



CATHERINE L. OZMENT, CPA PLLC

— The CPA. Never Underestimate The Value.® —

Employer Information Packet

Business Name _____



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Employer Information:

Business Name: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary Contact: _____ Title: _____

Phone: _____ Cell: _____ Email: _____

Principle/ Officer Name: _____ Title: _____

Ownership: _____ % Social Security # _____ - _____ - _____ Years in Business: _____

Physical Home Address: _____ City: _____ State: _____ Zip _____

Products/Services: _____

Brief Description of Business:

Company Type:

- Corporation Limited Liability Company Subchapter S Corp
 Sole Proprietorship Partnership General/ Limited Non- Profit / Municipal

Number Of W-2 Employees: _____ Number of 1099 Contractors: _____

Business Bank Information for Payroll Processing:

Bank Name: _____ Address: _____

Routing Number: _____ Account Number: _____

Principal Officer's Name: _____ Social Security # _____ - _____ - _____

Principle's Date of Birth ____/____/____ Type of Account: Checking Savings

Please attach a voided check for the Business bank account.

Business Tax Information:

Federal EIN _____ - _____ State Unemployment # _____

EFTPS Login: PIN _____ Password: _____

State Unemployment Login: User ID _____ Password _____

Please attach a copy of Enrollment Form with number if available.

Business Bank Information for Tax Payments:

Bank Name: _____ Address: _____

Routing Number: _____ Account Number: _____

Principal Officer's Name: _____ Social Security # _____ - _____ - _____

Principle's Date of Birth ____/____/____ Type of Account: Checking Savings

Pay Frequency:

Pay Schedule Name: _____

Weekly Bi Weekly Monthly Semi Monthly

Weekly or Bi Weekly Pay Day: Monday Tuesday Wednesday Thursday Friday

Monthly Pay date: _____ Or Semi - Monthly Pay Dates: _____ & _____

Pay Period Start Date: ____/____/____ Pay Period End Date: ____/____/____

1ST Pay Date ____/____/____

Pay Schedule Name: _____

Weekly Bi Weekly Monthly Semi Monthly

Weekly or Bi Weekly Pay Day: Monday Tuesday Wednesday Thursday Friday

Monthly Pay date: _____ Or Semi - Monthly Pay Dates: _____ & _____

Pay Period Start Date: ____/____/____ Pay Period End Date: ____/____/____

1ST Pay Date ____/____/____

If Pay date falls on a non-banking day:

Leave Alone Move to Previous Banking Day Move to Next Banking Day

Pay Types:

Overtime Holiday Vacation Sick Bonus
 Commission Reimbursements Allowances Per Diem _____

Payroll Deductions:

Pre-Tax Medical \$ _____ or _____ % Pre-Tax Vision \$ _____ or _____ % Pre-Tax Dental \$ _____ or _____ %

Taxable Medical \$ _____ or _____ % Taxable Vision \$ _____ or _____ % Taxable Dental \$ _____ or _____ %

401 (k) \$ _____ or _____ % Simple IRA \$ _____ or _____ % 403 (b) \$ _____ or _____ % SARSEP \$ _____ or _____ %

Company Match:

Medical _____ % Vision _____ % Dental _____ % 401 (k) _____ % Simple IRA _____ % 403 (b) _____ %

Federal Tax Deposit Schedule:

Monthly Semi - Weekly with Form (Quarterly)

Exempt Status: FUTA SUTA

Employer Type:

Quarterly -941 Annual - 944 Agricultural – 943 Household employer (Schedule H)

Exempt Status: FUTA SUTA

Payroll History:

Do you have Prior Payrolls for this year? YES NO

If yes, please attach the following documents:

- 1) Monthly payroll detail for each employee. (To include wages, taxes, and deductions)
- 2) Payroll Summary Totals for each Month and Quarter period.
- 3) Copies of Quarterly Reports (Federal 941 & State unemployment) Submitted.
- 4) Dates and amounts of all payroll tax payments made to date for the current year tax liabilities.



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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 Catherine L. Ozment, CPA PLLC 3402 John Stockbauer Dr Victoria Texas 77901	CAF No. <u>0310-49890R</u> PTIN <u>P01506683</u> Telephone No. <u>361-578-7333</u> Fax No. <u>361-578-4246</u>
Check if to be sent copies of notices and communications <input checked="" 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"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	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. _____
(Note: IRS sends notices and communications to only two representatives.)	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 this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that 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. 5000A Shared Responsibility Payment, 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)
Income Tax	1040, 1120S	2015,2016,2017,2018,2019
Payroll	941, 940	2015,2016,2017,2018,2019

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

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 document. 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 Signature of taxpayer. 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, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that 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 contained 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 Internal Revenue Service 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 Internal Revenue Service 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—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an 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	TX	99281		