

Memorandum of Understanding

PURPOSE

The purpose of this Memorandum of Understanding (MOU) between the Arizona Department of Revenue (ADOR) and _____ hereafter referred to as Payroll Service Company (PSC), is to ensure that PSC has on file a signed authorization from each client that authorizes PSC to pay and file withholding taxes to ADOR, and to receive tax account information from ADOR in order to resolve account discrepancies. This MOU shall serve to permit PSC to resolve tax matters with ADOR on each client's behalf.

State Information

State Name Arizona Agency Name Department of Revenue
Address 1600 W Monroe St. City, State, Zip Phoenix, AZ 85007
Contact Name Jeanette Maez Phone (602)716-6052 Fax (602)542-2072

Payroll Service Company Information

Company Name _____ EIN _____
Address _____ City, State, Zip _____
Contact Name _____ Phone _____ Fax _____

A. Duties

Under this MOU, ADOR will disclose to PSC confidential information necessary to assist PSC with client billing and general payroll tax account questions and validation in connection with the returns that PSC files on its client's behalf. PSC agrees to provide a copy of a client's authorization, by mail or fax, within 24 hours upon request. PSC will notify ADOR immediately if a client authorizes PSC to receive confidential information on its client's behalf or if a client withdraws its authorization.

B. Confidentiality

PSC agrees to restrict access to the information provided to specifically authorized personnel and to use the information only to produce accurate and timely tax reports for each employer. PSC agrees to instruct authorized personnel who have access to the data as to the confidentiality requirements for protecting the data.

C. Security

PSC assumes responsibility for the information provided and will maintain appropriate computer system security measures, which restrict access to system files, records, and databases to authorized persons.

D. Termination

ADOR may suspend its disclosure of confidential information immediately if it determines that PSC has violated its obligations under this MOU, including failure to provide a copy of a requested authorization form, unauthorized disclosure to third parties, or failure to secure confidential information. Either party may terminate this MOU at any time by giving written notice to the other party at least sixty (60) calendar days prior to the effective date of termination.

E. Amendments

No amendment to this MOU shall be effective unless it is in writing and signed by authorized representatives of both parties.

APPROVALS

Jeanette Maez _____ Administrator _____
State Agency Representative Name State Agency Authorized Signature Title Date

PSC Representative Name PSC Authorized Signature Title Date