

Department of the Treasury - Internal Revenue Service

Form 8655 (Rev. 3/02)	REPORTING AGENT AUTHORIZATION FOR MAGNETIC TAPE /ELECTRONIC FILERS
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1. Legal Name (no punctuation besides ampersands & hyphens)	2. DBA	3. EIN _____ - _____ - _____ 4. <input type="checkbox"/> Check here if EIN is "new" EIN
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5. Street Address	6. City, State, Zip Code	7. Phone () ---
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8. Reporting Agent Name Business Office Solutions, LLC (DBA Time Plus Payroll Services)	9. Identifying No.
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10. Reporting Agent Address 2109 Oakwood Dr.	11. City, State, ZIP Code Green Bay WI 54304	12. Telephone No. 920-499-8463	Fax No. 920-897-2005
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13.	Forms Filed (as available)	Filing Method		Beginning Period	Deposit Type	Deposit Method		Beginning Period
		Electronic	Magnetic			Electronic	Magnetic	
	940	X	X		940	X	X	
	941	X	X		941	X	X	
					943			
					945	X	X	
					720			
					1042			
					1120			
	943		940PR		1041			
	945				CT-1			
	941 PR				990C			
	941SS				990T			
	CT-1				990PF			

X - Check here if the reporting agent is authorized to receive notices, correspondence, deposit requirements, tax rates and/or transcripts with respect to authorizations indicated in Item 13.

- Check here if Seasonal or Intermittent Filer

14. **Authorization for ALL State & Local jurisdictions** — The Agent is appointed as attorney-in-fact with authority to receive, sign, and file tax returns, make tax deposits, receive experience rates and filing frequencies for the taxpayer. The Agent is authorized as designee of the taxpayer to receive copies of notices, correspondence and transcripts with respect to tax returns filed by the Agent. Benefit & claims correspondence is to continue being mailed to the taxpayer address listed in Items 5 and 6. This authorization will remain in effect until notified by the Taxpayer or Agent of termination or revocation of the authorization.

Beginning Period	State/Locality	Reporting Number	

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

Signature of Taxpayer

I understand that this authorization does not absolve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and all taxes are paid on time. The reporting agent (designee) named above is authorized to sign and file federal, state, and local tax returns transmitted electronically, submitted on magnetic tape (or in special circumstances, submitted on paper) and/or make federal (FTD), state, and local tax deposits and other tax payments for the above taxpayer. This authorization applies to the above employment tax returns and/or payments beginning with the tax period indicated and remains in effect until the taxpayer or designee notifies the IRS, state, and/or local jurisdictions that this authorization is terminated or revoked. I authorize the IRS, state, and local jurisdictions to disclose otherwise confidential tax information relating to employment tax returns to be filed by the agent (designee) and/or relating to payments to be made by the agent (including deposit requirements.) I certify that I have the authority to authorize the disclosure of otherwise confidential tax information on behalf of the taxpayer.

Signature (Required) _____ **Title (If Applicable)** _____ **Date (Required)** _____