Resolution 2023-R-88

A Resolution authorizing execution of an agreement with WEBB Payroll Service for Payroll Services

BE IT HEREBY RESOLVED by the City Council of the City of Irondale, Alabama, in regular meeting duly assembled, a quorum being present that Mayor James D. Stewart, Jr. or his designee is hereby authorized to execute an agreement for payroll services in substantially the form attached hereto as **Exhibit A** with WEBB Payroll Service in the amount of $27,369.00 per year and a one-time fee of $4,800.00 for setup of the system and the purchase of four (4) clocks.

ADOPTED & APPROVED: This 18th day of July, 2023.

David Spivey, City Council President

APPROVED:

James D. Stewart, Jr., Mayor

ATTESTED:

Leigh Ann Allison, City Clerk

CERTIFICATION

I, Leigh Ann Allison, the City Clerk of the City of Irondale, Alabama, hereby certify that the above to be a true and correct copy of a resolution adopted by the City Council of the City of Irondale at its regular meeting held on the 18th day of July, 2023, as the same appears in the minutes of record of said meeting.

Leigh Ann Allison, City Clerk

Exhibit A

WEBB PAYROLL SERVICE

6.12.2023 City of Irondale - Based upon 180 employees paid Bi-Weekly (26 payrolls per Year)

- Payroll Processing charges Annually: $11,440 ($440 per Payroll x 26)
- State Unemployment Claims Management Annually: $300 ($25 per Month)
- W2's Annually: $1,600 (200 x $8 per W2)
- ACA / 1095s Annually: $1,600 (200 x $8 per 1095)
- $89 Yearly Flash Drive

Total Annual Payroll Charge: $15,029

Total one-time Setup Payroll Charge: $250

- Time Keeping charges Annually: $5,850 ($225 per Payroll x 26)
- Time Clock Annualized Fees: $480 ($10 per Month per clock = $40/Month x 12)

Total Annual Time Keeping Charge: $6,330

Total One-Time Cost for 4 "Punch+" Time Clocks: $3,600 ($900 each x 4)

Total one-time Setup Time Keeping Charge: $350

Total Annual Onboarding & HRIS Charge: $5,850 ($225 per Payroll x 26)

Total one-time Setup Onboarding & HRIS: $550

**** You may have a one-time GL import File cost for Tyler (normally $200-$400)**

Total E-Verify Annual Charges: $160 ($4 per E-Verify x 40 New Hires per Year estimate)

Total E-Verify one-time Setup Charge: $50

Total Annual Charges: $27,369

Total one-time Setup Charge: $1,200

Total one-time Purchase of 4 Clocks: $3,600

WEBB PAYROLL SERVICE

P.O. Box 756
Gardendale, Al 35071
P. 205-631-3614 F. 205-631-3641
payroll@webbpayroll.com
www.webbpayroll.com

Employer Information

Company Name : City of Irondale Date : 6.26.23

Address : 101 20th St South City: Irondale

State: AL Zip Code: 35210 Phone: 205-951-1383 Fax :

PR Contact Name: Leigh Allison E-Mail: LAllison@cityofirondaleal.gov
Additional Contact: E-Mail:

Only complete if we are filing for tax numbers:

☒ Corporation ☐ Proprietorship ☐ Domestic ☐ LLC

List below full names(s), Social Security number and title of individual owner, partners or officers:

Name & Address	Social Security number	Title
Leigh Allison		City Clerk/Treasurer

Field of business: Mining, Manufacturing, Construction etc. Municipality

Payroll Frequency: BW Next Pay Date: 10/6/23 Period Begin Date: 9/20/23

Period End Date: 10/3/23 Payroll History Required: QTD: Yes YTD: Yes

Input Day: 2 days before Payday by 2pm Number of Employees 180

If you already have your tax numbers, please list below:

Type	Tax Numbers	Deposit Frequency
Federal I.D. #	63-6001299	
State I.D. #	9513111400	
State S.U.I. #		
State S.U.I. Rate		
City I.D. #	075012	

If you have payroll in other states, please list below with tax numbers:

State	Tax Number	Deposit Frequency

WEBB PAYROLL SERVICE

P.O. Box 756
Gardendale, Al 35071
P. 205-631-3614 F. 205-631-3641
payroll@webbpayroll.com
www.webbpayroll.com

