



## Certified Professional Organization (CPEO) Attestation

Dear [insert name of contact person from your company],

On [insert date] [insert your company name] ("Client") entered into an agreement with Namely, Inc. ("Namely") for, among other things, Namely's payroll subscription, which also includes tax filing services. You have asserted that the previous provider you used for payroll and tax filing services was [insert name of provider] ("Provider"). You have also asserted that Provider is considered a certified professional employer organization ("CPEO") by the Internal Revenue Service ("IRS").

Namely requires all clients that request taxable wage continuation, as a result of their previous payroll provider being a CPEO, to complete this Namely CPEO Attestation form if Namely cannot independently verify CPEO status with the IRS of their previous provider. Completion of this form will allow Namely to implement Client's payroll subscription with taxable wage continuation.

Please sign the authorization below to confirm that:

1. The Provider is not listed in the IRS webpage as a CPEO and/ or Client has not provided the provider's notice of certification as a CPEO and Form 8973 ("Certified Professional Employer Organization/ Customer Reporting Agreement") to Namely;
2. Client asserts that Provider is considered a CPEO by the IRS with an effective date of [insert date].
3. Client requests taxable wage continuation;
4. Client understands that prior taxable wages and tax withheld per state and employee must be provided to Namely to insure taxable wage continuation and to process 1<sup>st</sup> payroll and Client will provide such information to Namely in a timely manner;
5. Client understands that Namely cannot provide tax or legal advice;
6. Client understands that the taxable wage continuation may have tax and/or other legal or business consequences for Client;
7. Client acknowledges and agrees that Client is responsible for any tax or other legal or business consequences (including the costs for Namely to correct internally any potential error in the tax status) that may arise as a result of this request; and
8. Client represents that the signatory below has the necessary right, title and interest to bind Client.

### Authorization

I, \_\_\_\_\_, confirm the above points and authorize the requested tax treatment.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

Date \_\_\_\_\_

*Namely does not provide legal, accounting, or tax advice. Please consult with professional counsel for any tax, accounting or legal questions.*

**NAMELY**

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