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*****If the Federal EIN for your current company has not changed and you are trying to update legal company information only, i.e.: your Legal Address, Payroll Contacts or Company name, this packet is not needed. Please contact your Payroll Support for assistance.**

Entity Department
6884 Sierra Center Parkway
Reno, NV 89511

Dear Tax Client,

The following documents are required to process the change of legal information and ensure an accurate and timely change to the Federal Employer Identification Number (FEIN) for your business. Please submit the following forms completed in their entirety, along with the requested information from the IRS and State Agency(s).

1. Determination of Successor Status
2. IRS Proof – IRS Generated Document
3. State Withholding and/or Unemployment numbers that coincide with your new FEIN.
4. Contact Change & Enrollment Form
5. Entity Change Fee Debit Authorization Letter
6. 8655 - Reporting Agent Authorization (Section 1-8 and Signature Line)

Forms must be signed by the authorized Principal of the business and emailed to entitychanges@intuit.com. If you are not able to email the documents please fax them to 877-471-2801.

If you have not already notified the State Agency(s) who handles Withholding Tax and/or Unemployment Insurance Tax of the new FEIN, **contact the agency(s) immediately to report the changes**. Please obtain and forward the new state account information. Intuit requires this information to process the Entity change.

Continue running your payroll normally. Intuit will move all appropriate payroll taxes to the new FEIN as required to support tax filings.

Important Note: Be advised the transferring of tax deposits or filing of amendments will lead to notices from the IRS and State Agency(s). If you receive discrepancy notification from any agency, forward to Intuit immediately, via fax to 866-293-1994. The Entity Change process could also result in an erroneous refund from the IRS or State Agency(s). **Do not cash any refund checks.** Intuit will confirm their validity and advise you of the next steps.

Determination of Successor Status

New Company Name: _____ New FEIN: _____
New Company Address: _____ Old FEIN: _____
City: _____ State: _____ Zip: _____

Please review this information and mark the appropriate box. If needed, consult your CPA or Legal Aid.

Year and Quarter start of new FEIN:

☐ **Q1** (Jan 1-Mar 31) ☐ **Q2** (Apr 1- June 30) ☐ **Q3** (July 1- Sept 30) ☐ **Q4** (Oct 1-Dec 31) **Year** _____

The Entity Department is not authorized to determine your company's successor status.

☐ **The new Federal Identification Number does qualify as a Successor.**

Common examples of successors:

- Change in tax status (incorporating, adding a partner, etc.) without significant change to everyday business
- Sale of a company without significant change to everyday business

Payroll and tax implications:

- You will NOT start a new company file. Your existing payroll company file will be updated to reflect your new FEIN.
- Wages paid by the predecessor in the same calendar year will be used in calculating tax limits. You will receive one set of Forms W2 at year-end using the new FEIN and referencing the predecessor FEIN
- We will finalize (close) the old FEIN with the IRS.

☐ **Check here if you have created a new company file. (Assisted Payroll Only)**

Note: New file set-up for Successor Entity changes are NOT offered between December 1 and December 31.

☐ **The new Federal Identification Number does NOT qualify as a Successor.**

Common examples of non-successors:

- Sales, mergers or acquisitions with significant organizational change to the business.
- "Split" companies in which the former FEIN remains active.

Payroll and tax implications:

- You will receive a new payroll date file and/or company number.
- Your employees will have to re-meet wage limits for Social Security, unemployment tax, and State Disability Insurance where applicable.
- You will receive two sets of Forms W2 for mid-year entity changes, one set for each FEIN.
- We will finalize (close) your old FEIN with the IRS if you will be no longer processing payroll under that number.

Signature: _____ Date: _____
(Authorize Principal Signature Only)

Title: _____

NOTE: Any changes made to this agreement **after** the date signed may result in additional fees.

Contact Changes

This form is to make changes to the contacts on your account. Please fill out each section applicable to the changes you are making.

Company Information

Company Legal Name: _____ FEIN: _____

Payroll Administrator Change: (Will be the main contact person for your day to day payroll issues and activities. The Payroll Administrator should be someone who actually processes payroll for your company, who has access to all payroll information and who can answer questions on the company's behalf regarding details of your company's payroll. Only one Payroll Administrator allowed.)

Payroll Administrator: _____

Email: _____ Phone Number: _____ Ext: _____

Payroll Contact Change: (Authorized to ask questions about how the payroll service works. No Confidential Information will be given to this person. This person is not allowed to make any account or payroll changes. More than one Contact person allowed.)

Payroll Contact: _____ ☐ ☐ ☐

Add Change Delete
Ext: _____

Email: _____ Phone Number: _____

Payroll Contact: _____ ☐ ☐ ☐

Add Change Delete

Email: _____ Phone Number: _____ Ext: _____

Payroll Contact: _____ ☐ ☐ ☐

Add Change Delete

Email: _____ Phone Number: _____ Ext: _____

General Company Information

Phone Number: _____ Fax Number: _____

Authorization

I hereby state that I am an authorized principal signer of this company, and by signing below I acknowledge and understand that Intuit will update this request. I agree to accept any and all liability for the change to the account.

Authorized Principal Signature _____

Title _____

Print Name _____

Date _____

Enrollment Form

COMPANY INFORMATION

Legal Name: _____

DBA: _____

Legal Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Address (If different from legal address): _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

States in which you have employees: _____

AUTHORIZED PRINCIPAL(S) INFORMATION

Authorized Principal #1

Name: _____

Email: _____

Social Security Number: _____ Date of Birth: _____

Authorized Principal #2

Name: _____

Email: _____

We are unable to process incomplete or missing information.
Please print clearly.

Please Contact Client Services for Bank Account Changes
Assisted Payroll: 888-712-9702
Full Service Payroll: 866-640-9987
QuickBooks Online Payroll: 888-537-7794

Reporting Agent Authorization

OMB No. 1545-1058

► 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 ☐
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) PayCycle, Inc.	10 Employer identification number (EIN) 94-3345425
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11 Address (number, street, and room or suite no.) 6884 Sierra Center Pkwy
City or town, state, and ZIP code RENO NV 89511

12 Contact person Gregory Gann	13 Daytime telephone number (888) 927-7478	14 Fax number (800) 536-1281
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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	941	940-PR	N/A	941-PR	N/A	941-SS	N/A	943	N/A
943-PR	N/A	944		945	N/A	1042	N/A	CT-1	N/A

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	941	943	N/A	944		945	N/A	720	N/A
1041	N/A	1042	N/A	1120	N/A	CT-1	N/A	990-PF	N/A
								990-T	N/A

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 _____.

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 _____.

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 _____.

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.

Sign Here	I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.		