

TO: _____

Re: Account #: _____ Effective Date: _____

Account Name: _____

Please be advised that effective immediately we have elected to change our payroll method and are discontinuing the use of your payroll service. Please complete the following for our company. You are authorized to share information regarding our account with _____. If for any reason the following cannot be completed, please respond immediately in writing. Otherwise, we will hold you responsible for resulting penalties and interest with tax authorities.

FICA and Federal Withholding Liabilities

_____ Deposit immediately any FICA and Federal Withholding that you are currently holding unpaid for our account.
_____ Return immediately any FICA and Federal Withholding liability that you are currently holding unpaid for our account.

State and Local Withholding Liabilities

_____ Deposit immediately any State withholding that you are currently holding unpaid for our account.
_____ Return immediately any State withholding that you are currently holding unpaid for our account.
_____ Deposit immediately any Local withholding that you are currently holding unpaid for our account.
_____ Return immediately any Local withholding that you are currently holding unpaid for our account.

State and Federal Unemployment Insurance Liabilities

_____ Deposit immediately any State Unemployment Insurance (SUI/ETT) and Federal Unemployment (FUTA) tax that you are currently holding unpaid for our account.
_____ Return immediately any State Unemployment Insurance (SUI/ETT) and Federal Unemployment (FUTA) tax that you are currently holding unpaid for our account.

Quarterly and Annual Payroll Returns

_____ Submit for our account all _____ quarter payroll returns to all tax agencies, State and Federal.
_____ Do Not submit for our account any _____ quarter payroll returns to any tax agency, State and Federal.
_____ Submit for our account all annual payroll returns and W-2's to all tax agencies, State and Federal.
_____ Do Not submit for our account any annual payroll returns or W-2's to any tax agencies, State and Federal.

- After making the final transactions for our account mentioned above, we do hereby cancel any power of attorney you hold to represent us in any regard with any governmental agency.
- As of the effective date above, we do hereby cancel any authorization you hold to debit our bank account(s).

Thank you for your prompt attention to this matter.

Sincerely,

Signature

Print Name