

Entity Department 6884 Sierra Center Parkway Reno, NV 89511

Dear Tax Client,

The following documents are required to process the change of legal information and ensure an accurate and timely change to the Federal Employer Identification Number (FEIN) for your business. Please submit the following forms completed in their entirety, along with the requested information from the IRS and State Agency(s).

- 1. Determination of Successor Status
- 2. IRS Proof IRS Documentation (Form SS-4)
- 3. State Withholding and/or Unemployment numbers that coincide with your new EIN.
- 4. Entity Change Fee Debit Authorization Letter

Forms must be signed by the authorized Principal of the business and emailed to <a href="mailto:entitychanges@intuit.com">entitychanges@intuit.com</a>, along with proof of the new FEIN. If you are not able to email the signed documents please fax them to 877-471-2801.

If you have not already notified the State Agency(s) who handles Withholding Tax and/or Unemployment Insurance Tax of the new FEIN, **contact the agency(s) immediately to report the changes**. Please obtain and forward the new state account information. Intuit requires this information to process the Entity change.

Continue running your payroll normally. Intuit will move all appropriate payroll taxes to the new FEIN as required to support tax filings.

Important Note: Be advised the transferring of tax deposits or filing of amendments will lead to notices from the IRS and State Agency(s). If you receive discrepancy notification from any agency, forward to Intuit immediately, by email to <a href="mailto:taxnotice@intuit.com">taxnotice@intuit.com</a> or via fax to 866-293-1994. The Entity Change process could also result in an erroneous refund from the IRS or State Agency(s). Do not cash any refund checks. Intuit will confirm their validity and advise you of the next steps.



### Determination of Successor Status

NEW COM	PANY NAME:	NEW EIN:
NEW COM	PANY ADDRESS:	OLD EIN:
CITY:		STATE:ZIP:
Please re	view this information an	d mark the appropriate box. If needed, consult your CPA or legal aid
The Entity	Department is not auth	norized to determine your company's successor status.
pre	inition of Succesorship: Whe decessor in its business and bloyed by the predecessor. [	en an employer acquires substantially all of the property used by the employs individual who immediately prior to the acquisition were IRS Reg. 31.312(a)]
PAYROL	L CHECK DATE TO ST	ART PAYROLL ON EIN:
The r	new Federal Identificat	tion Number does qualify as a Successor.
Соі	mmon examples of succes Change in tax status (incorp Sale of a company without	sors: porating, adding a partner, etc.) without significant change to everyday business significant change to everyday business
Pay	Wages paid by the predece	pany file. Your existing payroll company file will be updated to reflect your new EIN. ssor in the same calendar year will be used in calculating tax limits. Forms W2 at year-end using the new EIN and referencing the predecessor the old EIN with the IRS.
The	new Federal Identifica	tion Number does NOT qualify as a Successor.
Соі	mmon examples of succes Sales, mergers or acquisitio "Split" companies in which t	esors: ons with significant organizational change to the business. he former EIN remains active.
Pay	Your employees will have to Insurance where applicable You will receive two sets of	oll date file and/or company number. o re-meet wage limits for Social Security, unemployment tax, and State Disability . Forms W2 for mid-year entity changes, one set for each EIN that year. old EIN with the IRS if you will be no longer processing payroll under that number.
Signature:		Date:
	(Principal Signature O	Date:Date:
Title		

NOTE: Any changes made to this agreement after the date signed will result in additional fees.



#### **Entity Change Fee Information**

Entity Department 6884 Sierra Center Parkway Reno, NV 89511

Dear Tax Client,

We have received your request for a Federal Identification Number (FEIN) change. Your account will require special handling, therefore an additional charge will apply.

To process the Entity Change, we will need to debit your payroll account **\$150.00**. Services provided for this fee include finalizing your old FEIN with the IRS, transferring tax deposits if required and responding to notices from Federal and State Agency(s).

If the effective date for the new FEIN is dated back to a prior year or quarter, there will be additional amendment fees charged. The fee is \$50.00 per tax filing amended and \$10 per W2 amended.

**Important Note:** If this letter is not enclosed with the contract packet, we will be unable to process your request.

#### Authorization

I hereby state that I am a principal authorized signer of this company and by signing below I grant permission to debit my account the amount documented in this notice.

Authorized Principal Signature:	_ Title:
Print Name:	_ Date:
Old FEIN:	
New FEIN:	



Contoot	Change
Contact	Changes

Contact Changes

This form is to make changes to your account. Please fill out each section that applied to the changes you are making.

Company Information Company Legal Name:	FEIN	FEIN				
Payroll Administrator Change: (Will be the main contact person for your day to day payroll issues and activities. The Payroll Administrator s h o u I d be someone who actually processes the payroll for your company, who has access to all your payroll information and who can answer questions on the company's behalf regarding details of your company's payroll. Only one Payroll Administrator allowed.)						
PAYROLL ADMINISTRATOR:						
EMAIL ADDRESS:	PHONE NUMBER	EXT				
	questions about how the payroll service wo s person is not allowed to make any accoun					
PAYROLL CONTACT						
EMAII ADDRESS	PHONE NUMBER	Add Change Delete				
PAYROLL CONTACT		LX1				
TATROLL GONTAGT		Add Change Delete				
EMAIL ADDRESS	PHONE NUMBER	EXT				
PAYROLL CONTACT						
		Add Change Delete				
EMAIL ADDRESS	PHONE NUMBER	EXT				
Gene	eral Company Information					
PHONE NUMBER	FAX NUMBER					
	er of this company, and by signing below I a st. I agree to accept any and all liability for t					
Authorized Principal Signature	 Title					
Print Name	Date					