

Please Select Services Below

☐ Bookkeeping

- Categorize Statements Into Various Income & Expense Reports
- Assist With Budgeting For Upcoming Projects
- Maximize Tax Deductions
- Personal & Business Bookkeeping
- Credit Card & Loan Re-Payment Tracking
- Invoice Clients, Accept Payments, & Bill Pay

**\$300/Month**

☐ Payroll

- Process Payroll For W-2 & 1099 Employees
- Automatically File Forms & Taxes
- Time-Tracking App
- Assist With On-Boarding For New Employees
- HR Support
- Group Employee Benefits Administration

**\$300/Month**

☐ Additional Services

*\*Through Agent Steele Insurance Services\**

- Offer Employee Benefits Including Life, Medical, Dental & Vision
- Individual Investment Strategies Including 401k & Annuities
- Final Expense & Long-Term Care Planning

☐ Virtual Office & Conference Room Rental

*\*Prices Vary Based On Location, Please Request A Quote\**

- Virtual Mailbox (USPS, UPS, FedEx, Client Drop-Off)
- Professional Business Address (Not A P.O. Box or Strip Mall Location)
- Hourly Conference Room Rental + Videoconferencing

Terms And Conditions Of Agreement

1. This Contract Is An Agreement Between (**Client**) & Assistant Steele, LLC. For Bookkeeping/Payroll Services. This Contract Is A Month-To-Month Agreement With No Term Commitments And Is Able To Be Terminated At Any Time With A 30-Day Notice By Either Party.

2. Information Obtained From (**Client**) Is Proven To Be Accurate Including Bank Statement Information, Expense Information, Employee Information, Payroll Information, And Company Information. Assistant Steele, LLC. Holds No Liability If This Information Was Provided To Us Incorrectly.

3. Assistant Steele, LLC. Must Be Notified Of All Accounts Assumed Under The Business/Individual Control Including Checking/Savings Accounts, Credit Cards, Loans, Etc. To Provide Accurate Bookkeeping As Well As To Avoid Any Delays With Providing Services. Assistant Steele, LLC. Must Be Notified Immediately With Any New Employee Information, Group Benefits, Payroll Deductions, Etc. To Avoid Any Delays With Benefits And Payroll Obligations.

4. (**Client**) Agrees To Provide Assistant Steele, LLC. With Account Statements Within The First Week Of The Month To Maintain Prompt Service For Client. Assistant Steele, LLC. Is Not Responsible For Delays If These Account Statements Are Not Received On Time.

5. Payment Schedule

A. Payment Will Be Due By The 2nd Friday Of The Current Month Of Service. There Will Be A \$25 Late Fee Added To The Invoice If Not Paid On Time, And That Fee Will Continue To Be Added Every Month The Invoice Is Late At A Maximum 3-Late Fees Before Account Is Turned Over To Collections. Authorization To Use Credit Card Forms Are Available To Avoid These Fees.

**Ex:** Payment Due For April 2022 Will Be Due On 4/8/22

B. If There Are Items That Are Needed To Be Retroactively Added To Already Processed Months That Were Not Provided Originally By Business/Individual Then A \$50 Fee Will Be Charged For Each Month Needing The Changes.

I Agree To Have Read And Understood This Contract And Terms For Which I Am Signing And Am Allowing Assistant Steele, LLC. To Provide Me With Bookkeeping/Payroll Services As Described In This Contract At The Pricing Listed. I Agree That The Employer And Employee Information I Am Providing Is Accurate And I Am Responsible For Any Liability, Penalties Or Delays With Providing Inaccurate Information To Assistant Steele, LLC. Any Inaccurate Data Must Be Corrected And Resolved At My Sole Expense. I Understand That If I Choose To Cancel Services, I Will Need To Inform Assistant Steele, LLC. No Less Than 30 Days Before Final Termination.

X\_\_\_\_\_

Company Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

X\_\_\_\_\_

Assistant Steele, LLC.

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

Bookkeeping Intake Information

Is this service to be provided to an individual or a business?

- ☐ Individual
- ☐ Business

1. Company/Individual Name: \_\_\_\_\_

2. Company EIN/Individual SSN: \_\_\_\_\_

a. Company Tax Organization: C-Corp:\_\_\_ S-Corp:\_\_\_ Non-Profit:\_\_\_ Other:\_\_\_

i. Please List Ownership Percentages Below

- 1. Name:\_\_\_\_\_ Title:\_\_\_\_\_ Percentage:\_\_\_\_\_
- 2. Name:\_\_\_\_\_ Title:\_\_\_\_\_ Percentage:\_\_\_\_\_
- 3. Name:\_\_\_\_\_ Title:\_\_\_\_\_ Percentage:\_\_\_\_\_
- 4. Name:\_\_\_\_\_ Title:\_\_\_\_\_ Percentage:\_\_\_\_\_
- 5. Name:\_\_\_\_\_ Title:\_\_\_\_\_ Percentage:\_\_\_\_\_

If More Spaces Are Needed, Print Duplicates Of This Page.

