



ACCOUNTING & TAX SERVICE AGREEMENT

Client:

Company _____

Address _____ Phone _____

City ST Zip _____

email _____

Owner / contact _____

The purpose of this agreement is to ensure a complete understanding between us. It will describe the scope and limitations of the services we will provide for you. I will be the contact person for this engagement.

Initial Set Up, What We'll Do

We will assess the:

Accounts on your balance sheet and income statement Bank Reconciliations
Payroll ledgers Subsidiary ledgers Transactions to date
...and if you don't have these, don't worry; we will create them for you.

If you are behind on your sales tax, payroll tax, or IRS filings; we will get you caught up. If needed, we can request historical tax forms from the IRS or State agencies to see exactly where we are.

We will add you to (or move you to) our Wholesale Billing Account at QuickBooks Online (QBO) so you never have to pay them or update software ever again. This will include their state of the art payroll if you need it.

Then, we will balance your general ledger to your subsidiary records and bring the system into compliance with Generally Accepted Accounting Principles; so it is capable of proper tax recordkeeping. If you are already using QBO we will make or make suggestions for improvement in areas where we see errors and improper use of QuickBooks Online. We will also identify areas where you may not be utilizing the software to the fullest. These include customizing reports and forms, changing QBO preferences, and adding features such as class or location tracking. We will answer your questions on you the software and provide personalized training as needed.

Carl E. Wessels, CPA
Certified Public Accountant
116 Santa Fe Trl
Waxahachie, TX 75165-1551
carlwcpa@gmail.com
972-672-9968
972-905-7449 fax

What We DON'T Do

We do not at any time provide legal services of any type. We have not been requested to discover errors, misrepresentations, fraud, illegal acts, or theft, and therefore, have not included any procedures designed or intended to discover such acts, and you agree we have no responsibility to do so.

What We Need from You

For Monthly Bookkeeping Services, **you will be required to login to your bank thru QuickBooks Online.** We WILL NOT have access to your money. We will NOT have a record of your password. This will only allow us to download the exact same information that we could see on the bank statements. The only way we can offer discounted prices is to automate our processes. Call if you have questions about this.

Also, during initial set up, we will need to obtain items such as (if available) your existing QuickBooks data file (or similar software) and supporting documents such as check registers, bank statements, uncollected customer invoices, sales ledgers & receipts, purchase orders & unpaid vendor invoices (aka "bills"), and complete payroll information. Other items needed by us include 'answers to our questions' and 'any other information' that we may require to complete the work of this engagement. These items and any other items that we obtain from you will be based on information provided by you and will be used without any further verification or investigation on our part. See also the New Client Checklist included.

On a monthly basis:

We must receive your bank statements as soon as possible with check images. If we cannot tell who the check is payable to, we will need to get that information. NOTE: Again online access to bank accounts, are a requirement for the discounted rates of this proposal. If manual data entry is required, it will be billed at our clerical hourly rate. This will be communicated to you in advanced of the work being done.

Included in the monthly fee:

We will reconcile your bank and investment accounts (up to 5). Process your sales tax report and payment(s).

Review your payroll reports from QBO or other payroll processor and make adjustments to the accounting records as needed.

Review and deliver pdf's of monthly financial statements to you by the 20th via email.

We will be your business coach to help you achieve long term success by offering 1 hour per month (non-cumulative) of addition accounting work, consulting, or clerical service. Just call.

Annually we will:

Prepare annual financial statements by March 1st of each year. Issue any annual 1099's and the annual property tax rendering.

W-2, W-3, 941, 940, and State U/E reporting will be done by QB Payroll.

We will be your business coach to help you achieve long term success by offering 1 hour per month of addition accounting work, consulting, or clerical service (non-cumulative).

AND AT NO ADDITIONAL CHARGE, we will prepare your annual business & personal state + federal income / franchise tax returns.

When We'll Do It:

The initial set up is estimated to be completed in 30 days.

Monthly work WILL be completed by the 20th of the next month (or next business day if 20th is not) or 10 business days after receipt of the end of month bank statement (whichever is later).

Annual work for monthly payers will be completed by March 1st of the next year.

Hardware and Software Warranties

During the course of the engagement, we may recommend a purchase and installation of computer or technological hardware, software, communications, or services by your company. Warranties, to the extent they exist, are provided only by the manufacturer/vendor of those computer products.

Services Outside the Scope of this Letter

You may request that we perform additional services at a future date not contemplated by this engagement letter. If this occurs, we will communicate with you regarding the scope and estimated cost of these additional services. Engagements for additional services will necessitate that we issue a separate engagement letter to reflect the obligations of both parties.

