



Payroll Services Agreement

Setup	New payroll	\$275
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Payroll Features	Estimate
Basic with 1 employee	\$65 per pay
Additional, per employee/contractor	Under 5 \$20 perpay Above 5 \$10 per pay
Total Price	_____ per pay
Discounted	=====
Per change per employee by CINDIE	\$10
Per change per employee by Client to make	\$0

Additional Features - Price subject to change with notice on the website	
Year-end W2 Info Control	\$50
W-2 Delivery Fee	\$14
Year-end W-2	\$8 per employee
Applied for Status	\$175 per pay per state
Applied for SUI ID	\$175 per quarter per ID
Additional Jurisdiction	\$9 per month per state
Call for other services	

Required Documents for Initial Setup per Company Info

1. Employee information sheet and W-4 for each employee
2. Company filing information with State and Federal
3. Account with a voided check for payroll liability payment
4. \$100 for registering payroll with State and Federal if not registered already

Ongoing Client Responsibility

1. Submission for each change: employee info, W2 update
2. Pay payroll liabilities to IRS and States
3. Create payroll forms
4. Provide year-end reporting

I here understand and agree with the above terms.

Client (Print and Signature Required)

Date



CINDIE
Accountants and Advisors

Payroll Employer Information Form

Business Name	_____
Business Address	_____
Federal EIN Number	# _____
Legal Entity	_____ LLC/Corp/Scorp
Contact Name	_____
Contact Phone	_____
Contact Email	_____
Processing Frequency	_____
Pay Period Start Date	_____
First Input	_____
First Check	_____

Documents	Received (Yes/No/not applicable)
Engagement Letter Signed	_____
Prior payroll Reports	_____
ACH Service Payment Authorization	_____
Form 8655 Signed	_____
EFTPS 4 digit PIN Received	# _____
State UI ID# (if applicable)	# _____
State Employer ID# (if applicable)	# _____
State Web #	# _____
IRS EIN/Election Letter	_____
State registration certificates (All)	_____

Account Agreement and Authorization to Debit/Credit

Payroll Taxes and related processing expenses will be taken from the bank below:

****Copy of void check**

ABA/Paper/Routine Number: _____

Account Number: _____

Bank Name: _____ Bank Contact: _____ Bank Phone: _____



Payroll Employee Information Form

Employer Name: _____

Employee Inform: Cindie Payroll Services Agreement

Employee ID: _____ Social Security Number: _____ 1099 Employee? ☐ Yes ☐ No
Employee Name: _____ Date of Birth: _____ Company Officer? ☐ Yes ☐ No
Street Address: _____ Apt. No.: _____ Date of Hire: _____
City/State/Zip: _____ Department Name: _____
County: _____ Hourly Rate: _____ Location Name: _____
Employee Email: _____ Annual Salary: _____ **Pay Rate Starting Month: _____**

Tax Withholding Information

	Federal	State	2nd State	City	City #2
Name	US				
Marital Status					
# of Exemptions					
Additional \$ Amount or %					
Flat Amount or %					
Table or State %					
Unemployment State					

Tax Exempt: ☐ Yes ☐ No

If Yes, select all that apply: ☐ FED ☐ FICA ☐ STATE ☐ FUTA ☐ SUTA

Direct Deposit Information

Bank Name: _____

Type of Account: ☐ Checking ☐ Savings

Bank Routing Code: _____

Account Number: _____

Retype Account Number: _____

Primary Account: ☐ Yes ☐ No

Dollar Amount: _____

Leave blank for your primary account.

****Provide a copy of void check**

I hereby authorize my employer, C or its subsidiaries to initiate credit entries into my personal account(s) at the above listed bank(s) for my net pay each pay period. I further authorize my employer to debit my personal account(s) for any credit entries posted to my account(s) in error. This authority remains in force until terminated by me or by C.

Voluntary Deductions

Description	\$ or % per paycheck	Company Match Method	Company Match \$ or %

Internal Use Firm ID: _____ Client ID: _____

Paycard Information

Mark only if you would like your net payroll made available to you on a paycard.
(This is subject to employer participations.) ** If paycard is marked, do not complete bank information above, just sign & date below.

Employee Signature _____

Date _____

Reporting Agent Authorization

Go to www.irs.gov/Form8655 for instructions and the latest information.

OMB No. 1545-1058

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) CINDIE LLC	10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.) 200 Centennial Ave, Suite 106	
City or town, state, and ZIP code Piscataway, NJ 08854	
12 Contact person Cindy Yu	13 Daytime telephone number 7328960272
	14 Fax number

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, "2024/09" for third quarter of 2024). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940 2025/01	941 2025/01	943	944 2025/01
945	1042 2025/01	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, "2024/08" for August 2024).

720	940 2025/01	941 2025/01	943	944	945
990-PF 2025/01	990-T 2025/01	1041 2025/01	1042 2025/01	1120 2025/01	CT-1

Duplicate Notices to Reporting Agents

- 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
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ACH Authorization for Tax Payments and Service Fees

Client Name: _____

I (we) hereby authorize **Cindie LLC** (THE COMPANY) and its affiliated Payroll Relief/Accounts world to initiate entries to **the** checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

We will process all the agreed-upon fees via the bank account using the designated bank

Bank Name: _____

ABA/Paper/Routine Number: _____

Account Number: _____

Bank Account Owner Name and

Address: _____

Bank Account Owner Signature and Date:

A diagram of an ACH authorization form. The form is divided into several sections. At the top left, there are fields for "Your Name" and "Your Address". To the right of these fields is a box labeled "123". Below the address field is a "Date" field. The main body of the form contains the text "PAY TO THE ORDER OF" followed by a line for the payee name, a dollar sign, and a box for the amount. Below this is a line for "Your Bank" and a line for "For". At the bottom, there are three boxes containing the numbers "012345678", "1001001234", and "0123". Below these boxes are labels: "ABA/Routing Number" under the first box, "Account Number" under the second box, and "Check Number" under the third box. The entire form is enclosed in a dashed border.