



Scope of Service and Terms & Conditions

1. This offer is valid for thirty (30) days from the date offered, unless changed by Detweiler, Hershey & Associates, P.C. (hereafter "DHA") before acceptance by client.
2. Payment is due upon presentation of invoice. DHA's standard policy is to electronically debit the client's account for the invoice amount one day prior to check date. Any past due accounts shall accrue a monthly finance charge of 2%.
3. If after acceptance of this agreement but prior to first payroll being processed, client should choose to terminate this agreement, client accepts and agrees to a 'no start' fee to be payable immediately to DHA. This fee shall equate to the standard set up fee in the proposal.
4. During the conversion process, DHA will assume responsibility for loading pertinent employee payroll information and year to date earnings into our application so that quarterly and/or year-end tax documents (as applicable) can be generated. Client agrees to audit the conversion data and immediately inform DHA of inaccurate or missing information. If DHA is not notified within 14 days of an error or omission, DHA may charge fees to correct the information.
5. Client will be provided with 2 hours of on-line training on the payroll software. Additional training can be scheduled and will be billed accordingly.
6. DHA will correct any processing error made by DHA if the client advises DHA of the error before the next regularly scheduled processing of the client's payroll. DHA shall have no liability to the client, or any third party, if the client fails to advise DHA of a processing error within fourteen (14) days of processing.
7. Payroll processing "Turnaround" time from day of receipt of payroll information before indicated cutoff times (4PM EST), until submittal to delivery agent, shall be guaranteed to be within two (2) working days Monday through Friday. Although DHA may at times complete the processing earlier, for its own and Client's mutual convenience, this shall not be construed to be a modification of the guaranteed service level.
8. DHA will make reasonable efforts to deliver the client's payroll by the mutually agreed upon time. DHA shall not be liable for delays caused by strikes, labor disputes, any act or neglect of client, delay in transportation, mail or delivery service or other unavoidable casualties or causes beyond the control of DHA.
9. Payroll processing will include a standard packet of payroll reports. Any report or file creation that is not part of the standard reports may require additional fees, and may not be readily available for clients' first payroll processing.
10. All services provided by DHA will be based upon information provided to DHA by the client, including proof of federal, state and local tax identification numbers, employee names, addresses, Social Security numbers, amounts of payments, dates of payment, identification of accounts into which funds are to be deposited to pay clients employees. Client also represents that it has verified the identity of each of its employees to whom it will make payments to through appropriate documentation provided by such employee (i.e. I-9 documentation) and client will maintain such documentation during the time in which each such employee receives payments.
11. Client agrees that it is responsible for the document retention of all employee documents including, but not limited to, forms W-4 and I-9. Client also agrees to DHA's document retention policy as described in the annual standard engagement letter regarding quarterly and annual tax returns. DHA does not take responsibility for client and employee document retention.
12. Client shall designate a commercial checking account and shall maintain available funds therein in an amount sufficient to cover all payroll taxes, the client's net payroll as reported to DHA and DHA's costs and fees.
13. DHA has no exclusive arrangement to perform SS# verification or to perform new hire reporting on your behalf.
14. Any associated End of Quarter and Year-end reporting (not including W-2 processing) that is normally processed without additional charge, is provided at no charge only to clients whose payroll processing activity and normal charges continue through to the complete end of the corresponding accounting period. End of quarter and year-end reporting is provided only to clients whose accounts are current.