Fees *

Our fee for these services will be:

One-time items:

- \$200 Initial Setup of QuickBooks Online (QBO), (one-time fee, paid in advance) ALL MONTHLY CLIENTS
- \$500 New 501c3 (½ paid in advance, does not include QBO service)
- \$700 New LLC or Corporation creation (onetime fee, ½ paid in advance – includes the \$200 QBO initial setup)
- \$300 QuickBooks cleanup service (half may be required in advance) <https://carlwcpa.com/make-a-payment/>
- \$350 Corporate type annual income tax return ONLY

\$ _____ one-time for _____

\$ _____ one-time for _____

(continued)

Monthly items:

- \$150 per month for ALL bookkeeping and tax returns*
 - \$50 less per month for simple (no payroll, no depreciation) Schedule C Business
 - \$50 less per month if Client is paying for QuickBooks Online*
- add \$150 per month, for Payroll with guaranteed no penalties **
- add \$150 per month for Full Service Accounts Payable
- add \$100 per month for Full Service Accounts Receivable
- add \$50 per month for Annual Compilation or Review Report
- Or \$500 per month for ALL OF THE ABOVE. **
- add \$100 per month if Online Bank and Cr Card Access is not allowed
- \$300 per month for Payroll Services Only **
- \$5 add per employee **if total number is over 5**. Total employee count _____ x \$ 5 = \$ _____

- \$ _____ monthly for _____
- \$ _____ monthly for _____

- \$ _____ Total monthly

- * Fees include QuickBooks Online at no charge to you
- * Fees include your annual reports AND tax returns

Any other services outside the scope of this agreement will be contracted separately.

Approvals

We are pleased to have you as a client and hope this will begin a long and pleasant association. Please date and sign a copy of this letter and return it to us to acknowledge your agreement with the terms of this engagement. If possible scan (or take a pic with your phone) and email to carlwcpa@gmail.com.

Monthly Credit Card Authorization (required)

You authorize the above one-time set up fee and then after, the monthly charges as indicated to your credit card. This will be charged on the 1st (or ____) of each month, for that months service. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 15 days prior to the payment being collected.

Credit Card Number: _____ Exp MM/ YY _____ / _____ CVV _____

Cardholder's name: _____

Card billing street address: _____ Zip _____

Acknowledged:

Customer

Date

Carl E. Wessels, CPA

Date



List of Owners/Members/Partners

If there are multiple owners, please provide name (per Social Security Card or State Certificate of Filing)

1. Name _____

Individual, Partnership, Corporation, S-Corp, Fiduciary, Tax Exempt, IRA, LLC, Other

This Member/ Owner / Partner is: personally responsible for any company debt, Passive, Foreign

Percent of Ownership: _____ % and if different, Percent of Profits: _____ %, Losses: _____ %

SSN / EIN _____ Phone _____

Address _____

City ST Zip _____

email _____

2. Name _____

Individual, Partnership, Corporation, S-Corp, Fiduciary, Tax Exempt, IRA, LLC, Other

This Member/ Owner / Partner is: responsible for operations, Passive, Foreign

Percent of Ownership: _____ % and if different, Percent of Profits: _____ %, Losses: _____ %

SSN / EIN _____ Phone _____

Address _____

City ST Zip _____

email _____

3. Name _____

Individual, Partnership, Corporation, S-Corp, Fiduciary, Tax Exempt, IRA, LLC, Other

This Member/ Owner / Partner is: responsible for operations, Passive, Foreign

Percent of Ownership: _____ % and if different, Percent of Profits: _____ %, Losses: _____ %

SSN / EIN _____ Phone _____

Address _____

City ST Zip _____

email _____

4. Name _____

Individual, Partnership, Corporation, S-Corp, Fiduciary, Tax Exempt, IRA, LLC, Other

This Member/ Owner / Partner is: responsible for operations, Passive, Foreign

Percent of Ownership: _____ % and if different, Percent of Profits: _____ %, Losses: _____ %

SSN / EIN _____ Phone _____

Address _____

City ST Zip _____

email _____

5. Name _____

Individual, Partnership, Corporation, S-Corp, Fiduciary, Tax Exempt, IRA, LLC, Other

This Member/ Owner / Partner is: responsible for operations, Passive, Foreign

Percent of Ownership: _____ % and if different, Percent of Profits: _____ %, Losses: _____ %

SSN / EIN _____ Phone _____

Address _____

City ST Zip _____

email _____

6. Name _____

Individual, Partnership, Corporation, S-Corp, Fiduciary, Tax Exempt, IRA, LLC, Other

This Member/ Owner / Partner is: responsible for operations, Passive, Foreign

Percent of Ownership: _____ % and if different, Percent of Profits: _____ %, Losses: _____ %

SSN / EIN _____ Phone _____

Address _____

City ST Zip _____

email _____

Copy of your Partnership / Management / Operating Agreement is attached.
or We need assistance creating that.