Division	Branch	Departments

Vacation Accrual: ☒ Yes ☐ No

Information Attached: ☐ Yes ☒ No

Use standard Earning/Deductions: ☒ Yes ☐ No

Please list any special Earnings/Deductions: _____

_____

Payroll Reporting

Method: ☐ Email ☐ Online ☒ Remote ☐ Call In ☐ Call Out ☐ Autopay ☐ Esheet ☐ Timeclock Import

Special Instructions: _____

Payroll Delivery

Method: _____ Time: _____ Cost: _____

Special Instructions: _____

CPA

CPA Firm: _____ Contact Name: _____

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

Phone: ( ) _____ Fax: ( ) _____ Email: _____

Send Reports: ☐ Yes ☐ No Online Access: ☐ Read Only ☐ Full Access Existing User: ☐ Yes ☐ No

Payroll Quote

Processing:_____ Implementation:_____ W2's:_____

Flash Drive:_____ Poster Elite:_____ E-Verify:_____

Other:_____

Additional Payroll Information: _____

_____

_____

_____

_____

WEBB PAYROLL SERVICE

P.O. Box 756
Gardendale, Al 35071
P. 205-631-3614 F. 205-631-3641
payroll@webbpayroll.com
www.webbpayroll.com

Timekeeping/HR

☐ Time Works Plus ☐ Time Simplicity ☐ Workforce HUB ☐ HUBhr

Desired Start Date: _____ Number of Employees: _____
Rounding: _____

☐ Webb Clock ☐ Mobile App ☐ Wall-mounted time clock(s) _____ (type)

Day-of-week your overtime week begins:
☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Clock Prompts – Should the time clock collect data from the employee at clock in/out (IE tips)? ☐ Yes ☐ No
If yes, what? _____

Will any supervisors be authorized to edit time cards? ☐ Yes (please provide list) ☐ No

Are employees subordinate to more than one supervisor within your organization? ☐ Yes ☐ No

Holiday Configuration:_____(please attach list of paid holidays)

WorkforceHUB Products Included: ☐ TWP ☐ Onboarding ☐ Applicant Stack ☐ Verified First BGC

Additional timekeeping Information: _____

DDPLUS

Company ACH Authorization Form

Company Information

Client ID *(if applicable)*: _____
Legal Business Name: City of Irondale
Trade Name: _____
Type of Business: Municipality
Tax ID/EIN #: 63-6001299
Registered State: AL State ID #: 9513111400
Business Address Line 1: 101 20th St South
Business Address Line 2: _____
Business Address City: Irondale
Business Address State: AL Zip Code: 35210
Mailing Address same as Business Address?: X Yes ___ No
Mailing Address Line 1: _____
Mailing Address Line 2: _____
Mailing Address City: _____
Mailing Address State: _____ Zip Code: _____
Listed Phone #: 205-951-1383
Website: _____
Owner/Principal Name 1: Leigh Allison
Owner/Principal Title + % 1: City Clerk/Treasurer
Owner/Principal Name 2: _____
Owner/Principal Title + % 2: _____
Owner/Principal Name 3: _____
Owner/Principal Title + % 3: _____
Password: _____

Funding & Timing Options

_____

Transmission Reports

Email Address 1: _____
Email Address 2: _____
Report Type: ___HTML ___PDF ___ Encrypted PDF:
Encrypted PDF Password: _____

PPP Information

PPP Name: Webb Payroll Service Inc
PPP Account #: 12208323
Fees Charged To: X PPP ___ Client
Pennies Challenge Waived: X Yes ___ No *(if applicable)*
In-Person Contact Made with Client: ___ Yes ___ No
Live Processing Date: _____

Business Account for ACH Transactions

Bank Name: _____
Routing/Transit #: _____
Business Account #: _____
Account Type *(Include copy of voided check.)*: X Checking ___ Savings

Business Account for Tax Payments *(if applicable)*

X Business Account Above ___ Business Account Below:
Bank Name: _____
Routing/Transit #: _____
Business Account #: _____
Account Type *(Include copy of voided check.)*: ___ Checking ___ Savings

