishments, or taxes if Provider is unable to confirm receipt of funds prior to the Funding Deadline.
- B. Company agrees to promptly reimburse Provider for all advances or overpayments made by Provider and to pay interest on the advances and/or all past due Amounts Due at a rate of 1.5% per month (18% per annum) or the maximum allowable by applicable law, until paid. Company is responsible for the costs of collection of Amounts Due including, but not limited to, attorneys' fees and costs. Provider may, in its sole discretion, commence an action within the County of Monroe, State of New York, or in any other court of competent jurisdiction for any monies due and owing from Company to Provider.
- C. In the event Provider remits an overpayment of payroll taxes, Provider may, at its sole discretion, advance funds to Company. In the event Provider advances overpayment funds to Company, Company agrees that it will reimburse Provider for the overpayment within the sooner of five (5) days of (i) receiving the overpayment amount from the taxing authority; (ii) being notified that the overpayment amount will be applied to an outstanding tax liability of Company; or (iii) the Agreement is terminated by either party.

- 9. SERVICE FEES AND CHARGES.** Company agrees to pay Provider for the Services in accordance with the Fees set forth in the fee schedule which is accessed by logging into Company's payroll application by means of the Website or App ("Fee Schedule"). Company will also reimburse Provider for sales, use and similar taxes arising from this Agreement that federal, state or local governments may impose.
- 10. CHANGES TO THE SERVICES.** Provider reserves the right to change the terms, conditions, and Fees for the Services at any time. Provider will endeavor to, but shall not be obligated to, provide thirty (30) days prior notice of any material change, including Fees. Notice may be provided in writing, electronically or via the Website or the display accessible by means of the App. If Company does not wish to be bound by such change, it may discontinue using and terminate the Services before the change becomes effective. If Company continues to use the Services after the change becomes effective, it will be bound by the change. Company has the responsibility to assure that Company's address, including any electronic address(es), and account information in Provider's records is accurate. The timing of an advance notice of change may be shortened when permitted or required by law.
- 11. VERIFICATION OF DATA.**
- A. Provider will notify Company via electronic communication or by other means when all data necessary to begin the Services has been received, the enrollment process has been completed and of the Service Effective Date. Company shall then, prior to submitting its first payroll, review for completeness and accuracy all Payroll Information posted for Company's review on the specified portion of the Service. Company must correct incorrect or missing Payroll Information, either by itself or by notifying Provider in the manner and time period specified in the electronic communication. Company shall be fully responsible for the accuracy of all information supplied by it and/or approved by it at any time, including, without limitation any IRS or other penalties and/or interest arising therefrom.
  - B. Company agrees that by submitting each payroll (including the first payroll), Company has: (i) reviewed and approved all Payroll Information, (ii) represented and warranted to Provider that no Payroll Information submitted to Provider will result in Entries that would violate the sanctions program of the Office of Foreign Assets Control of the U.S. Treasury or any other applicable laws or regulations, (iii) waives and releases any claim against Provider arising out of any errors in the Payroll Information which Company has not itself corrected or has not requested Provider to correct, and (iv) understands and acknowledges that Provider may rely upon the Payroll Information provided and that Provider will not be responsible for errors that result from provider's reliance on Company Information. Company acknowledges that any subsequent request for corrections will be considered special handling and additional Fees may be charged. Final audit responsibility rests with Company and Provider will not have any responsibility for verifying the accuracy of any Payroll Information or other data Company provides or directly inputs via the Service Site or any other method.
- 12. SECURITY PROCEDURE.**
- A. Company will designate and authorize one or more individual users of the Services with authority to act on behalf of and to bind the Company ("Payroll Contacts"). The Payroll Contacts will access the Services by, at a minimum, entering a confidential user ID and password created by the Payroll Contact in accordance with Provider's instructions. Company will determine the scope of each Payroll Contacts' authority. At least one Payroll Contact will have authority to approve, release, cancel, amend, and/or submit Payroll Information and Payment Orders.
  - B. Company acknowledges that any Payroll Information, Payment Orders or other instructions or information ("Company Information") communicated to Provider by telephone, electronic mail, facsimile, through the Service Site, or other means of communication will be deemed to have been fully authorized by Company and Company shall be fully responsible for the accuracy of such Company Information. Notwithstanding such deemed authorization, Provider may in its sole discretion refuse to accept or act upon any such instructions.
  - C. Company is solely responsible for timely advising Provider, in writing, of any change in Payroll Contacts. Provider will have a reasonable time after receipt of notice to act on it.
  - D. Provider will not be responsible for errors that result from Provider's reliance on Company Information or Payment Orders received and verified by Company.
  - E. Any person identified by Company in this Agreement as a Payroll Contact, via the Service Site or in any certification, notice or other communication delivered to Provider may receive information, communications and notices regarding the Services, and is authorized to transact all business, make all agreements and sign and deliver all documents in connection with the Services.
  - F. Provider may rely on the bank account number and/or the identification number of the financial institution set forth in a Payment Order and shall not be obligated to verify the name associated with it. Provider may in its sole discretion refuse to accept or may return any Payment Order.
  - G. Company is solely responsible for (i) safeguarding all of Company's passwords, usernames, logins or other security features used to access the Services; (ii) Company's use of its account under any usernames, logins or passwords, (iii) ensuring that the use of Company's account complies fully with the provisions of this Agreement, and (iv) any unauthorized access, or use, of Company's account caused by Company's actions or inactions, including, without limitation, its failure to safeguard account access. Company agrees to immediately notify Provider of any actual or suspected unauthorized use of its account, and acknowledges that Company is responsible for damages resulting from Company's failure to timely notify Provider. Provider reserves the right to prevent access to the Services should Provider have reason to believe the confidentiality of the security procedure or the confidentiality of the user IDs and passwords have been compromised. Company acknowledges and agrees that Provider is not liable to Company, Company's employees or any other third-party for any consequences, losses, or damages resulting from unauthorized access or use of Company's account as set forth in this section.
  - H. Company acknowledges that Provider has implemented the security procedures described above for the purpose of verifying the authenticity of Payment Orders, and not for the purpose of detecting errors in Payment Orders. Company has reviewed various security procedures including the foregoing and has determined that the security procedures designated above constitute a commercially reasonable method of providing security against unauthorized Payment Orders which meets Company's requirements, given the size, type and frequency of the Payment Orders it will issue to Provider. Company is solely responsible for implementation of an information security program appropriate to safeguard account access and which is consistent with all applicable federal, state and/or local statutes or regulations.
- 13. TERM; TERMINATION.** Subject to Company's compliance with the terms of this Agreement and satisfactory completion of the enrollment process, Provider will commence provision of the Services to the Company on or after the Service Effective Date. Provider may, at its discretion, decline to offer the Services to Company in the event that the enrollment process is not satisfactorily completed, Provider is unable to verify satisfactory credit of the Company and/or its principals, as set forth in paragraph 2.G, or for other lawful business reasons. The Services will continue until such time as Company or Provider gives thirty (30) days' prior written notice, unless Provider terminates for cause. Provider may immediately terminate this Agreement if (i) Provider, in its sole discretion, determines that a material adverse change has occurred in the financial condition of Company; (ii) Company fails to have sufficient funds on the Settlement Date; (iii) Provider determines, in its sole discretion, that any federal, state or local legislation, regulatory action, or judicial decision adversely affects its interests under the Agreement; (iv) Company is in violation of a material provision of the

