

[Company Header/Logo]

[Date]

[Recipient Name]

[Recipient Title]

[Third-Party Payroll Provider Name]

[Address]

[City, State, Zip Code]

Subject: Formal Request for Payroll Compliance Verification

Dear [Contact Name],

In accordance with our Service Level Agreement and our annual internal audit requirements, [Your Company Name] requires verification of your organization's compliance with current payroll regulations and tax laws for the period of [Start Date] to [End Date].

Please provide the following documentation and certifications by [Due Date]:

- Proof of timely statutory tax filings and remittances (Federal, State, and Local).
- Confirmation of compliance with Fair Labor Standards Act (FLSA) regulations.
- A copy of your most recent SOC 1 Type II or SOC 2 Type II audit report.
- Evidence of active Workers' Compensation and Professional Liability insurance coverage.
- A signed statement confirming all data processing adheres to [GDPR/CCPA/Relevant Data Privacy Law].

Please submit these documents via our secure portal at [Insert Link] or directly to [Email Address].

Failure to provide this information may result in a formal review of our service agreement. If you have any questions regarding this request, please contact [Department/Contact Person] at [Phone Number].

Thank you for your prompt cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Company Name]