15. Client delegates authority to DHA to prepare and file appropriate payroll tax returns and initiate tax deposits on client's behalf. This authority includes, as applicable, state and local withholding and state unemployment taxes. DHA agrees to file these returns with the appropriate taxing authority in a timely manner.
16. DHA, will assume responsibility for late payments to the degree that the error was caused directly by DHA's failure to make the payment in a timely manner. Responsibility for penalties will only be accepted for those incurred beginning with the first full quarter after DHA begins its function as tax specialist. This responsibility will end when DHA ends its function as tax specialist or this agreement is terminated. It is also understood that errors or faulty returns may be caused by inaccurate information provided to DHA or inaccurate set up in the system by the Client, Client's staff, accountants or other involved parties. If such is the case, DHA will not be responsible for any resultant penalty or interest charges.
17. As required by the federal government, DHA will utilize the Electronic Federal Tax Payment System (EFTPS) to initiate deposit of the Client's employment taxes. It is the Client's sole responsibility to notify DHA as to whether they are required by law to utilize this payment procedure. If the Client is required to file taxes through the EFTPS system and is not registered, the client must register before starting payroll services. The client is responsible for maintaining the EFTPS account information.
18. Client agrees to the fees presented on the service quote and further agrees to allow the ACH debit of the fees 1 day prior to the pay date. Failure to pay or NSF of funds will constitute a breach of this agreement. If a breach is not remedied with 10 days, this agreement may be canceled by DHA without further notice and all responsibility for tax payments will revert back to the Client. Client agrees that for each debit return or NSF, client will be charged DHA's then current daily NSF charge plus any and all fees and costs associated with the NSF.
19. In order to cancel the terms of this Agreement, client agrees to provide ninety (90) days prior written notice to DHA for such cancellation. Otherwise, client shall pay DHA three (3) months of the current average billing. DHA may terminate this agreement at any time.
20. Except for the warranties set forth above, DHA renders its services without warranty of any kind, without limitation, the implied warranty of merchantability or fitness for a particular purpose. DHA's sole liability to the client or third party shall be limited to correction of such processing errors, and DHA expressly disclaims any liability for incidental and or consequential damages.
21. Client agrees to indemnify and hold DHA harmless from and against all claims, suits, or causes of action by client's employee or others arising out of DHA's performance of the terms and conditions of this agreement and in the event of such action to pay all costs and expenses in connection therewith including reasonable attorney's fees. Acts of gross negligence by DHA or DHA's employees are covered by DHA's certificate of insurance. A copy of this certificate is available upon request.
22. This agreement shall remain in force and effect and shall renew for successive one year terms unless terminated by either Party in accordance with the termination provisions of this Agreement. DHA reserves the right to adjust its costs and fees on or before December 31 of each year. DHA shall provide notice of adjustments to its fees and costs at least sixty (60) days in advance of stated date.
23. This Agreement supersedes all prior agreements between the parties with respect to the subject matter hereof. Any failure by the parties to comply with any of the obligations, agreements, or conditions contained in the Agreement will result in termination of agreement. The individual signing this document on behalf of a corporate party warrants that he or she has full authority to sign this document. The invalidity of unenforceability of any term or provision shall not affect the validity or enforceability of the remainder of this Agreement. This Agreement shall be construed and governed under the laws of Pennsylvania. From time to time, DHA will update this published Scope or Service and Terms and Conditions. Other than such updates, this Agreement may not be altered, amended, or modified except by written instrument signed by all parties. DHA agrees to give reasonable notice of changes to this agreement and to allow clients to terminate service based on objections to these changes without penalty.
24. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which, together, shall constitute one and the same instrument. Company acknowledges that receipt by DHA of a copy of the Agreement, by facsimile, shall constitute the legal equivalent, for all purposes, of receipt of an original Agreement. Company also acknowledges that DHA may require the use of an electronic signature procedure as an alternative method to obtain the execution of the Agreement of Company. Company agrees that the Agreement shall not be denied legal effect, validity or enforceability solely because an electronic signature or electronic record was used in its formation. Company agrees that DHA shall be entitled to rely on said facsimile Agreement, or said electronic signature, and further agrees to hold DHA harmless and indemnify DHA from any and all claims, injuries and damages, of any nature incurred or suffered by DHA as a result of its reliance upon said facsimile transmission or said electronic signature.

Effective Agreement Date:

Detweiler, Hershey & Associates

Client:

Name:

Title:



DATE

NEW CLIENT NAME CORPORATION
1513 GEHMAN ROAD
HARLEYSVILLE, PA 19438

Dear NEW CLIENT NAME CORPORATION:

This letter is to confirm our understanding of the terms and objectives of our engagement with NEW CLIENT NAME CORPORATION as well as the nature and limitations of the services Detweiler, Hershey & Associates, P.C. (“DHA”) will provide.