condition of this Agreement; (vi) Company misrepresents any data or information required by Provider in connection with the Services or at any other time; or (vii) Company becomes subject to receivership, bankruptcy or is insolvent. The termination of the Services or this Agreement will not affect Company's or Provider's rights with respect to transactions which occurred before termination or Company's payment obligations of Fees and/or Amounts Due.

**14. GOVERNING LAW AND ARBITRATION.** The Agreement and all aspects of the relationship between Provider and Company shall be governed exclusively by the laws of the State of Illinois without regard to, or application of, its conflict of laws, rules, and principles, except for the arbitration agreement contained herein which shall be governed exclusively by the Federal Arbitration Act, 9 U.S.C. section 1 et seq. (the "FAA"). Except as provided herein, any dispute arising out of, or in connection with, the Agreement will be determined only by binding arbitration in Chicago, Illinois, in accordance with the commercial rules of the American Arbitration Association. Arbitrable disputes include, without limitation, disputes about the formation, interpretation, applicability, or enforceability of this Agreement. A separate neutral arbitrator who shall be a practicing attorney or retired judge having experience with and knowledge of payroll and online commerce law must be selected and appointed for each dispute. Any dispute arising under the Agreement will be brought within two (2) years of when the claim accrued. The arbitrator will not be authorized to award exemplary or punitive damages, or any damages excluded in the Limit of Liability provision. The arbitrator will follow the law and will give effect to any applicable statutes of limitation. The parties agree that the prevailing party in arbitration, and any subsequent judicial proceeding to enforce an arbitration award, will be awarded costs and attorneys' fees (including in-house counsel fees) and that an arbitration award may be entered as a judgment in any court having jurisdiction over either party to the Agreement. The parties will not be permitted to bring, or participate in, and the arbitrator will not have any authority or jurisdiction to hear or decide, any claims brought as any type of purported class action, coordinated action, aggregated action, or similar action or proceeding. Each party must only bring claims against each other in their individual capacity.