Existing Business, New Client Checklist / Letter to prior Accountant

Preferably via “good to best quality” pdf files or Excel export files; please email to carlwcpa@gmail.com, or send thru a secure down link, Google Drive / Dropbox:

1. Eight (8) most recent 941 forms and corresponding state workers comp reports.
2. Login information for EFTPS with a copy of the PIN number assignment.
3. If Texas, the most recent RT and XT numbers from the State Comptroller’s Office.
4. If Texas, the clients login information for the Texas Workforce Commission.
5. If not Texas, login information for the State withholdings and Workers Comp.
6. Prior year 940 form with payroll ledger.
7. Prior year W-2’s and W-3.
8. Current year-to-date payroll register with employee W-4’s.
9. Please indicate if you will be reporting a W-2 for what you have paid or if we need to.
10. Prior two years Federal and State Tax Returns WITH **detail depreciation schedules.**
11. Bylaws, Articles of Incorporation, State Certificate of Filing, State Form 201, etc.
12. IRS Employer ID Number Letter aka CP 575, IRS Form 2553, IRS Form 8832, etc.
13. Any assumed named certificates that you have been filed.
14. Any reports you published for the prior year (Review, Compilation, etc.)
15. Any other passwords you have for this client (i.e. bank, credit, POS)
16. If you are using QuickBooks Online, add us as accountant: carlwcpa@gmail.com or send
 - a. General Ledger Trial Balance for:
 - i. YTD thru most recent period available
 - ii. Prior year w/ adjusting and closing entries
 - b. And an export of both years detail general ledger into an Excel file.

I believe the client has already contacted you authorizing the release of this information. Please feel free to verify this. Call, text, or email me if you have any questions regarding this matter.

Carl E. Wessels, CPA 972-672-9968 cell, 972-905-7449 fax, carlwcpa@gmail.com

In accordance with Texas Administrative Code, State Board of Public Accountancy, Rules of Professional Conduct §501.76 (a) (2) Work papers include records which would ordinarily constitute part of the client's or former client's books and records and are not otherwise available to the client or former client, shall also be furnished to the client within a reasonable time (promptly, not to exceed 20 business days) after the client has made a request for those records.

PAYROLL INTAKE FORM page 1 of 2

This page is only for the employer (client)

Client: _____

Fed EIN _____ TWC # _____
(Please attach the EIN letter from the IRS)

Contact for time-sheet info: _____

Phone _____ email _____

*** Important note up front, our payroll software (QuickBooks Online) requires **the client** to login to their bank account through QuickBooks. If you have questions about this, please call us now.

First Check Date ___/___/_____ For Period Ended ___/___/_____

* We recommend paying on Friday for the period ended **last** weekend.

Pay Schedule (Check One):

- Weekly (52 times per year)
- Bi-Weekly **recommended* (26 times per year, every two weeks on specific day e.g. Friday)
- Semi-Monthly (24 times per year, Twice per Month, example 1st and 16th)
- Monthly (Once per Month)
- Other _____

Preferred Method of Submitting Payroll Hours (Check One):

- Email **recommended*
- Client will enter into QuickBooks Online **almost as good*
- Fax (972-905-7449)
- Hand deliver to CPA Office
- Other _____

PAYROLL INTAKE FORM page 2 of 2

This page is only for the employer (client)

Pay options:

- Direct deposit to employee bank accounts when possible; **recommended*
and
 CPA office to print paper checks when direct deposit is not possible.
or
 Client to print paper checks when direct deposit is not possible.

Pay types:

- Overtime: 1½ after 40hrs, Other _____
- Holiday NYD, MLKD, EASTER Fri, Mem Day, 4th July, Labor Day, Thanksg, Friday after,
 Christmas Day, Birthday, Others _____
- Vacation _____
e.g. (after 1st year, employee earns 40 hours on Jan 1st, 80 hrs/yr after 3 yrs. Use or lose)
- Sick pay _____
e.g. (accrue ½ day per month after first month, 6 week max)
- Bonus _____
- Commission _____
- Reimbursement for _____
- Reimbursement for _____
- 401k (attach)
- Other _____
- Other _____

Attach:

1. List of **pay rates**, include hire date, birthday, & gender.
2. All wage garnishment orders.
3. Supply of check stock (if appropriate).

Do we have permission to reorder checks
and charge it to your bank account? Yes / No

Signature

Title

Print Name

Employee Direct Deposit Authorization (one sheet for each employee please)

Employee Name (per social security card):

Last name First Middle

Mailing address _____

(same as W4 attached)

City State Zip _____

Birth date _____ Hire date _____ Today's Date _____

Gender: Male, Female

Email: _____

Home phone _____ Cell phone _____

Emergency contact: _____ phone _____

I hereby:

authorize my employer, _____ and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.

revise direct deposit bank account(s) as indicated below.

cancel direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

Signature _____

Pay order:

Bank name:

1 _____	<input type="checkbox"/> Ck Rtg _____	Amount _____
	<input type="checkbox"/> Sav Acct _____	or Percent _____
2 _____	<input type="checkbox"/> Ck Rtg _____	Amount _____
	<input type="checkbox"/> Sav Acct _____	or Percent _____
3 _____	<input type="checkbox"/> Ck Rtg _____	Amount _____
	<input type="checkbox"/> Sav Acct _____	or Percent _____

Sorry, no overseas banks

Attached voided check(s) please

Remaining balance will go to acct 1

If above section is blank, a paper check will be issued.

The current IRS W-4 form can be found here:
if the attached forms are 'out of date'

<https://www.irs.gov/pub/irs-pdf/fw4.pdf>

The current US Citizenship and Immigration Services
form I-9, can be found here:

<https://www.uscis.gov/i-9>