Authorized Signature

By signing this Company Authorization Form, authorization is hereby granted to: Webb Payroll Service Inc and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information, to and from the Authorized Account specified above on this form; and it is acknowledged that the Authorized Account is a commercial account and not a consumer account (as defined in the Automated Clearing House (ACH) Rules. The Company has contracted with City of Irondale (Professional Payroll Processor or PPP) to provide payroll and/or payroll related services and has received and reviewed a copy of that contract. The Company acknowledges that the PPP has contracted to utilize the services provided by NatPay for the purpose of transferring funds electronically through the Automated Clearing House (ACH), in accordance to the rules of the National Automated Clearing House Association (NACHA) and all other applicable state and federal rules and regulations, for various purposes that include but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other reason that the Company may desire to transfer funds electronically through the ACH system. The Company further acknowledges (or understands) that (i) all transfers of funds through NatPay will be made in accordance with the Service Agreement between the PPP and NatPay; (ii) all ACH entries will be solely based on the data received by NatPay from the PPP and strictly in accordance with its instructions; (iii) NatPay has no responsibility or ability to determine that the PPP, receiving bank or other payee computes or distributes funds accurately or as expected and (iv) that the Company's agreement with the PPP provides that it will indemnify NatPay against all claims or damages resulting directly or indirectly from insufficient funds, fraud or misapplication of funds of the Company, except to the extent any misapplication of funds is directly caused by the negligence of NatPay. This Authorization will continue in effect until terminated by the Company or not less than three (3) days prior written notice to NatPay at csr@natpay.com or until the earlier termination of the Service Agreement with the PPP. This signed Company Authorization Form may be considered as an application for credit, and therefore authorizes the PPP and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, various data services, and a Company's banks to verify status, history, and other applicable credit information.

Leigh Allison
Authorized Signor Name *(Please print.)*

Authorized Signor Signature

City Clerk/Treasurer
Authorized Signor Title

6.26.23
Date

102419A

Form **8655**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Reporting Agent Authorization

► Information about Form 8655 and its instructions is at *www.irs.gov/Form8655.*

OMB No. 1545-1058

Taxpayer

1a Name of taxpayer (as distinguished from trade name) City of Irondale	2 Employer identification number (EIN) 63-6001299
1b Trade name, if any	4 If you are a seasonal employer, check here . . . . . ☐
3 Address (number, street, and room or suite no.) 101 20th St South	5 Other identification number (optional)
City or town, state, and ZIP code Irondale AL 35210	
6 Contact person Leigh Allison	7 Daytime telephone number 205-951-1383
	8 Fax number

Reporting Agent

9 Name (enter company name or name of business) Webb Payroll Service, Inc.	10 Employer identification number (EIN) 20-1000346
11 Address (number, street, and room or suite no.) P.O. Box 756	
City or town, state, and ZIP code Gardendale, AL 35071	
12 Contact person Sherry K. Webb	13 Daytime telephone number (205) 631-3614
	14 Fax number (205) 631-3641

Authorization of Reporting Agent to Sign and File Returns (Caution: See *Authorization Agreement*)

15 Indicate the tax return(s) to be signed and filed. For quarterly returns, use "YYYY/MM" format. "MM" is the last month of the quarter for which the authorization begins (for example, "2018/09" for third quarter of 2018). For annual returns, use "YYYY" format to indicate the year for which the authorization begins.

940	2023	941	2023	940-PR		941-PR		941-SS		943	2023
943-PR		944	2023	945	2023	1042		CT-1			

Authorization of Reporting Agent to Make Deposits and Payments (Caution: See *Authorization Agreement*)

16 Indicate the tax return(s) for which the reporting agent is authorized to make deposits or payments. Use the "YYYY/MM" format to enter the month in which the authorization begins (for example, "2018/08" for August 2018).

940	2023	941	2023	943	2023	944	2023	945	2023	720	
1041		1042		1120		CT-1		990-PF		990-T	

Duplicate Notices to Reporting Agents

17 Check here to request the IRS to issue to the reporting agent duplicate copies of notices and correspondence regarding returns filed and deposits or payments made by the reporting agent . . . . . ☑

Disclosure Authorization for Forms Series W-2, 1099, and/or 3921/3922

18a The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form W-2 series information returns. This authority is effective for calendar year forms beginning **2023** .

b The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Form 1099 series information returns. This authority is effective for calendar year forms beginning **2023** .

c The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning .

