

BIG R BOOKKEEPING

- CLIENT ONBOARDING -

104 W BROADWAY AVE, MOSES LAKE, WA 98837

For BRB Use Only:

Completion Date: _____

Signed: _____

Government Filings

Task	Agency	Frequency
Tax Remittance & Use Tax	WA DOR	Monthly or Quarterly (as assigned)
Workers' Compensation & Safety Program	L&I	Assigned by L&I
Unemployment Insurance, Paid Family Leave, Wage & Hour Reports	ESD	Quarterly
Federal Payroll Tax Returns (Form 941)	IRS	Apr 30, Jul 31, Oct 31, Jan 31
Estimated Federal Income Tax (Forms 1040-ES / 1120-W)	IRS	Apr 15, Jun 15, Sep 15, Jan 15
Employer W-2s & 1099s	IRS / SSA / WA ESD	31-Jan
Federal Unemployment Tax (Form 940)	IRS	31-Jan
Personal Property Tax Report	CAO	If required
Self-Employed Income Tax (1040 + Schedule C/SE)	IRS	15-Apr

Business Setup

Task	Agency	
UBI / Certificate of Formation	Secretary of State	
Employer Identification Number (EIN)	IRS (DOT)	
Quarterly Tax & Wage Reporting	EAMS	
Access to Employer Services	SAW	
Payroll Tax Payments	EFTPS	
Child Support Reporting	DSHS	
Business License, Unemployment & L&I Accounts	DOR	
Tax Account / Reseller Permit	DOR	Annually

Business Services

Service	
Bookkeeping & Accounting	
Tax Preparation	
Website Building	
Domain Setup	
Email Setup	
Tailored Solutions	Call for custom tasks & services

Client Registration Form

Legal Registration Services

Big R Bookkeeping can register with the following organizations on your behalf for your business. (Please note that every business is legally required to register with each organization.) Mark the organizations that you would like us to register with:

- ☐ Washington Secretary of State (SOS)
- ☐ Department of Revenue (DOR)
- ☐ Internal Revenue Service (IRS)
- ☐ Washington State Department of Labor and Industries (L&I)
- ☐ Washington Employment Security Department (ESD)
- ☐ File with your City

Client Information

Full Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Business Details

Desired Business Name:

Please note that some business names are already registered and can no longer be used.

Alternative Business Names:

Type of Entity (check one):

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Company (LLC)
- ☐ Corporation (C-Corp or S-Corp)
- ☐ Nonprofit Organization
- ☐ Other: _____

Primary Business Activity:

Brief description of products/services:

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Business Start Date (planned or actual): _____

Fiscal Year End (default is December 31): _____

Ownership & Management

List all owners, partners, and members of the business.

Name: _____

SSN/ITIN: _____

Ownership Percentage: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Name: _____

SSN/ITIN: _____

Ownership Percentage: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Designated Registered Agent:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Tax & Licensing Information

Will the business have employees?

- ☐ Yes
- ☐ No
- ☐ Not sure yet

Website & domain services:

Will you need a website:

- ☐ Yes
- ☐ No

Will you need a domain:

- ☐ Yes
- ☐ No

Additional Notes or Special Instructions:

Client's Signature: _____

Date: _____

Office Use Only

Received By: _____

Date Received: _____

Big R Bookkeeping

Client Information Storage Authorization Form

Client Information

- Client Name or Business Name: _____

- Authorized Representative: _____

- Contact Email: _____

- Phone Number: _____

Authorization to Store Personal and Private Information

I, the undersigned, authorize Big R Bookkeeping to securely collect, store, and maintain personal and private information necessary to provide professional bookkeeping and related financial services. This may include, but is not limited to, names, addresses, Social Security Numbers (SSNs), Taxpayer Identification Numbers (TINs), bank account details, credit card information, and login credentials for financial platforms as needed for services.

I understand that Big R Bookkeeping will implement reasonable security practices and safeguards to ensure that all personal and sensitive information is kept confidential and protected from unauthorized access.

This authorization is granted for the duration of my professional relationship with Big R Bookkeeping, and I may revoke it at any time with written notice. Revocation will not affect any information already stored or used prior to the date of revocation as required by law or for bookkeeping records.

Client Consent and Signature

By signing below, I acknowledge and agree to the terms stated above.

Authorized Signature: _____

Printed Name: _____

Title/Role: _____

Date: _____

Returns Instructions

Please return this completed form securely to Big R Bookkeeping via encrypted email or secure upload. You can also mail this form or visit the office at 104 W Broadway Ave, Moses Lake, WA 98837 or

For questions, contact:

Name: Ruvim I Nakonechny

Email: Bigrbooks@gmail.com

Phone: (509) 900-7078

Big R Bookkeeping

Credit Card & ACH Payment Authorization Form

Client Business Information

- Business Name: _____
- Authorized Representative: _____
- Email Address: _____
- Phone Number: _____

Purpose of Authorization

I, the undersigned, authorize Big R Bookkeeping to charge the payment method provided below (credit card or bank account) for business-related expenses incurred on my behalf. These expenses may include, but are not limited to, subscriptions, government or filing fees, software, and other necessary payments required in the course of providing bookkeeping or financial management services.

This authorization allows Big R Bookkeeping to use the payment method below when acting as an agent for my business, with the intent of streamlining payment processes and ensuring timely and accurate expense management.

Payment Method Information (Please provide at least 1 payment method)

☐ Credit/Debit Card Authorization

- Cardholder Name: _____
- Card Number: _____
- Expiration Date (MM/YY): _____
- CVV Code: _____
- Billing Address: _____

☐ Bank Account (ACH) Authorization

- Account Holder Name: _____
- Bank Name: _____
- Account Type: ☐ Checking ☐ Savings
- Routing Number: _____
- Account Number: _____

Big R Bookkeeping

Credit Card & ACH Payment Authorization Form

- Bank Address: _____

Authorization and Consent

By signing below, I confirm and authorize:

1. Big R Bookkeeping to use the above payment method for business-related transactions incurred on behalf of my company.
2. I understand that I will receive a summary or record of any transactions made using this authorization upon request.
3. This authorization is effective immediately and will remain in effect until I provide written notice of cancellation to Big R Bookkeeping at least 2 business days before any scheduled charge.
4. I certify that I am an authorized signer for the account or card listed above.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

If you would like Big R Bookkeeping to ask for consent for every transaction, please check the box []

Return Instructions

Please return this completed form securely to Big R Bookkeeping via encrypted email or secure upload. You can also mail this form or visit the office 104 W Broadway Ave, Moses Lake, WA 98837.

For questions, contact:

Name: Ruvim I Nakonechny

Email: Bigrbooks@gmail.com

Phone: (509) 900-7078