Beginning with the payroll of January 2, 2018 DHA will process payroll based on the salary and hourly information supplied by NEW CLIENT NAME CORPORATION. Reporting of all pay period information will be provided to DHA Payroll Department using the agreed upon mode of transmission, telephone, fax, email or remote payroll entry. It is NEW CLIENT NAME CORPORATION responsibility to substantiate and authorize all time records prior to submission to DHA. DHA will not audit, examine or review these time records. It is the responsibility of NEW CLIENT NAME CORPORATION to determine employee classification as salary or hourly within the guideline of Fair Labor Standards Act. It is also the responsibility of NEW CLIENT NAME CORPORATION to determine employee versus independent contractor status.

Payroll processing will include the calculations of gross wages, applicable taxes and deductions to determine a net pay. Paychecks will be produced and if applicable a direct deposit file created and submitted. Reports to substantiate the payroll process are made available to NEW CLIENT NAME CORPORATION via paper copies or some form of electronic delivery. Any necessary tax deposits will be submitted for federal, state and local authorities and notification will be provided. Additional reports may be made available upon request. Payroll processing will continue on the agreed upon frequency until/unless discontinued by either NEW CLIENT NAME CORPORATION or DHA.

On a Quarterly basis, DHA will prepare necessary quarterly payroll tax returns and submit tax payments as required. Reporting will include any federal, state, local and unemployment returns. A tax instruction letter will be supplied outlining the returns filed and any payments submitted. It is the responsibility of NEW CLIENT NAME CORPORATION to verify and review these payments.

On an Annual basis, DHA will prepare necessary annual payroll tax reconciliations and submit payments as required. Reporting will include any federal, state, local and unemployment returns. A tax instruction letter will be supplied outlining the returns filed and any payments submitted. It is the responsibility of NEW CLIENT NAME CORPORATION to verify and review these payments.

On a periodic basis, or as needed, we may meet with you to discuss DHA Payroll services.

It is our policy to keep workpapers related to this engagement for seven years. When records are returned to you it is your responsibility to retain and protect them for possible future use, including potential examination by any government or regulatory agency.

In connection with this engagement, we may communicate with you or others via email transmission. We take reasonable measures to secure your confidential information in our email transmissions, including password protecting tax returns and other confidential documents. However, as email messages can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that email messages from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure or communication of any email transmission, or for the unauthorized use or failed delivery of email messages transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmission, including any consequential, incidental, direct, indirect, or special damages, such as loss of sales or anticipated profits, or disclosure or communication of confidential or proprietary information.

Any additional accounting services requested will be addressed and outlined in a separate engagement letter and billed separately.

We will not review the salary and hourly reports beyond the normal authorization stamp produced by your office. If an amount appears unusual or out of the ordinary we will call it to your attention, but we do not take any responsibility in the discovery of any errors, irregularities, or fraud. None of our services can be relied upon to detect errors, fraud, or illegal acts that may exist. In addition, we have no responsibility to identify and communicate significant deficiencies or material weaknesses in your internal control as part of this engagement.

Our fees will be based upon the applicable services provided. All invoices are due and payable upon presentation. Bills become delinquent if not paid within 30 days of the invoice date. If bills are past due in excess of 90 days we reserve the right to cease all work until your account is brought current, or withdraw from this engagement. NEW CLIENT NAME CORPORATION acknowledges and agrees that we are not required to continue work in the event of NEW CLIENT NAME CORPORATION's failure to pay on a timely basis for services rendered as required by this engagement letter. NEW CLIENT NAME CORPORATION further acknowledges and agrees that in the event we stop work or withdraw from this engagement as a result of NEW CLIENT NAME CORPORATION's failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable to NEW CLIENT NAME CORPORATION for any damages that occur as a result of DHA ceasing to render services.

