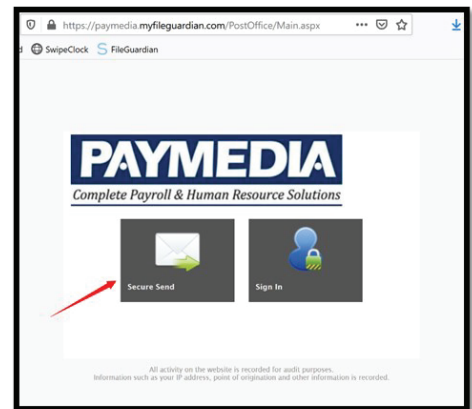
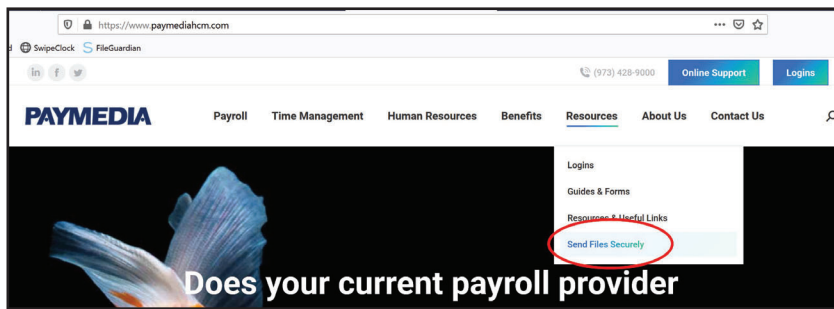


Sending messages or files to Paymedia Securely.

Maintaining security and confidentiality of your data is critical so we must exchange sensitive data with a secure system. When sending any data to Paymedia that is possibly confidential or sensitive, please use our “Send Files Securely” system.

This document gives instructions on how to do that.

- 1) To access the system either go to the paymedia website and select Resources then Send Files Securely (www.paymediahcm.com) or via this link paymedia.myfileguardian.com



- 2) First enter your information and then select to either send a message or files securely. If you select files, use the browse button to select and attach the files to be sent.

The screenshot shows the 'Secure Send to Paymedia LLC' form. It has sections for 'Your Information' (First Name, Last Name, Email Address), 'Message Details' (Subject, Body), and 'Security Check' (Security Code). There are radio buttons to select between sending an email or files. A 'Send' button is at the bottom.

This screenshot is similar to the previous one but shows the 'Message Details' section with a file attachment. The 'Files' field has a 'Browse' button and a 'Remove' button. A security code 'ES-PRT' is visible in the 'Security Check' section.

- 3) Now use the drop down to select the receipt at Paymedia. Items sent to Setupdocs are received by the implementation team.

This screenshot shows the 'Secure Send to Paymedia LLC' form with a dropdown menu open for the 'To:' field. The dropdown lists several names: Allan Valvano, Anna Marie, Cheryl Anthony, Dean DeVincentis, Lisa Morella, Maria Saravia, Mary Jo Carreira, Paula Balugas, Rachel Mulder, and Setup Docs. The 'Setup Docs' option is highlighted.



TAX FILING SERVICES AGREEMENT and LIMITED POWER OF ATTORNEY FORM

CLIENT TAX FILING NAME		FEDERAL TAX ID	
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This is a Tax Filing Services Agreement with Limited Power of Attorney between PAYMEDIA, LLC. herein known as PAYMEDIA, and CLIENT identified above. PAYMEDIA, LLC is hereby appointed as Attorney-In-Fact with authority to receive, sign and file federal, state and/or local payroll tax returns, and to make tax deposits as indicated herein. PAYMEDIA, LLC, as Attorney-In-Fact, shall also be authorized as a designee of the Taxpayer to receive originals or copies of notices, correspondence and transcripts with respect to state and/or local returns filed by the designee. This authorization shall include the appropriate federal, state and/or local tax forms beginning with the tax period indicated, and remaining in effect through subsequent tax periods until notified by the Taxpayer of termination or revocation of this authorization. This Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing Powers of Attorney and Tax Information Authorizations on file with the representative taxing authorities with respect to the same tax matters and tax periods covered hereby.