State or Local Authorization (Caution: See *Authorization Agreement*)

19 Check here to authorize the reporting agent to sign and file state or local returns related to the authorization granted on line 15 and/or line 16 . . ☑

Authorization Agreement

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 and that I may enroll in the Electronic Federal Tax Payment System (EFTPS) to view deposits and payments made on my behalf. If line 15 is completed, the reporting agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 16 are completed, the reporting agent named above is authorized to make deposits and payments beginning with the period indicated. Any authorization granted remains in effect until it is terminated or revoked by the taxpayer or reporting agent. I am authorizing the IRS to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 and/or line 16, including disclosures required to process Form 8655. Disclosure authority is effective upon signature of taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect.

Sign Here

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.

Signature of taxpayer	Title	Date
	City Clerk/Treasurer	6.26.23

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Cat. No. 10241T Form **8655** (Rev. 10-2018)

Form **2848**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ **Go to *www.irs.gov/Form2848* for instructions and the latest information.**

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
Function
Date / /

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)	
City of Irondale 101 20th St South Irondale AL 35210	63-6001299 Daytime telephone number: 205-951-1383	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	CAF No. / PTIN / Telephone No. / Fax No.
Webb Payroll Service Inc **PO Box 756** **Gardendale, AL 35071** **Check if to be sent copies of notices and communications** ☑	CAF No. **0315-23137R** PTIN **P02021641** Telephone No. **205-631-3614** Fax No. **205-631-3641** Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address **Check if to be sent copies of notices and communications** ☐	CAF No. PTIN Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address **(Note:** IRS sends notices and communications to only two representatives.)	CAF No. PTIN Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address **(Note:** IRS sends notices and communications to only two representatives.)	CAF No. PTIN Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts 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. 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)
Payroll	**940,941,943,944,945**	**2023-2026**

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

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 form. 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 Taxpayer declaration and signature. 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 (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify 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.

	6.26.23	City Clerk/Treasurer
Signature	Date	Title (if applicable)
Leigh Allison		
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 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 IRS 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 IRS 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 or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a 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
h		P02021641		

POA
rev. 09/2012

ALABAMA DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION
EXPERIENCE RATING SECTION, ROOM 4215
PHONE: (334) 242-8888/FAX: (334) 242-2068

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT City of Irondale ACCOUNT NO. _____,

a _____ FEDERAL ID NO. 63-6001299 ,
(Corporation, partnership, individual, etc.)

having its principle office at 101 20th St South Irondale AL 35210, does hereby constitute and appoint: Webb Payroll Service Inc

P.O. Box 756

Gardendale, AL 35071

Representative's Contact Name: Sherry K Webb Telephone: 205-631-3614

its true and lawful attorney in fact with full power and authority to represent the said _____,

before the Alabama Unemployment Compensation Agency until further notice in the following matter(s), to wit:

(Check appropriate box)

☒ **TAX** ---- (Limited) The filing of reports, payment of contributions, Cost Statements (quarterly), Tax Rate Notices (annually), and any legal documents, i.e. assessments, garnishments, etc., obtaining other account information as is permissible, (employer reporting data, tax rate information and liability dates).

☐ **BENEFITS** ---- (Limited) Requests for separation, 1st notice of payment of benefits for charge purposes, employer's protest of benefit claims and information relative thereto.

☐ **TAX AND BENEFITS** ---- (Unlimited) As described above in the first and second blocks.

☐ **TAX REPORTS ONLY** --- (Limited) The filing of quarterly reports and payment of contributions **only.**

This authorization cancels and supersedes all prior authorizations associated with the above action checked.

IN WITNESS WHEREOF, the said City of Irondale has caused this instrument to be duly attested by the signature of its duly qualified officer this 26th day of June, 2023.

By: _____
Duly Qualified Officer

City Clerk/Treasurer
Title

[NOTARY SEAL]

EMMIE B. TURNER LARGE NOTARY PUBLIC STATE AT LARGE ALABAMA COMMISSION EXPIRES

_____
Notary Public

FORM
2848A
(REV. 9/18)

ALABAMA DEPARTMENT OF REVENUE

Power of Attorney and Declaration of Representative

NOTE: If you have questions concerning the completion of this form, please refer to the instructions for Federal Form 2848 (revised March 2012). Alabama Form 2848A is very similar to the federal form.

CAUTION: A separate Form 2848A should be completed for each taxpayer.

