



**PPI BUSINESS SERVICES**  
HR • Benefits • Time • Payroll • Recruitment  
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# CLIENT AUTHORIZATION for AMENDMENT

**Date** \_\_\_\_\_ **Sent to the Attention of** \_\_\_\_\_ for  
**Client#** \_\_\_\_\_ **Client Name** \_\_\_\_\_ is  
requesting amended tax returns for  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> quarter(s) of \_\_\_\_\_ year(s) for the  
following reason(s) \_\_\_\_\_ .

If applicable, please fax copies of void and/or manual checks with this document.

\* Please provide a detailed explanation as to how you determined that a correction is necessary, and why you need to file amended return(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* IRS Amended Form 941X Part 4, item 20 requires a detailed explanation for how you determined your corrections, we will use the explanation provided in whole or part when completing your returns.

**Return this form and any required employee information to FAX # 559 251 1431, Attn: Customer Service**

**Please complete the following required authorization:**

\_\_\_\_\_  
(Company Legal Name)

Hereby absolves Payroll People Inc. of any errors, penalties, and interest payment responsibility arising from late deposits/filings created from adjustments processed for the quarter and year noted above. By signing this document client agrees to a \$150.00 per return per quarter preparation fee (CARES ACT 941 fee \$200.00 per return, per quarter) and when applicable \$20.00 per employee (\$50.00 minimum) for W-2(C) for all tax returns affected by the requested adjustments. Any potential penalty and interest associated with adjustments will be determined by the taxing agency and a written notification may be sent to you.

\_\_\_\_\_  
Authorized Company Representative (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date