**15. LIMIT OF LIABILITY.** Provider's sole liability and Company's sole remedy for Provider's breach of the Agreement shall be (i) Provider will remit to the appropriate payee the funds received from Company and/or (ii) Provider will reimburse Company or pay directly to the appropriate taxing authority any penalties resulting from Provider's breach. Provider can only be held liable for breach of the Agreement and will not be held liable for (i) any negligent act or omission by Provider; (ii) the negligence of any other person or entity, including, but not limited to, Company and its employees or agents, or any person or entity that provides services in connection with or as a result of Provider's performance of its obligations under the Agreement; (iii) any loss, claim or expense arising from any information provided or modified by Company; or (iv) Company's breach of NACHA. Provider will, under no circumstances, be liable for any special, indirect, incidental, consequential, or punitive damages, including lost profits incurred by Company pursuant to this Agreement or by the transactions contemplated by it, however caused, on any theory of liability (including contract, tort, or warranty), or as a result of Provider's exercise of its rights under the Agreement, even if Provider has been advised of the possibility of such damages. Except as provided above, in no event will Provider's or any other Indemnified Party's liability for any act or omission relating to the Services exceed the total charge for services provided for the six (6) month period immediately preceding such act or omission by the Provider.

**16. INDEMNIFICATION.** Company will indemnify, defend and hold Provider and its respective officers, directors, affiliates, and employees harmless from any and all claims, costs, attorneys' fees (including in-house counsel fees), and expenses resulting from or arising in connection with (i) a Company default; (ii) the use, misuse, reproduction, modification, or unauthorized distribution of Software; (iii) Company's breach of NACHA; or (iv) Company's breach of any warranty set forth in the Agreement.

**17. COMPANY CONFIDENTIAL INFORMATION.** "Company Confidential Information" will mean all information disclosed or otherwise made available by Company to Provider that is marked confidential or is of the nature that a reasonable person would identify it as being confidential, and the name, social security number, date of birth, address, bank, and/or wage information of Company and Company's employee provided to Provider by Company. Provider will use reasonable care to prevent the disclosure of such Company Confidential Information to any unauthorized person or entity. Provider may disclose Company Confidential Information to its employees, affiliates, subsidiaries, agents, and contractors to (i) perform or offer Services; (ii) offer additional products or services; (iii) integrate third-party services into the Services; (iv) perform analysis to determine Company's qualification to receive services; and (v) collect Amounts Due, and may disclose Company's payment experiences with Provider to credit reporting agencies and supply vendor references on Company's behalf. Provider may also disclose Company Confidential Information (i) to its attorneys, accountants, and auditors; and (ii) pursuant to federal, state, or local law, regulation, court order, legal process, or governmental investigation. In the event of any compromise or security breach resulting in the disclosure or possible disclosure of Company Confidential Information, Provider will notify Company as legally required of such compromise or breach. The obligations set forth in this section will not apply to any Company Confidential Information that (i) Company has agreed is free of any nondisclosure obligations; (ii) at the time of disclosure was free of any nondisclosure obligations; (iii) is independently developed by Provider or that Provider lawfully received, free of any nondisclosure obligations, from a third party having the right to furnish such Company Confidential Information; (iv) is or becomes available to the public without any breach of this Agreement or unauthorized disclosure; or (v) Provider, its employees and agents release based on a reasonable belief that Company has consented to such disclosure. Company acknowledges and agrees that to the extent Company was referred to Provider by a third party, Provider may disclose statistical information regarding the Company's use of the Services to such third party and its affiliates for marketing and analysis purposes.

**18. THIRD-PARTY SERVICES.** At Company's option, Company can integrate certain third-party services into the Services. These third-party services are not provided by Provider. Company agrees to hold harmless and release Provider from any liability relating to Company's use of third-party services or integration of the Services with third-party services. Company's ability to use third-party services may be limited according to the third-party's terms and conditions. When Company integrates with a third-party service, Company authorizes Provider to share any Company data, including Company Confidential Information, as may be needed by the third-party to provide the third-party services. Provider is not liable for any disclosure of Company Confidential Information by any such third-party. If Company does not opt to integrate third-party services into the Services, the provisions of this Section shall not apply.

**19. GENERAL TERMS AND CONDITIONS.**

- A. To assure that Company's inquiries are handled promptly, courteously and accurately, Provider may monitor and/or record telephone conversations and electronic communications between Company and Provider without additional prior notification to Company or Company's employees, and Company will so advise Company's employees who communicate with Provider by telephone or electronic means.
- B. Neither use of the Services nor anything contained in this Agreement relieves Company of Company's obligations under federal or state laws or regulations to retain records relating to the data contained in Provider's files.
- C. This Agreement, the documents set forth in Section 1, the Fee Schedule, any user guides (online or otherwise) and any addendum to this Agreement (hereinafter called "Contract Documents") constitute the entire agreement between Provider and Company regarding the Services and supersedes all previous understandings and agreements between the parties for the Services provided, whether oral or written. Neither

Party shall be responsible for any delay or failure in performance of the obligations specified in the Agreement due to causes beyond the party's reasonable control. Company acknowledges that there have been no representations or warranties made by Provider or Company that are not set forth in the Contract Documents.