PART I – POWER OF ATTORNEY

1 TAXPAYER INFORMATION

TAXPAYER NAME AND ADDRESS (Please Type or Print)	SOCIAL SECURITY NUMBER
City of Irondale 101 20th St South Irondale AL 35210	EMPLOYER IDENTIFICATION NUMBER 63-6001299 DAYTIME TELEPHONE NUMBER 205-951-1383

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 REPRESENTATIVE(S) (Please Type or Print) Must sign and date this form on page 2, part II. By designating a representative in Part I, Section 2, the taxpayer authorizes the Department to discuss or share information specifically listed in Part I, Section 3 with the authorized representative. All official correspondence from the Department will be sent to the taxpayer. It will be the taxpayer's responsibility to distribute document(s) to their representative.

NAME AND ADDRESS	TELEPHONE NUMBER / FAX NUMBER
Webb Payroll Service Inc PO Box 756 Gardendale, AL 35071	TELEPHONE NUMBER (205) 631-3614 FAX NUMBER (205) 631-3641
NAME AND ADDRESS	TELEPHONE NUMBER ( ) FAX NUMBER ( )
NAME AND ADDRESS	TELEPHONE NUMBER ( ) FAX NUMBER ( )

To represent the taxpayer before the Alabama Department of Revenue for the following tax matters:

3 TAX MATTERS

TYPE OF TAX (Individual, Corporate, Sales, etc.)	TAX FORM NUMBER (40, 20C, 41, 65, etc.)	YEAR(S) or PERIOD(S)
Withholding	A1, A3, A6, W2, 1099	2023

4 ACTS AUTHORIZED

Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

☐ Disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; _____

EXCEPTIONS

List any specific deletions to the acts otherwise authorized in this power of attorney: _____

5 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 Alabama Department of Revenue for the ***same*** tax 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.

6 SIGNATURE OF TAXPAYER

If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **If this power of attorney is not signed and dated, it will be returned to the taxpayer.**

SIGNATURE	DATE	TITLE (If Applicable)
	6.26.23	City Clerk/Treasurer

Leigh Allison
PRINT NAME

PART II – DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer identified in Part I for the tax 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 – duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - **c.** Enrolled Agent – enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - **d.** Officer – a bona fide officer of the taxpayer's organization.
  - **e.** Full-Time Employee – a full-time employee of the taxpayer.
  - **f.** Family Member – a member of the taxpayer's immediate family (i.e., spouse, parent, 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 Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - **h.** Unenrolled Return Preparer – an unenrolled return preparer under section 10.7(c)(1)(viii) of Treasury Department Circular No. 230.
  - **i.** Registered Tax Return Preparer – registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled and return preparers in the instructions.**
  - **j.** Student Attorney or CPA – receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - **k.** 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 signed and dated, the power of attorney will be returned.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "jurisdiction" column.

DESIGNATION – INSERT ABOVE LETTER **(a-k)**	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE

WEBB PAYROLL SERVICE

P.O. Box 756
Gardendale, Al. 35071
P. 205.631.3614 F. 205.631.3641
payroll@webbpayroll.com

DEDUCTION AUTHORIZATION AGREEMENT

CLIENT INFORMATION:

Client #: _____ Other related company codes: _____
Client Name (legal): City of Irondale
Trade Name (if different from above): _____
Client Address: 101 20th St South Irondale AL 35210
Co Federal ID #: 63-6001299 Client Contact: Leigh Allison Title: City Clerk/Treasurer
Co Telephone #: 205-951-1383 Ext: _____ Fax: _____ E-mail: ~~LAllison@cityofirondaleal.~~

METHOD OF DEBIT:

ACH/EFT – WEBB PAYROLL SERVICE, INC. ("WP") is authorized to debit client's account in accordance with provisions on the reverse of this agreement and below.
CLIENT agrees to the debit methods listed for collection of:

- the funding of ACH direct deposit of client's employee net pay and payment checks, employee net pay checks and payment checks for WEBB PAYROLL SERVICE, INC. Common Account and other direct deposit or payroll related payments
- applicable fees for all services
- payroll tax liabilities related to Webb Payroll Service's Tax Filing Services
- any other payments, processes or debits for services rendered by WP

All debits will be initiated by WEBB PAYROLL SERVICE, INC.