If Detweiler Hershey & Associates, P.C. prepares your financial statements we may ask you for additional confirmation before processing your payrolls. If you have questions regarding this, please contact DHA.

You agree, to the fullest extent permitted by law, to limit the liability of the firm to the client for any and all claims, losses, costs, and damages of any nature whatsoever, so that the total aggregate liability of the firm to the client shall not exceed the firm's total fee for services rendered under this agreement. You and the firm intend and agree that this limitation apply to any and all liability or cause of action against the firm, however alleged or arising unless otherwise prohibited by law.

If a dispute arises among the parties hereto, the parties agree to first try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Rules for Professional Accounting and Related Services Disputes before resorting to litigation. Fees charged by any mediators shall be shared equally by all parties. In agreeing to arbitration, we both acknowledge that in the event of a dispute over fees

charged by the firm, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution.

We have the right to withdraw from this engagement, in our discretion, if you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable request, or misrepresent any facts. Our withdrawal will release us from any obligation to complete the engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of withdrawal.

If the foregoing is in accordance with your understanding, as Client Representative please sign the copy of this letter in the space provided and return it to Michael Mazza, Partner, Detweiler Hershey and Associates. It is also required that any/all authorized check signers sign in the space provided.

Thank you for the opportunity to serve you.
Very truly yours,

Detweiler, Hershey & Associates, P.C.

Approved: _____
Printed Name - Client Representative

Signature – Client Representative

Date Signed: _____

[Optional: Check Signing Authority]

Signature Check Signing Authority

Date Signed: _____

Reporting Agent Authorization

► Information about Form 8655 and its instructions is at www.irs.gov/form8655.

Taxpayer

1 a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)
1 b Trade name, if any	4 If you are a seasonal employer, check here <input type="checkbox"/>
3 Address (number, street, and room or suite no.)	5 Other identification number
City or town, state, and ZIP code	
6 Contact person	7 Daytime telephone number
	8 Fax number

Reporting Agent

9 Name (enter company name or name of business)	10 Employer identification number (EIN)
11 Address (number, street, and room or suite no.)	
City or town, state, and ZIP code	
12 Contact person	13 Daytime telephone number
	14 Fax number

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

15 Use the entry lines below to indicate the tax return(s) to be filed by the reporting agent. Enter the beginning year of annual tax returns or beginning quarter of quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

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

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

16 Use the entry lines below to enter the starting date (the first month and year) of any tax return(s) for which the reporting agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or reporting agent.

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

Disclosure of Information to Reporting Agents

17 a Check here to authorize the reporting agent to receive or request copies of tax information and other communications from the IRS related to the authorization granted on lines 15, 16, and/or line 18

b Check here if the reporting agent also wants to receive copies of notices from the IRS

Disclosure Authorization

18 a 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 _____.

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 _____.

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 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.

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

Sign Here

Signature of taxpayer	Title	Date
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General Instructions

Purpose of Form

Use Form 8655 to authorize a reporting agent to:

- Sign and file certain returns. Reporting agents must file returns electronically except as provided under Rev. Proc. 2012-32. You can find Rev. Proc. 2012-32 on page 267 of Internal Revenue Bulletin 2012-34 at www.irs.gov/pub/irs-irbs/irb12-34.pdf;
- Make deposits and payments for certain returns;
- Receive duplicate copies of tax information, notices, and other written and/or electronic communication regarding any authority granted; and
- Provide IRS with information to aid in penalty relief determinations related to the authority granted on Form 8655.

Note. An authorization does not relieve the taxpayer of the responsibility (or from liability for failing) to ensure that all tax returns are filed timely and that all federal tax deposits (FTDs) and federal tax payments (FTP) are made timely. See section 5.05 of Rev. Proc. 2012-32. Employers who enroll in the Electronic Federal Tax Payment System (EFTPS) can view EFTPS deposits and payments made on their behalf under their employer identification number (EIN).