- D. Provider may at any time use agents, affiliates and/or independent contractors ("Contractors") to process Entries or provide all or any portion of the Services. Provider will be responsible for the acts and omissions of its Contractors in the same manner as if Provider had performed the portion of the Services itself and any claims against its Contractors or Provider (with respect to the acts or omissions of its Contractors) shall be subject to the limitations of liability set forth in Sections 2 and 18D above to the same extent as if Provider had performed the portion of the Services itself. However, Provider will not be deemed to be the agent of, nor responsible for the acts or omissions of any other person or entity, including, without limitation, any Federal Reserve Bank, ACH, Internet service provider or transmission or communications facility, any receiver or receiving depository financial institution (including, without limitation, the return of an Entry by such receiver or receiving depository financial institution), and no such person shall be deemed Provider's agent.
- E. Company is solely responsible for the maintenance and routine review of computing and electronic system usage records (i.e. log files) and the security of its own data, data storage, computing device(s), other electronic systems, and network connectivity. Company will, at its own cost and expense, obtain, install and, at all times during its utilization of the Services, maintain in good working order all software, hardware and other equipment necessary for it to perform in accordance with this Agreement. In the event of any failure of such software, hardware or other equipment, Company will deliver to Provider all data which it would otherwise have provided that is necessary for Provider to perform Provider's obligations in connection with the Services. Provider is not liable for any damages caused by Company's breach of any portion of this provision.
- F. Sections 1-19 will survive termination of the Services.
- G. **Assignment.** Company shall not assign this Agreement without the prior written consent of Provider. The provisions of this Agreement shall inure to the benefit of, and be binding upon, the parties and their respective successors and permitted assigns. Provider may assign this Agreement at any time in its sole discretion.
- H. **Electronic Transmission.** This Agreement, and any amendments hereto, by whatever means accepted, shall be treated in all manner and respects as an original contract and shall be considered to have the same binding legal effect as if it were an original signed version thereof delivered in person. At the request of Provider, Company shall execute or re-execute original forms of this Agreement and shall deliver them to Provider. Neither party hereto shall argue that a contract was not formed hereunder based on either (i) the use of electronic means to deliver a signature or to indicate acceptance of this Agreement or (ii) the fact that any signature or acceptance of this Agreement was transmitted or communicated through electronic means; and each party forever waives any related defense.
- I. **Further Assurances.** Company agrees to do such further acts and things, and to execute and deliver such additional documents agreements and instruments, as Provider may at any time and from time to time request in connection with the administration of the Services and with the administration or enforcement of this Agreement.

This form must be completed exactly as required by the IRS.

Refer to the following documentation for taxpayer name and federal identification number as registered with the IRS:

- Preprinted IRS document within two (2) years of enrollment date
- IRS mailing label
- Copy of completed Form SS-4 filed with the IRS within the past three (3) months
- Copy of TEL-TIN
- CP575, "We assigned you an Employer Identification Number" notice
- Quarterly report prepared by an automated filing service within two (2) years of enrollment date

### How to Complete the Reporting Agent Authorization

- Use black or blue ink.
- Use only capital letters and valid characters defined in Item 4.
- Keep all printing within the boxes.
- Do not make any stray marks on this form.
- Print legibly. Use one character per block.

Marking Example:

