



The Business Services Company

PAYROLL SERVICE PROPOSAL

Date: _____

Client: _____

E-mail: _____

Monthly Fee: \$___ - covers up to 35 employees

*Matrix*tbsc, Inc. (hereafter *Matrix*) proposes to provide Client the following services and reports. Services will be provided at the monthly fee stated above with the fee guaranteed for twelve calendar months except in the event of a significant increase in the Client's number of employees. Amendment of completed services may be subject to nominal additional charges.

Payroll preparation – Weekly, Bi-weekly, Semi-monthly, Monthly (Circle choice)

Payroll register with each payroll provided

Federal payroll tax returns – as required

State payroll tax returns – as required

Federal unemployment tax returns – as required

State unemployment tax returns – as required

Form W-2 and W-3 preparation – annually

Client agrees to e-mail, fax, online submission or phone payroll hours and employee status changes to *Matrix* no later than three (3) business days prior to payroll date.

Direct deposit of net payroll amount into employee(s) personal bank account is available at no cost. Participating employee(s) shall execute a Payee Direct Deposit Authorization and provide deposit account information.

Matrix will notify Client by e-mail, fax or phone, as soon as payroll is prepared, as to how much the payroll checks and payroll tax liabilities total. All payroll withholding taxes, unemployment tax liabilities and direct deposit amounts will be debited from the Client's bank account one day prior to the date of payroll payment through an Automated Clearing House (ACH) processor. Sufficient funds must be on deposit in Client's bank account to cover the total debit amount.

Client agrees to authorize automated tax filing and bank account debiting for direct deposits and *Matrix* processing fee by executing a Client Account & Debit Agreement.

Client agrees to authorize *Matrix* as their Reporting Agent by executing IRS Form 8655 Reporting Agent Authorization for Electronic Filers and corresponding state Agent Authorization forms.

Matrix will be responsible for any penalties and interest assessed for late reporting or late payment of tax liabilities that result from its failure to perform its responsibilities for return preparation, tax collection and tax payment under this agreement in a timely manner.

In the event Client finds it necessary to reverse a single direct deposit payroll check or an entire payroll, Client agrees to execute and provide *Matrix* with a signed Reversal Authorization Form prior to actual reversing action.

Proposal Accepted: _____

By: _____
Signature of Authorized Representative of Client

Submit Agreement to *Matrix* by e-mail to: payrolls@Matrixtbsc.com
by facsimile to: 770.889.7215
by mail to: 320 Dahlonega Street, Cumming, GA 30040-2410