By its signature below, CLIENT agrees to the following terms and conditions and to have PAYMEDIA assume tax reporting and filing responsibilities for one or more of CLIENT's Federal, State, Local and Unemployment obligations, PAYMEDIA assumes responsibility only for interest charges and/or penalties which result from the negligence of PAYMEDIA. PAYMEDIA does not accept responsibility for failure to make deposits or filings if it is not provided with adequate or timely information or sufficient funds. PAYMEDIA assumes its responsibility on the following terms and conditions:

- CLIENT shall comply with and be subject to any rules and regulations of federal or regional banking clearing houses which are or may be utilized by PAYMEDIA, to the extent such rules are now in effect or may become in effect in the future.
- CLIENT's checking account shall be debited for the aggregate total of all taxes at least 24-48 hours prior to the payroll check date. In cases where the aggregate total of all taxes in a particular pay period reaches \$100,000.00 or more, CLIENT will wire transfer, at CLIENT's expense, the total aggregate of all taxes for that particular pay period to PAYMEDIA's Tax Account 48 hours prior to payroll check date. CLIENT will be notified by PAYMEDIA if the aggregate total of all taxes reaches \$100,000.00 or more. Funds will be held in trust by PAYMEDIA until such taxes are due, and will be submitted by PAYMEDIA in accordance with appropriate Federal, State and Local regulations.
- CLIENT authorizes PAYMEDIA to hold Limited Power of Attorney and send all obligations and signed forms to appropriate government agencies and banks on its behalf, as required or as deemed necessary by PAYMEDIA.
- CLIENT agrees to indemnify and hold harmless PAYMEDIA and any financial institution from any claim incident to the operation of this plan arising out of the operation of this Tax Filing Services Agreement except to the extent such claim has been found to arise from negligence, misconduct, error or omission on the part of PAYMEDIA or such financial institution. In particular, CLIENT agrees that PAYMEDIA shall have no liability whatsoever for payment of taxes, fines, penalties or interest assessed, except as specifically set forth in this Agreement.
- CLIENT agrees to have aggregated total of all taxes available for debit at least 24-48 hours prior to the payroll check date.
- CLIENT hereby agrees that if sufficient funds are not available, PAYMEDIA is released from its obligation to make timely tax deposits for such period, and that PAYMEDIA may at its sole option immediately terminate this Tax Filing Services Agreement, at which time CLIENT will become responsible for all tax deposits and filings due then and thereafter with related penalties and interest. If PAYMEDIA terminates this agreement, PAYMEDIA will immediately notify CLIENT of such termination, and neither PAYMEDIA nor the financial institutions utilized by PAYMEDIA will have any further obligations to CLIENT or any third party with respect to such agreement. If CLIENT wishes to terminate this Tax Filing Services Agreement, CLIENT must notify PAYMEDIA, at which time PAYMEDIA will be released immediately of any and all tax filing and depositing responsibilities. Upon receiving said notification, PAYMEDIA agrees to return all tax monies held in trust for CLIENT.

State Tax Jurisdiction	Tax Type	Tax ID Number	Known Tax Rate	Effective Date

Print Name

Title

Signature

Date

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)

Reporting Agent Authorization

► Information about Form 8655 and its instructions is at www.irs.gov/Form8655.

Taxpayer

1a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)
1b Trade name, if any	4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.)	5 Other identification number (optional)
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) <u>PAYMEDIA, LLC</u>	10 Employer identification number (EIN) <u>22-3695916</u>
11 Address (number, street, and room or suite no.) <u>383 RIDGEDALE AVE.</u>	
City or town, state, and ZIP code <u>EAST HANOVER, NJ 07936</u>	
12 Contact person	13 Daytime telephone number <u>973-428-9000</u>
	14 Fax number <u>973-428-9120</u>

Authorization of Reporting Agent to Sign and File Returns (Caution: See Authorization Agreement)

15 Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940 _____	941 _____	940-PR _____	941-PR _____	941-SS _____	943 _____
943-PR _____	944 _____	945 _____	1042 _____	CT-1 _____	

Authorization of Reporting Agent to Make Deposits and Payments (Caution: See Authorization Agreement)

16 Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940 _____	941 _____	943 _____	944 _____	945 _____	720 _____
1041 _____	1042 _____	1120 _____	CT-1 _____	990-PF _____	990-T _____

Duplicate Notices to Reporting Agents

17 Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent.

Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

18a 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 terminated or 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.

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

Sign Here

▶ _____ Signature of taxpayer	▶ _____ Title	▶ _____ Date
----------------------------------	------------------	-----------------

Company ACH Authorization Form

Company Information

Client ID (if applicable): _____
 Legal Business Name: _____
 Trade Name: _____
 Type of Business: _____
 Tax ID/EIN #: _____
 Registered State: _____ State ID #: _____
 Business Address Line 1: _____
 Business Address Line 2: _____
 Business Address City: _____
 Business Address State: _____ Zip Code: _____
 Mailing Address same as Business Address?: Yes No
 Mailing Address Line 1: _____
 Mailing Address Line 2: _____
 Mailing Address City: _____
 Mailing Address State: _____ Zip Code: _____
 Listed Phone #: _____
 Website: _____
 Owner/Principal Name 1: _____
 Owner/Principal Title + % 1: _____
 Owner/Principal Name 2: _____
 Owner/Principal Title + % 2: _____
 Owner/Principal Name 3: _____
 Owner/Principal Title + % 3: _____
 Password: _____

Funding & Timing Options

Authorized Signature

By signing this Company Authorization Form, authorization is hereby granted to: Paymedia, LLC and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information, to and from the Authorized Account specified above on this form; and it is acknowledged that the Authorized Account is a commercial account and not a consumer account (as defined in the Automated Clearing House (ACH) Rules. The Company has contracted with _____ (Professional Payroll Processor or PPP) to provide payroll and/or payroll related services and has received and reviewed a copy of that contract. The Company acknowledges that the PPP has contracted to utilize the services provided by NatPay for the purpose of transferring funds electronically through the Automated Clearing House (ACH), in accordance to the rules of the National Automated Clearing House Association (NACHA) and all other applicable state and federal rules and regulations, for various purposes that include but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other reason that the Company may desire to transfer funds electronically through the ACH system. The Company further acknowledges (or understands) that (i) all transfers of funds through NatPay will be made in accordance with the Service Agreement between the PPP and NatPay; (ii) all ACH entries will be solely based on the data received by NatPay from the PPP and strictly in accordance with its instructions; (iii) NatPay has no responsibility or ability to determine that the PPP, receiving bank or other payee computes or distributes funds accurately or as expected and (iv) that the Company's agreement with the PPP provides that it will indemnify NatPay against all claims or damages resulting directly or indirectly from insufficient funds, fraud or misapplication of funds of the Company, except to the extent any misapplication of funds is directly caused by the negligence of NatPay. This Authorization will continue in effect until terminated by the Company or not less than three (3) days prior written notice to NatPay at csr@natpay.com or until the earlier termination of the Service Agreement with the PPP. This signed Company Authorization Form may be considered as an application for credit, and therefore authorizes the PPP and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, various data services, and a Company's banks to verify status, history, and other applicable credit information.

Authorized Signor Name (Please print.)

Authorized Signor Title

Authorized Signor Signature

Date

102419A

Transmission Reports

Email Address 1: _____
 Email Address 2: _____
 Report Type: HTML PDF Encrypted PDF:
 Encrypted PDF Password: _____

PPP Information

PPP Name: Paymedia, LLC
 PPP Account #: 12196186
 Fees Charged To: PPP Client
 Pennies Challenge Waived: Yes No (if applicable)
 In-Person Contact Made with Client: Yes No
 Live Processing Date: _____

Business Account for ACH Transactions

Bank Name: _____
 Routing/Transit #: _____
 Business Account #: _____
 Account Type (Include copy of voided check.): Checking Savings

Business Account for Tax Payments (if applicable)

Business Account Above Business Account Below:
 Bank Name: _____
 Routing/Transit #: _____
 Business Account #: _____
 Account Type (Include copy of voided check.): Checking Savings



Signature Form

Company Name: _____ Company Number: _____

Sign the form twice. Once in box #1, and then in box #2. Keep the signature **WITHIN** the outside lines of the box.