I	A
---	---

5	2	4	7	1
---	---	---	---	---

Item	Description
1. Employer identification number	Enter taxpayer business nine-digit Employer Identification Number (EIN).
2. Other identification number	Enter state identification number.
3. If you are a seasonal employer, check here...	Check this box if taxpayer's business is seasonal or intermittent and there are quarters during the calendar year for which the taxpayer will not pay wages.
4. Name of taxpayer (as distinguished from trade name)	Enter the taxpayer's legal name (Sole Proprietor/Owner, Estates, Partnerships, Corporation, or Trust and Fiduciary name). This must match the name on IRS records. Do not abbreviate or omit spaces. Do not use the word "The" as the first word unless it is followed by only one other word. Include legal/formal suffixes with individual names (for example, LLC, MD, PHD, CPA, Jr, Sr, III, etc.). <ul style="list-style-type: none"> <li>• Valid characters are A-Z, 0-9, ampersand, hyphen, and only one blank space between each word. Any other punctuation, such as a comma, period, number sign, or apostrophe, and multiple blanks are invalid.</li> <li>• If a partnership, enter the trade or business name as the taxpayer legal name.</li> </ul>
5. Trade name, if any (DBA)	If applicable, enter the trade name (DBA) of the business if different from the taxpayer name. Follow the same instructions as shown for Item 4; however, DO NOT enter "DBA" or "TA" on this line; show name only. Use valid character information as defined in Item 4.
6. Address	Enter address of taxpayer. Use valid character information as defined in Item 4.
7. Contact person	Provide proper name of authorized taxpayer representative (optional).
8. Telephone number	Provide taxpayer area code and phone number (optional).
9. Fax number	Provide taxpayer area code and facsimile number (optional).
14. Authorization of Reporting Agent To Sign and File Returns	Depending on which return(s) Paychex is filing, dates must be entered in the following format: <ul style="list-style-type: none"> <li>• 940 – year (YYYY) Paychex will begin filing for</li> <li>• 941 – ending month (MM) of the quarter Paychex is authorized to begin signing and filing tax returns and year Paychex will begin filing for (YYYY). Acceptable values for the month are 03, 06, 09, and 12</li> <li>• 943 – year (YYYY) Paychex will begin filing for</li> <li>• 944 – year (YYYY) Paychex will begin filing for</li> </ul>
15. Authorization of Reporting Agent To Make Deposits and Payments	Depending on which return(s) Paychex is filing, dates must be entered in the following format: <ul style="list-style-type: none"> <li>• 940 – month (MM) and year (YYYY) Paychex is authorized to begin making payments or deposits. Acceptable values for the month are 01 through 12</li> <li>• 941 – month (MM) and year (YYYY) Paychex is authorized to begin making payments or deposits. Acceptable values for the month are 01 through 12</li> <li>• 943 – month (MM) and year (YYYY) Paychex is authorized to begin making payments or deposits. Acceptable values for the month are 01 through 12</li> <li>• 944 – year (YYYY) Paychex is authorized to begin making payments or deposits.</li> </ul>
16. Disclosure of Information to Reporting Agents	Check box 16a <input checked="" type="checkbox"/> . Check box 16b <input checked="" type="checkbox"/> .
17. Form W-2 series or Form 1099 series Disclosure Authorization	<b>Required:</b> Year Paychex' authority will begin to be effective for either the Form W-2 and the Form 1099 (YYYY).
18. State or local Authorization	Check the box <input checked="" type="checkbox"/> .
Authorization Agreement	Authorized Client signature and date. The IRS requires an authorized representative to sign form 8655. See the back of Form 8655, "Who Must Sign" for further instructions.

**Reporting Agent Authorization**

OMB No. 1545-1058

(In accordance with IRS Form 8655)

**Taxpayer**

1. Employer identification number (EIN) <b>83-1427324</b>	2. Other identification number (State ID) 	3. If you are a seasonal employer, check here <input type="checkbox"/>
4. Name of taxpayer (as distinguished from trade name) <b>OBLMFGJE</b>	5. Trade name, if any (DBA) <b>Data Protection Officer</b>	
6. Address (number, street, and room or suite no.) <b>100 Melrose Ave E ste 017-1101</b>	City or town <b>Seattle</b>	State <b>WA</b>
	ZIP code <b>98104</b>	
7. Contact person <b>Matthew Sauls</b>	8. Telephone number <b>206 414-8652</b>	9. Fax number 

**Reporting Agent**

10. Name: <b>PAYCHEX INC</b>	11. Employer identification number (EIN): <b>16-1124166</b>	12. Telephone number: <b>585-336-7600</b>
13. Address: <b>911 PANORAMA TRAIL SOUTH</b>	City or town: <b>ROCHESTER</b>	State: <b>NY</b>
		ZIP code: <b>14625-0397</b>

**Authorization of Reporting Agent To Sign and File Returns (Caution: See Authorization Agreement)**

14. 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** **2019** **941** **3** / **2019** **943** **944** **2019**

**Authorization of Reporting Agent To Make Deposits and Payments (Caution: See Authorization Agreement)**

15. 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** **1** / **2019** **941** **1** / **2019** **943** **944** **2019**

**Disclosure of Information to Reporting Agents**

- 16a. 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 line 14 and/or line 15 ☒
- b. Check here if the reporting agent also wants to receive copies of notices from the IRS ☒

**Form W-2 series or Form 1099 series Disclosure Authorization**

- 17a. 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 **2019**
- 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 **2019**

**State or Local Authorization (Caution: See Authorization Agreement)**

18. Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 14 and/or 15 ☒

**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 14 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 15 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 14 and/or line 15, 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.

Signature DocuSigned by: <b>Matthew Sauls</b> 33087F4380244D5...	Title <b>Owner</b>	Date <b>2/26/2019</b>
Company name <b>OBLMFGJE</b>	Office-Client number 	

For Privacy Act and Paperwork Reduction Act Notice, see next page.  
TIA

TP0107 8/14, Form 8655 Rev. 8/14

☐ Reviewed Government Issued ID



## General Instructions

### Purpose of Form

Form 8655 is used to authorize a reporting agent to:

- Sign and file certain returns. Reporting agents must file returns electronically except as provided under Rev. Proc. 2012-32. You can find Rev. Proc. 2012-32 on page 267 of Internal Revenue Bulletin 2012-34 at [www.irs.gov/pub/irs-irbs/irb12-34.pdf](http://www.irs.gov/pub/irs-irbs/irb12-34.pdf);
- Make deposits and payments for certain returns;
- Receive duplicate copies of tax information, notices, and other written and/or electronic communication regarding any authority granted; and
- Provide IRS with information to aid in penalty relief determinations related to the authority granted on Form 8655.

