



Bank Statement Online Access Authorization Form

Date: _____

Effective immediately, I hereby allow online access to all company bank accounts for viewing of statements and activity purposes only to Patrick Accounting and Tax Services, PLLC.

Signature: _____

Client Name: _____

Bank Name: _____

Bank Web Address: _____

Account Numbers: _____

Please provide the following information about online access:

Username: _____

Password: _____

Security Questions/Answers: _____/_____

_____/_____

_____/_____

_____/_____

When you have setup online access, fill out the above information and give to us in person. For security reasons, do not mail, fax, or email to us.

ACCOUNTING REDEFINED



CUSTOMER ACH AUTHORIZATION

I(we) hereby authorize Patrick Accounting, LLC (“COMPANY”) to initiate ACH debit entries to my(our) checking account indicated below. I (we) further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford COMPANY and bank a reasonable opportunity to act on it.

Date _____ Signature _____

Date _____ Signature _____



CUSTOMER ACH AUTHORIZATION

I (we) hereby authorize Patrick Payroll, LLC ("COMPANY") to initiate ACH debit entries to my(our) checking account indicated below. I (we) further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford COMPANY and bank a reasonable opportunity to act on it.

Date _____ Signature _____

Date _____ Signature _____



Company Name _____

Complete the check signature authorization as follows:

The section below should be filled out by person(s) whose name is to appear on your companies' checks.

Signature- Please use a dark black ink pen (felt tip fine line or liquid ink is preferable).

Signatures must be within the block margins.

Printed Name _____

Printed Name _____

I authorize Patrick Accounting and Tax Services, PLLC to sign our checks using the above signature facsimile(s)

Authorized Signature

Title

Date



Company Name _____

Complete the check signature authorization as follows:

The section below should be filled out by person(s) whose name is to appear on your companies' checks.

Signature- Please use a dark black ink pen (felt tip fine line or liquid ink is preferable).

Signatures must be within the block margins.

Printed Name _____

Printed Name _____

I authorize Patrick Payroll to sign our checks using the above signature facsimile(s)

Authorized Signature

Title

Date



AUTHORIZATION TO RECEIVE CLIENT RECORDS

I _____ hereby authorize any representative of Patrick Accounting and Tax Services, PLLC, to obtain and receive any and all of my personal and business records. This includes, but is not limited to the following list of items:

- ___ 1040 Personal Tax Return(s) for the year(s): _____
- ___ 1065 Partnership Tax Return(s) for the year(s): _____
- ___ 1120/1120S Corporation Tax Return(s) for the year(s): _____
- ___ Payroll Tax Records, Return(s) for the year(s): _____
- ___ Sales Tax Records, Return(s) for the year(s): _____
- ___ Estimated Tax Vouchers for the year(s): _____
- ___ Bank Reconciliation(s) for the period(s): _____
- ___ Tax Return Filing Extensions _____
- ___ Income and Disbursement Records, including Source Documents _____
- ___ Amortization Schedules for all Notes Payable _____
- ___ Depreciation Schedules _____
- ___ All Government Agency Correspondence _____
- ___ All local filings including business reporting, tangible property returns, and any other miscellaneous reports _____

Client Authorization

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

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

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address D. Matthew Patrick CPA 5570 Murray Avenue Memphis, TN 38119 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. <u>0300-45426R</u> PTIN <u>P00362583</u> Telephone No. <u>(901)755-5858</u> Fax No. <u>(901)755-7774</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Sandra L Ledbetter CPA 137 Shadow Oaks Drive Sherwood, AR 72120 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. <u>7806-25355R</u> PTIN <u>P00179324</u> Telephone No. <u>(501)833-5858</u> Fax No. <u>(501)834-1068</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Kimberly M Pope EA 5570 Murray Avenue Memphis, TN 38119 (Note: IRS sends notices and communications to only two representatives.)	CAF No. <u>0313-37685R</u> PTIN <u>P01678046</u> Telephone No. <u>(901)755-5858</u> Fax No. <u>(901)755-7774</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature Date Title (if applicable)

Print name Print name of taxpayer from line 1 if other than individual


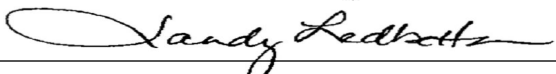

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the “Licensing jurisdiction” column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	TN	17813		
B	AR	6579		
C	IRS	00131579-EA		

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

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

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) Patrick Payroll, LLC		10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.) 5570 Murray Avenue		
City or town, state, and ZIP code Memphis, TN 38119		
12 Contact person D. Matthew Patrick	13 Daytime telephone number 901-752-2422	14 Fax number 901-755-7774

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 _____ 941 _____ 943 _____ 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, "2024/08" for August 2024).

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

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.

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



State of Tennessee
 Department of Labor and Workforce Development
 Employer Services Unit
 220 French Landing Drive, Floor 3-B
 Nashville, Tennessee 37243-1002

DECLARATION OF REPRESENTATIVE

This is to certify that (Representative): _____

Located at: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

is authorized to represent (Employer): _____

Employer's Federal Employer Identification Number: _____ Applied For

Employer's Tennessee Employer Account Number: _____ Applied For

before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:

<input type="checkbox"/>	<input type="checkbox"/>
for completing and filing quarterly Premium and Wage Reports	for benefit charge management*

*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.

Summaries of benefits charged are mailed to the primary address of record.



This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.

Employer Name: _____

Trade Name: _____

Mailing Address: _____

Required:

Authorized Employer Signature: _____ Date: _____

Print Name of Signer: _____ Title: _____

Return to: Tennessee Department of Labor and Workforce Development
 Employer Services Unit
 220 French Landing Drive, Floor 3-B
 Nashville, TN 37243
 Phone: 615-741-2486
 Fax: 615-741-7214