

# Paychex Proposal

## Bi-weekly Per Processing Fees

**Payroll Processing includes:** \$77.52 plus \$1.98 per employee

Payroll Processing	New Hire Reporting	Employee Access	Taxpay
Online Reports	SUI Service	Direct Deposit	GL Report
WC Report	Readychex	401(K) Report	Garnishment Payments
Check Insertion	HR Library	Reports On-Demand	Labor Posters
Data Exports	Labor Distribution	Job Costing	Report Writer
Time Off Accrual	HR Online	Time & Labor Online	Mobile App
HR 360 Application			

Payroll Delivery \$15.00

## Monthly Fees

ESR Analysis and Monitoring Service \$40.00 base + \$.25 per employee

## Annual Fees

W-2/1099 processing **FREE for 3 years**  
 W-2 Delivery \$12.00

## One Time Implementation Fees

Implementation, Customization, & Training \$1500.00  
 Data Entry of All Payroll Data  
 On-Site Payroll Training  
 Webinar Time & Labor Online Training  
 GL Integration

## Estimated Annual Cost

*Payroll with 25 employees* \$3308.50  
*Payroll with 75 employees* \$5894.20  
*ESR Analysis and monitoring all employees* \$780.00  
*W-2 Delivery* \$12.00  
**Total** **\$9994.70**

**Delivery** **\$15.00 per processing**

## \*Notations

First month FREE payroll processing  
 3 year discount lock

Please initial to indicate your understanding and agreement with this proposal: \_\_\_\_\_



**Reporting Agent Authorization**  
(In accordance with IRS Form 8655)

OMB No. 1545-1058

**Taxpayer**

1. Employer identification number (EIN) **37-600-2199** 2. Other identification number (State ID) **01-2523674** 3. If you are a seasonal employer, check here   
4. Name of taxpayer (as distinguished from trade name) **UNION COUNTY GOVERNMENT** 5. Trade name, if any (DBA)  
6. Address (number, street, and room or suite no.) **309 W. MARKET St. RM 116** City or town **JONESBORO** State **IL** ZIP code **62952**  
7. Contact person **TERRY BARTONPP** 8. Telephone number **618-833-5711** 9. Fax number **618-833-8712**

**Reporting Agent**

10. Name: **PAYCHEX INC** 11. Employer identification number (EIN): **16-1124166** 12. Telephone number: **585-336-7600**  
13. Address: **911 PANORAMA TRAIL SOUTH** City or town: **ROCHESTER** State: **NY** ZIP code: **14625-0397**

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

14. Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

**940** / **941** / **943** / **944**

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

15. Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

**940** / **941** / **943** / **944**

**Disclosure of Information to Reporting Agents**

16a. Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on line 14 and/or line 15   
b. Check here if the reporting agent also wants to receive copies of notices from the IRS

**Form W-2 series or Form 1099 series Disclosure Authorization**

17a. 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 with the quarter or year indicated. If any starting dates on line 15 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 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 14 and/or line 15, 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.

**State or Local Authorization (Caution: See Authorization Agreement)**

18. Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 14 and/or 15

**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 14 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 15 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 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 14 and/or line 15, 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.

Signature  Title **CHAIRMAN** Date **10/10/14**

Company name **UNION COUNTY** Office-Client number **618-833-5711**

For Privacy Act and Paperwork Reduction Act Notice, see next page.  
TIA

TP0107 8/14, Form 8655 Rev. 8/14

Reviewed Government Issued ID

- Taxpayer<sup>®</sup> copy
- State copy
- Client copy



**Illinois  
Limited Power of Attorney**

**SBID PAYCHX  
SB LOC 001**

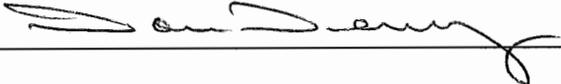
Taxpayer Name <i>UNION County Government</i>	Federal ID Number <i>37-600-2199</i>	SUI ID Number
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Paychex is hereby appointed as reporting agent with authority to sign and file Federal and State employment tax returns on magnetic tape and make Federal (FTD) and State tax deposits for the above stated taxpayer.

The attorney-in-fact is authorized to receive confidential information to prepare taxpayer's payroll tax returns and depository forms for subject taxes.

Send the taxpayer's UC340 packet to Paychex. Send all other notices and written communication in proceedings involving the above tax matters to the taxpayer named above.

This reporting agent authorization revokes all other earlier reporting agent authorization but has no effect on any other power of attorney.

Signature of Taxpayer - Authorization Officer		
Authorized Signature 	Title <i>CHAIRMAN</i>	Date <i>10/10/14</i>

**For Paychex Use Only**

This authorization includes Federal/State employment tax returns and Federal/State tax deposits, beginning with the period indicated and remaining in effect through subsequent tax periods until notified by the taxpayer of termination of this authorization.