**Note.** An authorization does not relieve the taxpayer of the responsibility (or from liability for failing) to ensure that all tax returns are filed timely and that all federal tax deposits (FTDs) and federal tax payments (FTPs) are made timely. See section 5.05 of Rev. Proc. 2012-32. Employers who enroll in the Electronic Federal Tax Payment System (EFTPS) can view EFTPS deposits and payments made on their behalf under their employer identification number (EIN).

### Authority Granted

Once Form 8655 is signed, any authority granted is effective beginning with the period indicated on lines 14 or 15 and continues indefinitely unless revoked by the taxpayer or reporting agent. No authorization or authority is granted for periods prior to the period(s) indicated on Form 8655. Disclosure authority by checking the box in line 16 is effective with the dated signature of the taxpayer on Form 8655.

Any authority granted on Form 8655 does not revoke and has no effect on any authority granted on Forms 2848 or 8821, or any third-party designee checkbox authority.

### Where To File

Send Form 8655 to:

Internal Revenue Service  
Accounts Management Service Center  
MS 6748 RAF Team  
1973 North Rulon White Blvd. Ogden, UT 84404

You can fax Form 8655 to the IRS. The number is 801-620-4142.

### Additional Information

Additional information concerning reporting agent authorizations may be found in:

- **Pub. 1474**, Technical Specifications Guide for Reporting Agent Authorizations and Federal Tax Depositors, and
- **Rev. Proc. 2012-32**.

### Substitute Form 8655

If you want to prepare and use a substitute Form 8655, see Pub. 1167, General Rules and Specifications for Substitute Forms and Schedules. If your substitute Form 8655 is approved, the form approval number must be printed in the lower left margin of each substitute Form 8655 you file with the IRS.

### Revoking an Authorization

If you have a valid Form 8655 on file with the IRS, the filing of a new Form 8655 revokes the authority of the prior reporting agent beginning with the period indicated on the new Form 8655. However, the prior reporting agent is still an authorized reporting agent and retains any previously granted disclosure authority for the periods prior to the beginning period of the new reporting agent's authorization unless specifically revoked.

If the taxpayer wants to revoke an existing authorization, send a copy of the previously executed Form 8655 to the IRS at the address under *Where To File*, above. Re-sign the copy of the Form 8655 under the original signature. Write REVOKE across the top of the form. If you do not have a copy of the authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the reporting agent is revoked and must be signed by the taxpayer. Also, list the name and address of each reporting agent whose authority is revoked.

**Withdrawing from reporting authority.** A reporting agent can withdraw from authority by filing a statement with the IRS, either on paper or using a delete process. The statement must be signed by the reporting agent (if filed on paper) and identify the name and address of the taxpayer and authorization(s) from which the reporting agent is withdrawing. For information on the delete process, see Pub. 1474.

## Specific Instructions

### Line 14

Use the "YYYY" format for annual tax returns. Use the "MM/YYYY" format for quarterly tax returns, where "MM" is the ending month of the quarter the named reporting agent is authorized to sign and file tax returns for the taxpayer. For example, enter "09/2012" on the line for "941" to indicate you are authorizing the named reporting agent to sign and file Form 941 for the July-September quarter of 2012 and subsequent quarters.

### Line 15

Use the "MM/YYYY" format to enter the starting date, where "MM" is the first month the named reporting agent is authorized to make deposits or payments for the taxpayer. For example, enter "08/2012" on the line for "720" to indicate you are authorizing the named reporting agent to make deposits or payments for Form 720 starting in August 2012 and all subsequent months.

### Who Must Sign

**Electronic signature**—For guidance on optional electronic signature methods, see Pub. 1474, section 01.03.

**Sole proprietorship**—The individual owning the business.

**Corporation** (including an LLC treated as a corporation)—Generally, Form 8655 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer, and (d) any other person authorized to access information under section 6103(e).

**Partnership** (including an LLC treated as a partnership) or an unincorporated organization—Generally, Form 8655 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8655.

**Single member limited liability company (LLC) treated as a disregarded entity**—The owner of the LLC.

**Trust or estate**—The fiduciary.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8655 is provided by the IRS for your convenience and its use is voluntary. If you choose to authorize a reporting agent to act on your behalf, under section 6109, you must disclose your EIN. The principal purpose of this disclosure is to secure proper identification of the taxpayer. We need this information to gain access to your tax information in our files and properly respond to your request. If you do not disclose this information, the IRS may suspend processing your reporting agent authorization and may not be able to honor your reporting agent authorization until you provide your EIN.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement agencies and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file Form 8655 will vary depending on individual circumstances. The estimated average time is 6 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making Form 8655 simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File* above.