Authority Granted

Once Form 8655 is signed, any authority granted is effective beginning with the period indicated on lines 15 or 16 and continues indefinitely unless revoked by the taxpayer or reporting agent. A new authorization must be submitted to the Service for any increase or decrease in the authority of a reporting agent to act for its client. The preceding authorization remains in effect except as modified by the new one. No authorization or authority is granted for periods prior to the period(s) indicated on Form 8655.

Where authority is granted for any form, it is also effective for related forms such as the corresponding non-English language form, amended return, (Form 941-X, 941-X(PR), 943-X, 944-X(PR), 945-X, or CT-1X), or payment voucher. In addition to the returns shown on lines 15 and 16, Form 8655 can be used to provide authorization for Form 944-SP using the entry spaces for Form 944. The form also can be used to authorize a reporting agent to make deposits and payments for other returns in the Form 1120 series, such as Form 1120-C, using the entry space for Form 1120 on line 16.

Disclosure authority granted on line 17a is effective on the date Form 8655 is signed by the taxpayer. Any authority granted on Form 8655 does not revoke and has no effect on any authority granted on Forms 2848 or 8821, or any third-party designee checkbox authority.

Where To File

Send Form 8655 to:

Internal Revenue Service
Accounts Management Service Center
MS 6748 RAF Team
1973 North Rulon White Blvd.
Ogden, UT 84404

You can fax Form 8655 to the IRS. The number is 801-620-4142.

Additional Information

Additional information concerning reporting agent authorizations may be found in:

- **Pub. 1474**, Technical Specifications Guide for Reporting Agent Authorization and Federal Tax Depositors.
- **Rev. Proc. 2012-32**.

Substitute Form 8655

If you want to prepare and use a substitute Form 8655, see Pub. 1167, General Rules and Specifications for Substitute Forms and Schedules. If your substitute Form 8655 is approved, the form approval number must be printed in the lower left margin of each substitute Form 8655 you file with the IRS.

Revoking an Authorization

If you have a valid Form 8655 on file with the IRS, the filing of a new Form 8655 revokes the authority of the prior reporting agent beginning with the period indicated on the new Form 8655. However, the prior reporting agent is still an authorized reporting agent and retains any previously granted disclosure authority for the periods prior to the beginning period of the new reporting agent's authorization unless specifically revoked.

If the taxpayer wants to revoke an existing authorization, send a copy of the previously executed Form 8655 to the IRS at the address under *Where To File*, above. Re-sign the copy of the Form 8655 under the original

signature. Write "REVOKE" across the top of the form. If you do not have a copy of the authorization you want to revoke, send a statement to the IRS. The statement of revocation must indicate that the authority of the reporting agent is revoked and must be signed by the taxpayer. Also, list the name and address of each reporting agent whose authority is revoked.

Withdrawing from reporting authority. A reporting agent can withdraw from authority by filing a statement with the IRS, either on paper or using a delete process. The statement must be signed by the reporting agent (if filed on paper) and identify the name and address of the taxpayer and authorization(s) from which the reporting agent is withdrawing. For information on the delete process, see Pub. 1474.

Specific Instructions

Line 15

Use the "YYYY" format for annual tax returns. Use the "MM/YYYY" format for quarterly tax returns, where "MM" is the ending month of the quarter the named reporting agent is authorized to sign and file tax returns for the taxpayer. For example, enter "09/2014" on the line for "941" to indicate you are authorizing the named reporting agent to sign and file Form 941 for the July–September quarter of 2014 and subsequent quarters.

Line 16

Use the "MM/YYYY" format to enter the starting date, where "MM" is the first month the named reporting agent is authorized to make deposits or payments for the taxpayer. For example, enter "08/2014" on the line for "720" to indicate you are authorizing the named reporting agent to make deposits or payments for Form 720 starting in August 2014 and all subsequent months.

Who Must Sign

Electronic signature. For guidance on optional electronic signature methods, see Pub. 1474, section 01.03.

Sole proprietorship. The individual owning the business.

Corporation (including a limited liability company (LLC) treated as a corporation). Generally, Form 8655 can be signed by: (a) an officer having legal authority to bind the corporation, (b) any person designated by the board of directors or other governing body, (c) any officer or employee on written request by any principal officer, and (d) any other person authorized to access information under section 6103(e).