Beginning Period	Federal ID Number <i>161124166</i>
Reporting Agent Name <i>Paychex, Inc.</i>	
Address <i>1175 John Street, West Henrietta, NY 14586</i>	
Reporting Agent Signature	Client Number/Branch Number/Sales ID

**Step 1: Read and complete this form.**

**Paychex Productivity Services Agreement**

Company Name Union County Government.

Office/Client Number \_\_\_\_\_

Federal ID Number 37 600 2199

This Paychex® Productivity Services Agreement (“Agreement”) is entered into between Paychex, Inc. (“Paychex”), located in Rochester, New York and the Company identified above (“Client”). The Agreement will continue until terminated in accordance with its provisions.

1. **Services.** Client employs Paychex to provide the Productivity services, and any optional services selected by Client below (collectively “Services”). Services are described in the Product Terms and Conditions section of this Agreement. Paychex will not commence any of the Services until Paychex receives all documents necessary to begin each of the Services and notifies Client of the date Paychex will commence each of the Services (“Service Effective Date”). Client acknowledges that each of the Services may have separate Service Effective Dates. **Until the Service Effective Date, Client will continue to provide for itself the Services requested of Paychex. Paychex assumes no responsibility for Services prior to the Service Effective Date or for Services declined by Client.**

**Productivity Services.** The Productivity Services includes the Services set forth below as described in the Product Terms and Conditions section of this Agreement.

**Payroll and Tax Services**

- Payroll Processing
- Taxpay
- Direct Deposit
- Readychex®  -OR-  
Check Signing
- Check Insertion
- Check Logo Service
- State Unemployment Insurance Service (SUIS)
- Garnishment Payment Service
- Time Off Accrual Service (TOA)
- Labor Distribution
- Job Costing

**Reporting Services**

- Data Exports
- Reports On-Demand
- Report Writer
- New Hire Reporting
- Paychex Online Reports
- General Ledger Report  -OR-  
General Ledger Service

**Human Resource Services**

- HR Library
- Labor Posters
- Paychex HR Online
- Employee Access Online (EAO)
- Paychex Time and Labor Online (TLO)

**Benefits Administration (some services (\*) require the execution of a separate agreement)**

- Workers’ Compensation Payment Service<sup>(1)</sup> or
- Workers’ Compensation Report Service

(1) In the event that Client selects the Workers’ Compensation Payment Service, but either terminates or elects not to receive the Service, Client is solely responsible for contacting Paychex to begin receiving the Workers’ Compensation Report Service.

**Declined Productivity Services.** Client declines the Services initialed below. Client is solely responsible for performing the declined Services.

\_\_\_\_\_  
(INITIALS) **Initial here to DECLINE Paychex HR Online**

\_\_\_\_\_  
(INITIALS) **Initial here to DECLINE Paychex Time and Labor Online (TLO)**

**Optional Services.** Initial below to select additional Services. The optional Services are not part of the Productivity Services and Client acknowledges it must pay separately for each selected Service. The optional Services are described in the Product Terms and Conditions section of this Agreement.

\_\_\_\_\_  
(INITIALS) **Paychex Employee Screening Service**

\_\_\_\_\_  
(INITIALS) **Background Check Service**

\_\_\_\_\_  
(INITIALS) **Premium Only Plan**

\_\_\_\_\_  
(INITIALS) **ExpenseWire (subject to availability)**

\_\_\_\_\_  
(INITIALS) **COBRA Administration Service**

\_\_\_\_\_  
(INITIALS) **Points Tracking Module (Time and Labor Online required)**

\_\_\_\_\_  
(INITIALS) **Recruiting and Applicant Tracking (subject to availability)**

Client agrees that Paychex is not rendering legal, tax, accounting, or investment advice in connection with the Services, nor is Paychex a fiduciary of Client, a fiduciary of any Client benefit plan offered for the benefit of Client’s employees, or the employer or joint employer of Client’s employees. Paychex will not be responsible for Client’s compliance with, nor will Paychex provide legal or other financial advice to Client, with respect to federal, state, or local statutes, regulations, or ordinances, including, but not limited to, the Fair Labor Standards Act or any state equivalent. Client agrees to comply with any and all applicable federal, state, and local laws or ordinances.

Client understands that this Agreement (Rev. 9/14) may be considered an application for credit and hereby authorizes Paychex to investigate the credit of the Client and/or its principals, including vendor references, bank account status, and history (collectively “Client’s Credit”). Paychex’ performance of the Services under this Agreement is subject to approval of Client’s Credit. Client warrants that it possesses full power and authority to enter into this Agreement, and has read and agrees to the terms and conditions set forth in sections 1-25 of this Agreement.

Authorized Officer’s Name Don Denny PRINT Title CHAIRMAN

Authorized Officer’s Signature [Signature] Date 10/10/14