

# Tax Waiver – Q2 941 2020

<Today’s Date>

<FLASH ID>

<MPS Client ID>

<Client Name>

Dear <Payroll Admin>,

<Client Name>, has requested myPay Solutions to adjust the second quarter 941 for 2020 in accordance with the FFCRA and CARES Acts. myPay Solutions is unable to advise on the amounts the business is eligible to claim as credits on the return.

Please sign below to indicate your understanding and acceptance of this agreement.

* I understand and agree that myPay Solutions will adjust the second quarter 941 for 2020 based on the information I provided separate from this waiver.
* I recognize myPay Solutions is not responsible for late payments, penalties and/or interest if the information I provided is inaccurate or late.

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PAYROLL ADMIN OR EXECUTIVE CLIENT SIGNATURE TITLE DATE

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PRINT PR ADMIN OR EXECUTIVE NAME ABOVE