Form **8655** (Rev. October 2018)

Department of the Treasury Internal Revenue Service

Reporting Agent Authorization

OMB No. 1545-1058

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

Taxpa	ıyer						
	Name of taxpayer (as distinguished from trade name	e)			2 Employer identific	ation number (EIN)	
1b	Trade name, if any				4 If you are a season check here		
3	Address (number, street, and room or suite no.)			5 Other identification number (optional)			
	City or town, state, and ZIP code						
6	Contact person	7 Daytime	e telephone number		8 Fax number		
Dana	ukinan Amana						
Repoi	rting Agent				10 Employer identific	ation number (EIN)	
Construction of the service of the s					10 Employer identification number (EIN) 46-4242187		
	On The Money LLC				46-424	2187	
11	Address (number, street, and room or suite no.)						
348 IVI2	orion Road						
	City or town, state, and ZIP code						
	borough, MA 02346	1.0 5 .:					
12	Contact person	13 Daytim	e telephone numbe	r	14 Fax number		
	Peterson	<u> </u>	508-947-9930		866-724	0772	
	orization of Reporting Agent to Sign and						
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.						
	940 941 940)-PR	941-PR	94	I1-SS 9	943	
	943-PR 944 945	5	1042	C ⁻	Т-1		
Autho	orization of Reporting Agent to Make De	-					
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 whic authorization begins (for example, "2018/08" for August 2018).						
	940 941 943	3	944	94	15 7	'20	
	1041 1042 112		_			990-T	
Dupli	cate Notices to Reporting Agents						
17	Check here to request the IRS to issue to the report deposits or payments made by the reporting agent	0 0			respondence regarding		
Disclo	osure Authorization for Forms Series W	-2, 1099, a	nd/or 3921/39	22			
	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 others		•	-		 onding to certain IRS	
	notices relating to the Form 1099 series information		' '		•	maing to certain into	
С	The reporting agent is authorized to receive otherwise confidential taxpayer information from the IRS to assist in responding to certain IRS						
Ū	notices relating to the Forms 3921 and 3922. This authority is effective for calendar year forms beginning .						
State	or Local Authorization (Caution: See Au			your ronnie bog	9		
19	Check here to authorize the reporting agent to sign and			o the authorization	on granted on line 15 and	d/or line 16	
	prization Agreement	i ille state or i	ocal returns related to	o the authorization	on granted on line 15 and	vor iiile 10 <u>F</u>	
I unders paymen complete are com effect un relating	stand that this agreement does not relieve me, as the stare made and that I may enroll in the Electronic Fedled, the reporting agent named above is authorized to sign a pleted, the reporting agent named above is authorized to ritil it is terminated or revoked by the taxpayer or reporting to the authority granted on line 15 and/or line 16, including receipt of Form 8655. The authority granted on Form 8655 were standard this content of the standard this content is the standard	eral Tax Paym and file the reto make deposits agent. I am au disclosures re	ent System (EFTPS) urn indicated, beginning and payments beginn thorizing the IRS to di quired to process Fore	to view deposits ng with the quarte ning with the period sclose otherwise m 8655. Disclosu	s and payments made or er or year indicated. If any od indicated. Any authoriz confidential tax information re authority is effective up	n my behalf. If line 15 is starting dates on line 16 ation granted remains in on to the reporting agent on signature of taxpayer	
Sign Here	I certify I have the authority to execute this form and au	thorize disclos	ure of otherwise confid	dential information	n on behalf of the taxpayer		
	Signature of taxpayer	—)	т	itle	—) —	 Date	
	Jighature of taxpayer	<u> </u>		IIIG	<u> </u>	Date	