Client Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DBA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed Fee for complete payroll preparation and processing including all tax filings and W-2s and 1099’s $24.00 per process and $3.50 per employee paid.

Date of first payroll\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Frequency: Weekly / Bi-Weekly / Semi-Monthly (circle one)

**CLIENT**

Signature: Date:

Print Name: Title:

**DebitFire**

Signature: Date:

Print Name: Title:

**Ownership Information:**

|  |
| --- |
| Name Social Security # Percent’s of Ownership |
|  |  |  |
|  |  |  |
|  |  |  |

**Other contacts with authorization to access confidential payroll information:**

|  |
| --- |
| Name Phone Relationship/Title |
|  |  |  |
|  |  |  |
|  |  |  |

**Federal ID Number:**