



**AFFILIATE FAX TRANSMITTAL
FOR CANCELLATION OF TAX SERVICE**

Date: _____

Fax to: **PTP Tax Department**

Fax Number: (559) 251-2914

Attention: _____

From: _____

Affiliate Name: _____ Telephone #/Extension: _____

Client Name: _____ Client Number: _____

Response Required: Yes No Urgent:

.....
The following client will cancel their service with PTP:

Client Number _____ Client Phone Number _____

Client Company Name _____

Client Contact _____

Date of Cancellation _____ Date of last payroll on PTP Tax Service _____

Reason for termination: _____

Special handling instructions: _____

IS PTP RESPONSIBLE TO:

File Quarterly Returns? Yes No

File Annual Returns? Yes No

Process Returns as Final? Yes No

(Final means to close the filing requirements with the tax agencies; a nominal handling fee is charged, as noted on the client fee schedule.)

Note: The client may be subject to a client termination fee, as noted on Schedule 1 –Tax Pay and File Management Fees, if written notification of termination is not provided to Payroll Tax People, LLC at least 30 days prior to termination.