**Employment Security Department**  
WASHINGTON STATE

## Power of Attorney for Unemployment Insurance

This authorization allows the Employment Security Department to send or share confidential information about your unemployment-insurance account with your designated representative. Please complete all information below, which must match the records we have on file for your business.

### Section 1 - Employer information

Business name:	<u>OBLMFGJE</u>	ESD number:	<u>831427342</u>
Business phone number:	<u>206 414-8652</u>	EIN:	<u>83-1427324</u>
Business fax number:	<u></u>	UBI number:	<u>- -</u>

### Section 2 - Business owner or officer

<u>Matthew</u>	<u>Sauls</u>
<u>533-08-4743</u>	<u>11/30/1980</u>
<u>Owner</u>	<u>(206) 414-8652</u>
<u>206 414-8652</u>	<u>liskwasi@gmail.com</u>

### Section 3 - Representative for tax purposes

Representative organization name:	<u>Paychex, Inc</u>	Representative's EIN:	<u>16-1124166</u>
Mailing address line 1:	<u>1175 John Street</u>		
Mailing address line 2:	<u></u>		
City:	<u>West Henrietta</u>	State:	<u>NY</u>
		Zip code:	<u>14586</u>
Contact name:	<u>THEODORE J JORDAN JR</u>	Contact person's title:	<u>Attorney In Fact</u>
Contact phone number:	<u>585 336-7600</u>		
Contact fax number:	<u></u>		
Contact email address:	<u></u>		

### Section 4 - Confidential tax information

**Authorizations:** Please check the boxes that indicate how much authority you'd like to give your representative.

- ☒ Unemployment-insurance tax reports and amendments
- ☒ Tax payments and billing statements
- ☐ Electronic access to information as available
- ☐ Audit of unemployment-insurance taxes
- ☐ Enter into agreements
- ☒ Represent and make oral or written presentations of fact and/or argument

#### Mailing tax documents:

Please check the address we should use when mailing tax documents.

- ☒ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's mailing address in section 3 above

#### Mailing billings:

Please check the address we should use when mailing billings and payment notices.

- ☐ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's mailing address in section 3 above

**Employment Security Department**  
WASHINGTON STATE**Section 5 - Representative for benefits purposes**☐ Same as above. (Skip this section if checked.)

Representative name: \_\_\_\_\_ Representative's EIN: \_\_\_\_\_  
 Mailing address line 1: \_\_\_\_\_  
 Mailing address line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Contact person's title: \_\_\_\_\_  
 Contact phone number: \_\_\_\_\_  
 Contact fax number: \_\_\_\_\_  
 Contact email address: \_\_\_\_\_

**Section 6 - Confidential benefits information****Authorizations:** Please check the boxes that indicate how much authority you'd like to give your representative.

- ☐ Benefit charges  
☐ Benefit claims  
☐ Electronic access to information as available  
☐ Enter into agreements  
☐ Represent and make oral or written presentations of fact and/or argument

**Mailing benefit charge statements** - We can send benefit charge statements to an alternate mailing address.

Please indicate which address we should use when mailing benefit documents.

- ☐ Employer's mailing address on record. (Use the *Business Change Form* to report any change of business address.)  
☐ Representative's mailing address in section 3 above  
☐ Representative's mailing address in section 5 above

**Effective dates**

If you provide no ending date, your authorizations above will remain in effect until you revoke them in writing.

Beginning authorization date: 2/26/2019 Ending authorization date: \_\_\_\_\_

**I, the undersigned, declare under the penalties of perjury that I am the business owner or officer duly authorized to represent this account and further declare that the information submitted has been examined by me and that the information and statements set forth are true, correct and complete.**

Employer signature: Matthew Sauls Date: 2/26/2019  
33087F4380244D5...  
 Name of signee: Matthew Sauls Title: Owner

If you have questions, please contact the Status Unit at [status@esd.wa.gov](mailto:status@esd.wa.gov) or 360-902-9360.

Please sign this form and fax to 800-794-7657 or mail to:

Employment Security Department, Status Unit, P.O. Box 9046, Olympia WA 98507-9046



Washington State Department of  
Labor & Industries

# Authorization to Access Information Or File on Behalf of Employer

Employer Services  
PO Box 44140  
Olympia WA 98504-4140  
Fax 360-902-4988

[QuarterlyFiling@Lni.wa.gov](mailto:QuarterlyFiling@Lni.wa.gov)  
[www.QuarterlyReports@Lni.wa.gov](http://www.QuarterlyReports@Lni.wa.gov)

*Claim and Account Access*

This Authorization Request is: ☐ New ☐ Update ☐ Cancellation

## Employer Information

Complete this section about your worker's compensation account. This form authorizes L&I to share information regarding this account, quarterly report filing, or claims with the representative listed below.

