

CLIENT AUTHORIZATION

Social Security Number/Name Correction

Date _____ Attention: _____

Client# _____ Client Name _____

is requesting Payroll People, Inc. to correct the Social Security Number for the employee indicated below:

Employee Number _____ Hire Date _____

Employee Name _____

Correct Name _____ Incorrect Name _____

Correct SSN _____ Incorrect SSN _____

QUARTERLY / ANNUAL Correction

Correct prior quarter(s) with State and Correct Prior year(s) W-2 Form:

(California amendment \$150.00 Preparation Fee, per year. Outside California, additional fees may apply)

- W-2 Wage Statements: \$20.00 per employee (\$50.00 minimum)
- W-3 Statement Reconciliation: \$150.00 per year
- 1095C Employer-Provided Health Insurance Offer & Coverage: \$20.00 per employee (\$50.00 minimum)
- 1094C Transmittal Employer-Provided Health Insurance Offer & Coverage: \$150.00

Please list the year(s) to be corrected: _____, _____, _____, _____

Return this form and any required employee information by Fax to (559) 251-1431

Please complete the following (required for authorization):

Company Legal Name _____

The client hereby absolves Payroll People Inc. of any errors, penalties, and/or interest payment responsibility arising from late deposits/filings created from adjustments processed for the quarter and year noted above. By signing this document, the client agrees to the above stated preparation fee(s), and any additional fees required to complete the requested Social Security Number/Name correction and/or tax returns affected by the requested adjustment(s). Any potential penalty and interest associated with these adjustments will be determined by the taxing agency and a written notification may be sent to you.

Authorized Company Representative

Date

Title