BANK INFORMATION: PLEASE ATTACH A VOIDED CHECK

X Payroll Taxes X Fees X Direct Deposit ____Trust Account ____Other _____

Bank Transit/ABA: _____ Bank Account #: _____
Bank Name: Bank _____ Contact: _____
Bank Address: Bank _____ Phone: _____ Fax: _____

If this is an account number change, indicate payroll check date effective date _____ (refer to fee schedule for charge).
BANK is hereby authorized and instructed to honor charges to CLIENTS DDA as designated above for which charges will be initiated by WEBB PAYROLL SERVICE, INC. in accordance with industry standard NACHA and ACH requirements. If BANK does not or cannot honor such charges or if BANK is contacted by CLIENT regarding any authorized deductions, including electronic deductions, BANK is additionally instructed to contact WEBB PAYROLL SERVICE, INC. immediately at (205) 631-3614; (205) 542-7743 or fax (205) 631-3641 and notify WEBB PAYROLL SERVICE, INC. of the circumstances.

The frequency and amounts of charges shall be determined from information furnished by, or on behalf of CLIENT, as described on agreements between WEBB PAYROLL SERVICE, INC. and CLIENT. CLIENT agrees to maintain a minimum balance in the account at all times to cover miscellaneous service/handling charges. In consideration of BANK'S compliance with this authorization and instruction, CLIENT agrees that treatment of such charges and BANK'S rights in respect to it shall be the same as if the charges were signed personally by CLIENT and that BANK shall not be responsible for the frequency nor amounts of such charges. Client shall immediately notify WEBB PAYROLL SERVICE, INC. by telephone and facsimile of any error in a WEBB PAYROLL SERVICE, INC. debit against CLIENT'S account.

WEBB PAYROLL SERVICE

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CLIENT will provide WEBB PAYROLL SERVICE, INC. with a voided check for the DDA indicated above. This authorization shall remain in effect unless and until revoked in writing by an authorized representative of the CLIENT and until BANK and WEBB PAYROLL SERVICE, INC. have each received such notice and have had reasonable time to act on such. Then the rights and responsibilities of the parties shall terminate as of the effective date, provided that all debit entries initiated by WEBB PAYROLL SERVICE, INC. are processed.
Client agrees to the following terms and conditions:

ACH/EFT

CLIENT understands that clear and available funds representing the total obligation of payroll tax liabilities, processing fees, other service charges, payments and fees, any other authorized debits, and the funding of employee net pay and payment checks must be on deposit in CLIENT's DDA account with BANK no later than two banking days prior to check date. WEBB PAYROLL SERVICE, INC. will initiate the transfer of such funds out of such DDA on such date. CLIENT acknowledges that, if sufficient funds are not available, the CLIENT will immediately become solely responsible for all tax deposits and filings, all employee wages, all wage deductions due then and thereafter, all other payments and related penalties and interest. CLIENT shall indemnify CLIENT BANK, WEBB PAYROLL SERVICE, INC., debit originating BANK and all other parties involved with debit entries from and against any claims or liabilities resulting from CLIENT's failure to have sufficient collected funds in the account as specified in this agreement. In addition, the Tax Filing Services, the Direct Deposit and other services may at WEBB PAYROLL SERVICE, INC.'s option, be immediately terminated. Neither the BANK nor WEBB PAYROLL SERVICE, INC. will have any further obligation to CLIENT or any third party with respect to any of such Services. With regard to charges for such services, WEBB PAYROLL SERVICE, INC. may take such action consistent with any agreement with CLIENT as it deems appropriate. In the event the CLIENT's Federal Income Tax and FICA deposit exceed $100,000 in any federal deposit cycle, the funds for such deposit must be wired by CLIENT and received by WEBB PAYROLL SERVICE, INC. no later than 1:00 p.m. PST on the day prior to check date.

This Agreement shall be governed by the State of Alabama, where Federal law does not apply. The court of jurisdiction shall be in Birmingham, Alabama. In the event litigation is required to enforce this Agreement, the prevailing party shall be reimbursed, in addition to damages, the cost of enforcement, including attorney fees.

Client Representative Name	Leigh Allison Printed Name and Title	City Clerk/Treasurer	6.26.23 Date

(The Party signing this Agreement is authorized and responsible to be bound by the terms of this Agreement.)