

Taxladies Accounting Service, LLC

1833 Auburn Way N, Auburn, WA 98002

253-288-8829 Phone 253-288-9829 Fax

www.taxlady1040.com

Bookkeeping Sign Up Contract

Business Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Mailing Address (if diff) _____

City: _____

State: _____

Zip: _____

Office Number: _____

Fax: _____

Cell: _____

Ownership Information

Type of Entity: _____

Name: _____

Address: _____

Title: _____

Name: _____

Address: _____

Title: _____

Person to _____

Home Ph: _____

Email: _____

Contact: _____

Payroll Contract

ES Ref. _____

UBI #: _____

EIN #: _____

L&I #: _____

#: _____

Services to be Provided:

Posting Registers _____

Account Reconciliations (#of _____
accounts) _____

Payroll Computation _____

Freq **Wkly BiWkly BiMo MO** _____

Quarterly & Annual Payroll Tax _____

Reports _____

Monthly Financial Statements _____

Total Monthly or Quarterly Fee _____

(Fees will be evaluated after 3 _____
months) _____

Total Fees due at signing of agreement:

Installation & Setup Fee _____

Service Fee for Month _____

of _____

Backwork Compilation Fee from _____

to _____

Other Fees (direct Deposit, etc. explain) _____

Quarterly Fee Due (Previous Column) _____

GRAND TOTAL: _____

Amount Paid with Order: _____

BALANCE DUE _____

Billing Method Preferred

Type: Visa M/C Amex Check Check # _____

CC# or Rtn #: _____

Exp: _____

CVV _____

Acct #: _____

Billing _____

Address _____

Client Signature _____

Title _____

Date _____

Additional Information Requested:

B&O Frequency **MO** **QTRLY** **Annual**

(Please provide WA State Sales Tax Form or previously filed form)

Start date: _____