3. Company/Individual Address: \_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_

4. Company/Individual Phone: \_\_\_\_\_

5. Nature Of Business: \_\_\_\_\_

6. Main Bookkeeping Contact: \_\_\_\_\_

7. When Was Your Last Bookkeeping Updated?: \_\_\_\_\_

8. Did You Have A Previous Bookkeeping Processor? Yes:\_\_\_ No:\_\_\_

If Yes, We Must Obtain Previous Company Information To Bring Account Current

9. Do you currently have a tax-preparer or CPA? Yes:\_\_\_ No:\_\_\_

If Yes, Please Provide Their Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If No, Would You Like For Us To Recommend One? Yes:\_\_\_ No:\_\_\_

10. How Frequently Do You Process Payroll?: Weekly:\_\_\_ Bi-Weekly:\_\_\_ Monthly:\_\_\_

11. When Was Your Last Payroll?: \_\_\_\_\_

12. Do You Have Any Group Benefits? Yes:\_\_\_ No:\_\_\_

If Yes, Please Provide Name And Account Number For Group Benefit Accounts.

\_\_\_\_\_  
If No, Are You Interested In Information On Group Benefits? Yes:\_\_\_ No:\_\_\_

13. Did You Have A Previous Payroll Processor? Yes:\_\_\_ No:\_\_\_

If Yes, We Must Obtain Previous Company Information To Bring Account Current

## Payroll Banking Information

This is the account that payroll will be deducted from every time it is processed.

Please also provide copy of voided check.

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

## Bookkeeping Banking Information

*Please record bank name and purpose related to business/individual*

*Please DO NOT Include Account Numbers or Login Information*

Bank Name: \_\_\_\_\_

- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Credit Card

Bank Name: \_\_\_\_\_

- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Credit Card

Bank Name: \_\_\_\_\_

- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Credit Card

Bank Name: \_\_\_\_\_

- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Credit Card

Bank Name: \_\_\_\_\_

- ☐ Checking
- ☐ Savings
- ☐ Loan
- ☐ Credit Card

*If more accounts are needed, please use a blank copy of this page.*

**Mailbox Agreement**

Assistant Steele, LLC hereby enters into a monthly contract with \_\_\_\_\_  
for services described below:

1. Your company shall have access to a professional business office location, greeting of your client(s), Google MyBusiness Listing, Wi-Fi, Monday thru Friday, 9:00AM - 5:00PM, with mailing address and mail box service, excluding Holidays, available at all of our locations for the agreed upon price of \$50/month.
2. This agreement shall be on a month - month basis, commencing on \_\_\_\_\_. Either party may terminate or agree to renew this agreement, with a thirty day written notice, after satisfying the initial monthly term.
3. All incoming mail shall be sorted and held for the Client. Client will have access to the mailbox contents for collection purposes, during the normal posted business hours of 9:00AM – 5:00PM. Mail forwarding is included at no additional charge for all mail forwarding transactions under \$5. Transactions above \$5 will be added to the following monthly invoice with a 15% service charge.
4. Client will have access to any additional services provided by Assistant Steele LLC such as conference room rental, video conferencing via zoom, messaging, photocopier, postage, package delivery or client pickup services, office supplies, at prevailing service rates. Any additional services used by the client will be billed separately.
5. All payments shall be due on or before the 1<sup>st</sup> Friday of each calendar month in advance. Any payment received in the office after the 2<sup>nd</sup> Friday of the invoiced month following invoice date, shall be considered delinquent. A late charge of \$25.00 shall be charged for any delinquent payment. Any payment which is not honored by the bank upon which it drawn will be subject to a charge of \$50.00. Future payments are required to be paid in **CERTIFIED FUNDS** for a period of 6 months. Late charges will continue to accrue for 3-months maximum (totaling \$75) at which time the balance will be transferred to collections and services will be discontinued.
6. Assistant Steele, LLC., its owners, staff or associates, shall not be held liable for any loss of business or damages of any sort occurring in connection with, or incidental to the furnishing of, or failure to furnish office space, conference rooms, services, phone, reception or mail service.
7. Basic Service Agreement Fee Schedule (Subject to change)
  - i. Secretarial Fee \$20 per hour or any fraction thereof (Subject to 1 hour minimum)
  - ii. B/W Copier and printing \$.10 per page (Subject to \$1.00 minimum)
  - iii. Scanning, Color Copy and Color Printing \$1.00 per page
  - iv. Shipping and Postage base fee plus 15% handling and processing

I HAVE READ AND UNDERSTOOD THE ABOVE ITEMS, AND AGREE AND ACCEPT TO BIND MYSELF AND MY BUSINESS ASSOCIATES AND EMPLOYEES TO ALL THE TERMS ABOVE:

\_\_\_\_\_  
Assistant Steele, LLC

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Please list mail forwarding address and best contact information for notification of mail received:*

Name: \_\_\_\_\_

E:mail: \_\_\_\_\_

Phone#: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Nature of Business or Profession: \_\_\_\_\_

Please list all individual & business names of mail we will be receiving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization to Use Credit Card Form

Assistant Steele, LLC is authorized to use the following credit card issued to the undersigned:

Credit Card Type:

- ☐ VISA  
☐ MASTERCARD  
☐ DISCOVER  
☐ OTHER: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_ (Last 3 Digits On Back Of Card)

Person authorized to order services on behalf of the undersigned are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The undersigned guarantees payment of all charges and understands that charges not paid by the second Friday of the month after services have been used will result in a \$25 late fee and be applied every 30 days until payment is made.

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_, 2022.  
(City) (State) (Day) (Month)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Fax Number