



# AME Software Products, Inc.

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## AME Software Electronic Transmittal of MeF 94x Forms and CA DE9/DE9C Forms

The Transmittal Service for electronically submitting IRS Forms 940 and 941 and CA Forms DE9 and DE9C is available to all AME Customers. The fees for this service are included and the authorization form must be completed, signed and on file with AME before any file will be submitted.

Enrollment with the IRS is required to electronically send 94x forms. CA EDD does not require any enrollment or registration. Please call AME for IRS required forms.

AME transmits at 10am and 3pm PST, Monday-Friday (excluding holidays) during the month following the end of each quarter. Any files received after 3pm PST will be submitted on the next business day. **AME cannot be held liable for late filing of any form when this requirement is not met.**

Once files have been successfully transmitted, AME Customers will receive a report which will include Company Name, File Type (i.e. 941, DE9, etc) EIN#, Acknowledgement ID#, Status and error descriptions if applicable.

AME Customers are only charged for those files that have an "Accepted" status.

### FEES

<u>Total Number of Forms Transmitted During Quarter</u>	<u>Fee Per Form</u>
1 – 25	\$5.00
26 – 50	\$4.50
Over 50	\$4.00

There is a \$10.00 minimum quarterly fee for this service.

There are no trial periods for this service.

Prices subject to change without notice.

AME reserves the right to suspend this service for nonpayment of prior quarter.

This Application Service Provider Agreement for AME Software Products, Inc. is made and entered as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (“Effective Date”), by and between AME Software Products, Inc., a California corporation located at 205 West 5<sup>th</sup> Avenue, Suite 101, Escondido, CA 92025 and (Customer) \_\_\_\_\_ located at \_\_\_\_\_.

Information required for setting up your E-Services Transmittal Account:

**Customer’s Company Name:**

\_\_\_\_\_

**Customer’s Contact Name:**

\_\_\_\_\_

**Customer’s Contact Phone Number**

\_\_\_\_\_

**Customer’s Contact E-mail Address:**

\_\_\_\_\_

(Note: This is the primary contact.)

**AME Customer ID#:**

\_\_\_\_\_

**Print Authorized Name:**

\_\_\_\_\_

**Authorized Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_