

Payroll Information Form Company Information

Name of Company
EIN
Business Address
City State Zip-Code
Email
Primary Contact
EFTPS Pin: Internet Password:
FL RT Account # Rate %
Banking Information for Payroll Processing
Bank Name :
Account Number:
Routing Number:
Number of Employees in Company:
For Office-Personnel Only
Monthly Invoice:
Account Specialist:
Payroll Services:
Accounting Services:



Payroll Service Agreement

acknowledge:
ATCI will use the bank information provided to process your payroll and all payroll liabilities.
You acknowledge that if you do not have sufficient funds in the account provided above to pay disbursements, fees, payroll taxes; you will be solely responsible to address any tax liability; this also may lead to the termination of our services.
You agree to pay ATCI for the payroll service in accordance with the fees set forth in our initial consultation.
You certified that all banking and company information given in this form is true.
You authorize ATCI to call the State of Florida and the Internal Revenue Service on your behalf to investigate or research in the case any issue arises related with payroll processing.
(Please read the above and initial)
Company
Company Principal's Printed Name
Company Principal's Signature
Company Principal's Title (owner, Officer, General Partner)
Date

By signing this agreement, you are authorizing ATCI to be your payroll administrator and

Payroll Employee Information

In

- 1. Please go to http://www.florida-accounting-firm.com/svcs_pay.htm to complete the forms below for each employee.
- 2. Once the forms are complete, please email it to Payroll@taxconsultantsgroup.com.

Forms Needed:
□ W-4
□ I-9
☐ Employee Information Form
☐ Direct Deposit Authorization Form

(All of these forms can be accessed through our website)