



# DV Accounting & Tax Services LLC Payroll Client Intake Form

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

Payroll Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Type: Sole Proprietor\_\_\_\_ LLC\_\_\_\_ Partnership\_\_\_\_ Corporation\_\_\_\_ S-Corp\_\_\_\_

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

Federal ID Number (EIN): \_\_\_\_\_ State ID Number (REV ID): \_\_\_\_\_

SUI Number \_\_\_\_\_ SUI Rate \_\_\_\_\_

EIT Number \_\_\_\_\_ LST Number \_\_\_\_\_

## Banking Information:

Routing Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-Mail: \_\_\_\_\_

Business Website: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Please provide copies of W-4 forms for each employee