



AUTHORIZED PAYROLL CONTACTS

In an effort to ensure the confidentiality of your Company Information we require that you maintain a list of authorized contacts on file with us. The table below is the list of contacts that we require to be on file. The same person can be populated in multiple spaces, however we require we have at least 2 different contacts, in the event one is unavailable. The primary & Business contacts are the only contacts authorized to update this list.

Legal Business Name: _____ Client Number: _____

Type of Business: _____ NAICS Code: _____

Business Structure: ___ Sole Proprietor ___ Partnership ___ Corporation (C or S) ___ Limited Liability

Owner(s): _____

| | | |
|---|------------------|-------|
| Primary Can provide direction in any area – and update other contacts | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Payroll provides direction related to payroll matters | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Human Resources Provides direction related to HR matters | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Administrative Billing & Accounting contact | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Taxes Primary Tax contact | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Technical Help/Support Contact | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Business Sales/Marketing Contact – and update other contacts | Title | Name |
| | W Phone # () | |
| | C Phone # () | Email |
| Outside Accounting Firm | Firm Name | Name |
| | W Phone # () | |
| | C Phone # () | Email |

Signature: _____

Name/Title _____ Date: _____