Partnership (including an LLC treated as a partnership) or an unincorporated organization. Generally, Form 8655 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8655.

Single member LLC treated as a disregarded entity. The owner of the LLC.

Trust or estate. The fiduciary.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our authority to request this information is Internal Revenue Code sections 6011, 6061, 6109, and 6302 and the regulations thereunder. We use this information to identify you and record your reporting agent authorization. You are not required to authorize a reporting agent to act on your behalf. However, if you choose to authorize a reporting agent, you are required to provide the information requested, including your identification number. Failure to provide all the information requested may prevent or delay processing of your authorization; providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement agencies and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file Form 8655 will vary depending on individual circumstances. The estimated average time is 1 hour, 7 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making Form 8655 simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on *More Information* and then click on *Give us feedback*. Or you can send your comments to Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 8655 to this address. Instead, see *Where To File*, earlier.



Holiday Schedule 2018

HOLIDAY	DATE OBSERVED (DHA CLOSED)
Good Friday 2018 (1/2 day)	Friday, March 30, 2018
Memorial Day 2018	Monday, May 28, 2018
Independence Day 2018	Wednesday, July 4, 2018
Labor Day 2018	Monday, September 3, 2018
Thanksgiving Day 2018	Thursday, November 22, 2018
Day After Thanksgiving Day 2018	Friday, November 23, 2018
Christmas Eve 2018	Monday, December 24, 2018
Christmas Day 2018	Tuesday, December 25, 2018
New Year's Eve 2018	Monday, December 31, 2018
New Year's Day 2019	Tuesday, January 1, 2019

Holiday Schedules

The following is the standard holiday schedule for the Federal Reserve System. Please click on a holiday date to view service change announcements where applicable. See the International Holiday Schedules (/about/holiday-schedules/international-holiday-schedules.html) for the FedGlobal[®] Gateway Operator Holiday Schedules.

Standard Federal Reserve Bank Holidays

Information on holiday dates.

Holiday*	2018	2019	2020	2021	2022
New Year's Day	Jan 1 (/about/holiday-schedules/2018-ny-holiday.html)	Jan 1	Jan 1	Jan 1	Jan 1
Martin Luther King Jr. Day	Jan 15 (/about/holiday-schedules/2018-mlk-holiday.html)	Jan 21	Jan 20	Jan 18	Jan 17
Presidents Day	Feb 19 (/about/holiday-schedules/2018-presidents-day-holiday.html)	Feb 18	Feb 17	Feb 15	Feb 21
Memorial Day	May 28	May 27	May 25	May 31	May 30
Independence Day	Jul 4	Jul 4	Jul 4*	Jul 4*	Jul 4*
Labor Day	Sep 3	Sep 2	Sep 7	Sep 6	Sep 5

Holiday*	2018	2019	2020	2021	2022
Columbus Day	Oct 8	Oct 14	Oct 12	Oct 11	Oct 10
Veterans Day	Nov 11*	Nov 11	Nov 11	Nov 11	Nov 11
Thanksgiving Day	Nov 22	Nov 28	Nov 26	Nov 25	Nov 24
Christmas Day	Dec 25	Dec 25	Dec 25	Dec 25*	Dec 25*

*For holidays falling on Saturday, Federal Reserve Banks and Branches will be open the preceding Friday. For holidays falling on Sunday, all Federal Reserve Banks and Branches will be closed the following Monday. An expanded schedule can be found on the Board of Governors' website (Off-site) (<https://www.federalreserve.gov/aboutthefed/k8.htm>).

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YEAR-END INFO REQUIRED

Please submit for next payroll to payroll@detweilerhershey.com the following W2 information if it applies to your employees.

- 2% shareholders-SCorp Health
- Personal use of company vehicle-Auto Fringe Benefit
- Group Term Life
- List of employees participating in pension contribution plan that is not running through payroll
- Bonuses
- Third Party Sick Payments