

Request for Exception Payroll
Absolution Letter – Responsibility for Penalty and Interest

Company # _____

Company Name _____

Tax Year _____ Check Date ____/____/____ Processing Date ____/____/____

I authorize Payroll Control Systems to initiate/process the above adjustment payroll. I understand that by asking Payroll Control Systems to process this payroll, due to the timing of this adjustment I understand that PCS cannot guarantee timely deposits of taxes. PCS will make every effort to deposit the tax liabilities timely; however, certain Federal or State tax deposits may be considered late and penalties/interest may be imposed. I understand that Payroll Control Systems will not be held liable for any late tax deposits caused by this action and I will accept responsibly for these charges.

Name of person requesting payroll (please print)

____/____/____
Date of request

Signature of Corporate Officer

Please fax to your Client Account Manager at 763-513-5968.

For internal use only	
Received on ____/____/____	CAM _____
Manager authorization _____	Payroll completed by _____
Additional tax deposit completed by _____	Date completed ____/____/____