



ORDER FORM

Monterey County
(address)

Signature: _____

Print Name: _____

Title: _____

Date: _____

Contract Effective Date: 9/16/2015

First Effective Tax Year: 2015

CLIENT CONTACT INFORMATION

Billing Contact: Address: E-mail: Phone:
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Ship To Contact: Address: E-mail: Phone:
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PRODUCT(S)	LICENSE METRIC	FEES (all fees set forth herein are applicable to the Subscription Period)
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Taxport ACA	Taxport ACA 7500	License Fee \$29,548.80 Price Per Form(Overages) \$4.61
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Administrative User(s)	Name(s)	Email Address(es)

Term	The initial term shall be for 3 Subscription Period(s) from the Effective Date on the Order Form. The Order Form shall automatically renew for the same length as the Initial Term.
Terms and Conditions	The terms and conditions governing the use of the services are set forth in the Taxport ACA SaaS Subscription Agreement, a copy of which is located http://sovos.com/taxportaca-subscription . By signing this Order Form you agree to be bound by the Taxport ACA SaaS Subscription Agreement. This service includes printing and mailing of statements to recipients and electronic filing with the IRS in accordance with the Taxport ACA SaaS Subscription Agreement.
Subscription Period	The Subscription Period runs April 1 through March 31. The First Year subscription begins on the Effective Date and continues until March 31, 2016
Overage Fees and Payments	If print services are included on this Order Form, all pricing includes print and transmit. Corrections and reprints (in excess of the contracted form volume) through print services are included for up to 5% of the total form volume. Overages are charged at the price per form overage rate.
Payment Terms	Commencing with the 2nd Subscription Period of this Order Form, Taxware may, with 90 days written notice, increase fees by 10% , such increase to be effective as of the beginning of such Subscription Period.
Activation Requirements	Client shall provide the full name and email address for the administrative user. This user will have the ability to add, modify, and delete users for the organization.
For ACA Reporting Only	Client is (check appropriate box, if applicable): <input type="checkbox"/> a Covered Entity under HIPAA <input type="checkbox"/> a Business Associate of a Covered Entity under HIPAA

Authorized Affiliates		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Affiliates authorized to receive the Products and Services under this Order Form?			
[If yes, list authorized affiliates below]			
Legal Name	Address		