

Partners Section

Partner One:

Name:

Address:

Social Security Number:

Date of Birth:

Contact Number:

Percentage owned:

Startup Capital \$

Partner Two:

Name:

Address:

Social Security Number:

Date of Birth:

Contact Number:

Percentage owned:

Startup Capital \$

If additional partners, please provide on a different piece of paper.

Services offered:

Sales Tax:

Do you require payroll?

Paper checks or direct deposit?

Account numbers: My Office to fill out.

Fed: EIN Feds

State: PA Others ____

Current payroll agent, we will be replacing them on etides.

Contact, number and any other info:

Sales and use Tax:

Employer Withholding:

Corporate Tax:

Other Tax Types:

Unemployment Compensation:

Services required:

Payroll

Bookkeeping – all bills will be signed by the appropriate party before pickup. Credits will
be applied to the proper invoice.

Printing of checks after approved

Monthly reconciliation of check books and credit cards.

Storage of paid bills to month/ quarterly / annually end will be returned in a sealed box
/Envelope.

24-hour Access to our server to print checks if needed and or run reports check on you
company.

Accounting services as they arise.

Tax preparation

Tax relief

Open or pending urgent matters.