Ohio | Department of Taxation

WT 8655
Prescribed 7/12

Withholding Tax Payroll Service Company Authorization and Release

Reporting agent agrees to provide authorization to the Ohio Department of Taxation within 24 hours of request.

1. Taxpayer Information. Taxpayer must sign and date this form on line 6.	
Taxpayer name	Employer identification number (EIN)
Address	Social Security number
City, state and ZIP code	Daytime telephone number

2. Reporting Agent Information	
Name Acumen Fiscal Agent, LLC.	Employer identification number (EIN)
Address 5416 E Baseline Rd., Suite 200	Telephone number 623-792-6100
City, state and ZIP code Mesa, AZ 85206	Fax number 480-371-2241

3. State Authorization

The taxpayer hereby grants the reporting agent with limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media or on paper with the Ohio Department of Taxation. The reporting agent is also hereby authorized to receive notices, correspondence and transcripts from the Ohio Department of Taxation, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information related to the taxpayer's state individual income and school district income tax withholding returns and deposits.

This authorization shall include all Ohio Department of Taxation state individual income and school district income tax withholding forms and shall commence with the tax period of _____/_____ and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by the reporting agent. Unless the taxpayer is required to file or deposit electronically, the reporting agent will, at its discretion, file and make deposits on the taxpayer's behalf either electronically, on magnetic media or on paper.

4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Ohio Department of Taxation for the same years or periods covered by this document. If you do not want to revoke a prior authorization, check this box: ☐

You MUST attach a copy of any tax information authorization that you want to remain in effect.

5. Acknowledgement of Responsiblity

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.

6. Signature of or for Taxpayer

I hereby certify that the Ohio Department of Taxation is authorized to release any and all Ohio withholding tax information in accordance with section 3 above that is in the possession of the department concerning the undersigned taxpayer to the reporting agent specified by this authorization and release. Further, I hereby relieve the Ohio tax commissioner, the Ohio Department of Taxation or any agent or employee thereof from any liability whatsoever for releasing such information.

I certify under penalties of perjury that I am the taxpayer identified below or have the authority to execute this withholding tax information authorization and release on behalf of the taxpayer.

If this withholding tax information authorization and release is not signed, it will be returned.

Print name	Signature
Domestic Employer	
Title	Date