SINGLE SIGNATURE – BOX #1

SINGLE SIGNATURE – BOX #2

OR

If you require two signers on your account please sign the double signature boxes below. Sign the form twice. Once in box #1, and then in box #2. Keep the signature **WITHIN** the outside lines of the box.

DOUBLE SIGNATURE – BOX #1

DOUBLE SIGNATURE – BOX #2

I (we) hereby authorize Paymedia LLC, to electronically sign all future checks with signature(s) above.

Print Name

Date

Signature

*PLEASE NOTE: THIS IS THE WAY YOUR SIGNATURE(S) WILL APPEAR ON YOUR CHECKS.



Online Account Access Authorization & Agreement

Terms of Use:

Paymedia provides Online access to input your own payroll hours/salaries, make changes to employee records and view payroll reports. Once you submit your payroll for processing Paymedia will NOT review any information input and/or changed. You are responsible to make sure that your payroll was entered correctly. Once payroll is submitted for process Paymedia will simply process the file that was submitted and deliver the payroll. If changes need to be made to a payroll that has already been processed you will incur an additional \$15.00 re-processing fee.

Payroll information is updated by end of business day following processing prior to 3 p.m. Payroll reports contain sensitive information such as company, employee and tax liability information. Online access may be immediately suspended or permanently revoked due to misuse, late or non-payment of regular payroll processing fees, account termination, or other reasons as determined solely by Paymedia LLC. Confidential payroll information will be available to you by logging on using your assigned user name AND password. This login will be provided after this agreement is received. It is recommended as a 'best practice' to not share this password with another individual and that you acquire additional user names and passwords for such use. You may allow your accountant or CPA to have online access to your account as well, but that will require another authorization form.

Company Name:	
Authorized User(s):	

Security Policy & Limitation of Liability:

Paymedia LLC maintains high levels of security for your protection. Once logged on, your account information appears only in a pop-up browser window. This window contains 128 bit SSL (secure socket layer) encryption, secured servers behind firewalls, and secured database structures. Your use of the internet is solely at your own risk and you agree to hold Paymedia LLC, it 's officers and assigns, completely and totally harmless from any and all liabilities as a result of such usage. You are completely and wholly responsible for you user name and password including the sharing of such information. Paymedia LLC makes no warranties, express or implied, including, but not limited to, those of merchantability or fitness for a particular purpose. This includes delays, nondeliveries, mis-deliveries or service interruptions however caused. This Agreement contains the entire agreement, written or verbal, of the parties hereto and supersedes any other prior or simultaneous agreement.

Authorization:

As the Authorized Agent of this 'Company', I authorize Paymedia LLC to create online access to my payroll account. I have read and understand the agreements and terms as written above.

Agent Name

Title

Agent Signature

Date



Payroll Access Form for CPA/Accountant

To be completed only if client wishes to have Paymedia make payroll reports available for CPA/Accounting Firm/Bookkeeper

I hereby request Paymedia, LLC to grant my CPA/Accountant online access to my payroll information via the Internet using Paymedia's system and/or Paymedia's secure data transmission system. Access will only be granted to those I have listed on this form. **If this access should be revoked or modified, it is my responsibility to notify Paymedia immediately.**

Name of CPA/Accounting Firm:	
Name of Contact(s):	
Mailing Address:	
Phone Number:	
Email Address:	
Select Required Information:	<input type="checkbox"/> Payroll Reports Per Pay Period <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Payroll Reports Per Pay Period <input type="checkbox"/> Year End - W2/1099/ACA
Any special instructions:	

Authorized by:

Name/Title	
Signature(s)	
Date	
Company Name	
Company ID Number(S)	