



[DALTON, GA OFFICE](#)
2518 Cleveland Hwy, Suite 3 Dalton, GA 30721 (706)529-2915

[CLEVELAND, TN OFFICE](#)
2449 Spring Creek Blvd NE, Cleveland, TN 37311 (423)479-5686

Payroll Client Packet

All information is confidential and will be utilized for payroll services only.

Company: _____

Date: _____





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Payroll Client Packet

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: _____ Alt Phone Number: _____

Contact Information

Contact Name: _____ Title: Owner Member Officer

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Tax Information

EIN Number: _____ TN SUTA Number: _____ Rate: _____

State ID Number (If Applicable): _____ Local ID Number (If Applicable): _____

Tax Deposit Frequency: Weekly Biweekly Monthly Quarterly Semi-annually Annually

Employer Tax Exemptions (If Applicable): _____



Payroll Information (Cont.)

Pay Frequency: Weekly Biweekly Semi-Monthly Monthly

Pay type: Direct Deposit Check Combination

Where do you bank? _____

Bank login (For Direct Deposit): _____ Password: _____

Do you have employer contributions? Yes, I will provide a list. No

Do you use worker compensation codes? Yes, I will provide a list. No

NAICS Code (If known): _____

By signing this document, you are acknowledging that all information provided in this paperwork is true and accurate. This is also an acknowledgment of consent to provide payroll services including debiting account for direct deposit payments and employment tax payments.

Signed: _____

Date: _____

Paperwork Checklist

Please provide the following:

- Copy of EIN letter from the Department of the Treasury
- Copy of SUTA letters from any states applicable
- Copy of most recent bank statement
- Copy of driver's license
- Copy of employees' W-4s
- Copy of employees' information form
- Copy of subcontractors' W-9s
- Copy of any payroll registers for this year
- Copy of any tax payments made for this year
- Copy of voided check from payroll account





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RECURRING CHARGE AUTHORIZATION

I, _____, authorize DBS Tax, Inc. to charge the account information below monthly for invoices due. The payment information will be kept on file securely by DBS and the payment will be processed the first week of each month, until a written request to cancel has been submitted to DBS. This agreement does not amend any other signed contracts or agreements between both parties.

Client Signature: _____ Date: _____

ESTIMATED MONTHLY CHARGES:

| | |
|------------------------------------|--|
| | |
| | |
| | |
| NORMAL MONTHLY CHARGE TOTAL | |

PAYMENT METHOD (CHECK ONE)

- E-Check (Preferred Method - Done online with your bank)**
 Credit Card/Debit Card (Please provide information below)

PAYMENT ACCOUNT INFORMATION:

- VISA Mastercard

CC #: _____ Expiration: ____ / ____

CID: _____ Billing Zip Code: _____

Name on Card: _____





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PAYROLL EMPLOYEE INFORMATION

NEW EMPLOYEE UPDATE FILE

Company Name: _____

Employee Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SSN: _____

Marital Status: Single or Married Filing Separately Married filing jointly Head of Household

Federal Allowance: _____ State Allowance: _____

| Pay Rate | Pay Type (Regular, Overtime, Holiday) |
|----------|---------------------------------------|
| | |
| | |
| | |
| | |

Direct Deposit Info

| Routing Number | Account Number | Institution | Amount or Percent |
|----------------|----------------|-------------|-------------------|
| | | | |
| | | | |

I hereby authorize the company listed above to directly deposit my pay to the account listed. This authorization will remain in effect until I modify or cancel it in writing.

Signed: _____ Date: _____