_____-_____-_____-		_____,_____-_____-	
OBLMFGJE			
100 Melrose Ave E ste 017-1101		Seattle	WA 98104
206 414-8652			

## Representative Information

You agree to grant the following representative access to the above account.


Representative Business Name: Paychex, Inc.		Representative Contact Name: Ted Jordan	
9 Digit Representative UBI Number: (ex. 603-123-456) 600 _ 564 _ 821			
Address: 1175 John Street		City: West Henrietta	State: Zip: NY 14586
Phone: 585-336-7600	Fax: (585) 389-7364	Contact Email Address: TaxpaySetup@paychex.com	
<b>Primary Role:</b> <input type="checkbox"/> Accountant <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> PEO* <input type="checkbox"/> Legal Rep <input type="checkbox"/> Other (specify): _____			

## Accesses Granted (select all that apply)

Access Authorized for:	<input checked="" type="checkbox"/> Account	<input checked="" type="checkbox"/> Quarterly Filing	<input type="checkbox"/> Claims	<input type="checkbox"/> Other (specify): _____
Send Mail To:	<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Representative	<input type="checkbox"/> Other (specify): _____	

## Signature

Signature below must be an authorized signer from the employer (e.g. owner, officer, or person with power of attorney). The signature below authorizes L&I to release confidential information and grant online access as indicated. If the effective date is blank, the date signed below will become the effective date

_____-_____-_____-	
DocuSigned by:  Matthew Sauls	2/26/2019

Please make a copy of this form for your files.

Scan and email this form to [QuarterlyFiling@Lni.wa.gov](mailto:QuarterlyFiling@Lni.wa.gov) or fax to 360-902-4988.

F242-431-000 Authorization on Behalf of Employer 07-2017

Index: **CORR**

## Instructions to Complete the Authorization to Access Information or File on Behalf of Employer Form

The Authorization to Access Information or File on Behalf of Employer form grants L&I permission to share confidential information or grant online access to a business account, quarterly report filings, and claims.

### Authorization Request

- Check the applicable box indicating whether this authorization is new, updates a current authorization on file, or cancels the current authorization on file (checking new cancel all previous authorizations).
- Enter the date you want this authorization to start (normally the first date of the quarter *ex. 7/1/2017*).

### Employer Information

Provide complete information about the business and person granting authorization to an L&I workers compensation account. Authorization must include the following information to be approved:

- 9 Digit UBI Number  
This is the 9-digit Unified Business Identifier (UBI) number issued by Department of Revenue (DOR) when starting a business. Most UBI numbers begin with the number six (6) and follow the format: 603-123-456 (NOTE: This is ***not*** the tax ID/EIN/FEIN number issued by the IRS).
- 8 Digit L&I Account ID  
This is the 8-digit Account ID number issued by L&I when a workers compensation account is opened. It follows the format 123,456-78. This number is located on the employer's Rate Notice, New Account Packet and other L&I correspondence.

*TIP: Look up a UBI or Account ID at <https://secure.lni.wa.gov/verify> and search the business name.*

- Legal or DBA name of the business
- Person authorizing access to the employer information. To complete this section, you must be an authorized signer (generally, a business owner, partner, corporate officer, or LLC member listed on the L&I policy (or other Washington State records). If L&I cannot verify you as an authorized signer, it is your responsibility to provide supporting documentation indicating you are authorized to give this permission.
- Employer authorized contact information, including address, phone/fax numbers, and email address.

### Representative Information

Provide complete information regarding the person or company authorized to access the employer account. Authorization must include the following information to be approved:

- Name of the business and person receiving access to the employer account.
- 9 Digit UBI Number of the business receiving access.
- Representative contact's full mailing address, phone/fax numbers, and email address.
- Check the box indicating the representative's primary role between the employer and L&I.
- PEO\*: L&I defines a PEO as a [co-employment firm](#) who supplies workers (leases employees) and shares experience with the employer. For purposes of this application, L&I will set up a sub-account (not grant access) for the PEO ***only if they specify*** "PEO" in the Access Granted 'Other' section.

### Access(es) Granted

- Indicate which access(es) should be allowed for the Employer's worker compensation account.
- For each access authorized, indicate where L&I should send mail (to the employer or representative).  
*Note: This does not change the official business mailing address for sending information to employer.*

### Signature

To complete this section, you must be an authorized signer (see Employer Section for definition of whom L&I considers an authorized signer). If no effective date is indicated above, the date signed will be used.

### Send to L&I

Keep a copy of this completed form for your files. Email a signed, scanned copy of this form to [QuarterlyFiling@Lni.wa.gov](mailto:QuarterlyFiling@Lni.wa.gov) or fax to 360-902-4988.