



Action Tax Team

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

ActionTaxTeam.com

Date: _____

Client Worksheet Page 1

Business Name: _____

Business Address: _____ City: _____

State: _____ Zip: _____

Contact Name: _____ Position: _____

Website: _____ Email: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Cell Phone: _____ Phone: _____ Fax: _____

Structure: Sole Prop Partnership LLC Corp C Corp S

Payroll Needs:

Period Ending: 1st / 15th 5th / 20th or _____

How many on payroll: Hourly _____ Salary _____

Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Deliver Method: Fax PU Delivered to them Email

Checks: MICR Checks Stubs Their Checks

Federal Depository: EFTPS Check to Bank

Quarterly Reports: Mailed Email Delivered in person PU

Employment Securities letter: _____

Labor and Industries rate sheet: _____

UBI: _____ EIN: _____

Prior UBI: _____ Prior EIN: _____

Quarterly Reports \$50.00 if we do monthly payroll. After-the-fact input and quarterly reports \$75.00 and up. Payroll for up to 5 persons \$75.00, up to 10 persons \$120.00, semi monthly. Paper W-2's \$5.00 each and yearly reports at \$75.00. Setup fees of \$50.00 for prior periods.

****All payroll information must be given to us by E-mail or Fax 24-48 hours before you need checks****

Notes:

Excise Tax Needs:

Filed: Monthly Quarterly Annually
Income from: Invoices Deposits Other _____

Monthly & Quarterly preparation fee \$ 50.00 and up

Bookkeeping Needs:

Preparation done: Monthly Quarterly Annually
Checking Accounts/Bank Name: _____ Checking Savings
Credit Card Accounts: _____
Cash Receipts or Debit Transactions: _____
Invoicing: _____
Check Writing: _____
Storage of data, bank info, etc.: _____
Bookkeeping can be received in person

Notes: _____

Pricing: Initial price quote is an estimate of actual hours needed to complete bookkeeping; a mandatory 90 day review is required for all clients. Start up fees cover a portion of the initial entries needed to start your company in QuickBooks. Hours needed to bring your bookkeeping to current month will be billed at \$75.00 per hour. Special Project work \$75.00 an hour and on site work at \$105.00 per hour when available.

Tax Services:

Individual Corp C Corp S Partnership

Current Year: _____
Prior Years: _____

Fees are as Follows:

- 1. Payroll \$ _____
- 2. Payroll Reports Monthly Quarterly \$ _____
- 3. Excise Taxes Monthly Quarterly \$ _____
- 4. Bookkeeping Monthly Quarterly \$ _____
- 5. Tax Services \$ _____
- 6. Other _____ \$ _____
- 7. Set up fee \$ _____

Total Balance due: \$ _____

Monthly Fees are to be paid at time of pickup or delivery unless client is set up with an E-Check or Credit Card Authorization agreement. All delinquent accounts are billed at 1.5% monthly or \$5.00 per month minimum. Business will be reviewed every six (6) months in order to establish any necessary adjustments in fees. Client is responsible for submitting complete and accurate information.

I hereby authorize Action Tax, to debit my account or process my credit card for the balance due each month, for services rendered.

E-CHECK/CC AUTHORIZATION AGREEMENT

Credit Card #: _____ Exp Date: _____

Name on Card: _____

Authorized Person: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Bank Name: _____

Routing #: _____

Account #: _____

Business Owner Approval _____ Date _____

Received by _____ Date _____

Your account/credit card will be processed between the 1st and the 5th of each month for the balance due. Termination of this agreement requires written notification effective 14 days from the date of notice.

***** PLEASE PROVIDE A VOIDED CHECK *****

