



2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.CBSTN.NET

NEW CLIENT PACKET

NAME: _____

BUSINESS: _____

DATE: _____

CONFIDENTIAL INFORMATION

CLEVELAND BUSINESS SERVICES USE ONLY





2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.CBSTN.NET

CLIENT PERSONAL INFORMATION

CLIENTS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ ALT PHONE: _____

SSN: _____ DOB: _____

PREFERRED CONTACT METHOD: _____ (WE LIKE TO TEXT)

WHO ELSE MAY WE SPEAK WITH REGARDING YOUR ACCOUNTS WITH CBS?

#1:

NAME: _____ PHONE: _____

EMAIL: _____

#2:

NAME: _____ PHONE: _____

EMAIL: _____





2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.CBSTN.NET

CLIENT BUSINESS INFORMATION

ENTITY TYPE: ___SOLE PROPRIETOR ___LLC ___ GP ___ Corporation

If LLC, how many members? _____

If Corporation, are you S or C class? _____

If anything other than sole-proprietor, which state are you structured in? _____

Are all tax filings current? _____

If not current, what needs to be filed? _____

BUSINESS NAME: _____

BUSINESS PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

BUSINESS PHONE: _____ WEBSITE: _____

BUSINESS EMAIL: _____





2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.CBSTN.NET

BUSINESS ACCOUNT INFORMATION (Fill out what is applicable to you)

EIN: _____

TNTAP: UN: _____ PW: _____

GTC: UN: _____ PW: _____

SALES TAX ACCT #: _____ STATE: _____

SALES TAX ACCT #: _____ STATE: _____

TNFAE ACCT #: _____

TN BUSINESS ACCT #: _____

PAYROLL INFORMATION (leave blank if no payroll service)

EFTPS PW: _____ EFTPS PIN: _____

STATE DOL ACCT #: _____

DOL UN: _____ PW: _____

ANY OTHER STATE TAX ACCOUNTS: _____





2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.DBSTAX.NET

ANYTHING ELSE YOU FEEL CBS SHOULD KNOW? LET US KNOW BELOW.

CHECKLIST OF DOCUMENTS NEEDED BY CBS

- _____ BUSINESS OWNERS DRIVER'S LICENSE
- _____ COPY OF MOST RECENT TAX RETURN (PERSONAL AND/OR BUSINESS)
- _____ EIN LETTER FROM THE IRS
- _____ DOCUMENTS FROM LLC OR CORPORATE FORMATION (IF APPLICABLE)

PAYROLL CLIENTS ONLY

- _____ MOST RECENT SUTA LETTER (STATE MAELS THEM QUARTERLY)
- _____ MOST RECENT 941, 940, & SUTA TAX FILINGS. STATE FILINGS IF APPLICABLE
- _____ MOST RECENT BANK STATEMENT FOR ACCOUNT USING FOR PAYROLL





2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.CBSTN.NET

SUMMARY OF PROPOSED CHARGES

Business Name: _____ Service Start Date: _____

MONTHLY SERVICES PROVIDED BY CBS TO CLIENT INCLUDE:

QuickBooks Online Subscription: _____
_____/month

Simple Start limits to 1 user – Essentials allows 3 users and project costing – Plus allows unlimited users

Monthly Bookkeeping Services: _____ Account(s) with no more than _____ total transactions/month _____/month

Includes categorization of transactions and reconciliations of accounts each month
with monthly review to ensure books stay in good, tax ready condition

There is a \$20 charge for each 25 transactions over each monthly limit

Payroll Services: _____ _____/month

Self-Service- Provides client access to software. Client will be responsible for records and running payroll

Full-Service- Client provides CBS with pay information and we handle everything else

+ \$6.00 per payee

A/R and/or A/P Services: _____

Both services are fully customizable to meet the client's needs. We can send invoices and accept payments electronically or by mail. Or we can help you by staying on top of your bills and processing payments as needed.

_____/month

Additional Services: _____

\$ _____ PER MONTH

ONE-TIME SERVICES:

ESTIMATED COST

____ QuickBooks Set-up/Repair Estimate Needed: _____ Hours. Work billed at \$99/hr. \$ _____

____ TNTAP Account Registration & Set-up \$ _____

____ LLC/Corporate Creation: State of _____ \$ _____

____ \$ _____

Client Signature: _____ Sign Date: _____





2407 Georgetown Rd NW
Cleveland, TN 37311
(423)868-2937 or (423)86-TAXES
WWW.CBSTN.NET

ACCOUNT INFORMATION

CBS will need online access to any accounts that are to be a part of your books. Some financial institutions will allow you to create a separate log-in for your accountant if you would so desire.

Account #1

Type of Account: Checking Savings Credit Card Financing

Institution Name: _____

User Name: _____ Company ID: _____

Password: _____

Routing #: _____ Acct #: _____

Account #2

Type of Account: Checking Savings Credit Card Financing

Institution Name: _____

User Name: _____ Company ID: _____

Password: _____

Routing #: _____ Acct #: _____

Account #3

Type of Account: Checking Savings Credit Card Financing

Institution Name: _____

User Name: _____ Company ID: _____

Password: _____

Routing #: _____ Acct #: _____



REQUIRED LEGAL STUFF

1. Client acknowledges that they are solely responsible for ensuring that CBS has all information and data required to properly fulfill duties that are outlined in this agreement. For clients with required monthly reporting, required data must be provided to service provider 10 days before filing due date. If records are not provided by deadline, client agrees that they will be fully responsible for any late fees accrued to them from debtor agency.
2. Client understands that while CBS may be doing their business bookkeeping, it is still the client's responsibility to be able to prove each expense in the form of receipts, invoices, or other bills of sale. CBS will not question client if client says it is business. It is client's responsibility to be able to prove expense is indeed a business expense.
3. CBS is working as a service provider for the client and is in no way considered employed by client.
4. Client understands that any invoice that is 30 days late will have a \$7.95 late fee applied each month that it is left. Any unresolved balances after 90 days will be turned over to collections and will be reported to credit reporting agencies.
5. CBS Does not require a term length to the service agreement. However, client agrees to provide CBS a 30-day written notice should client ever wish to terminate services. If client does not provide a 30-day notice, client acknowledges they shall be responsible for an additional month of services.
6. CBS, in the course of performing the Services hereunder may gain access to certain confidential or proprietary information of the Client. Such "Confidential Information" shall include all information concerning the business, affairs, products, marketing, systems, technology, customers, end-users, financial affairs, accounting, statistical data belonging to the Client and any data, documents, discussion, or other information developed by the Service Provider hereunder and any other proprietary and trade secret information of the Client whether in oral, graphic, written, electronic or machine-readable form. The Service Provider agrees to hold all such Confidential Information of the Client in strict confidence and shall not, without the express prior written permission of client, (a) disclose such Confidential Information to third parties; or (b) use such Confidential Information for any purposes whatsoever, other than the performance of its obligations hereunder. The obligations under this Section shall survive termination or expiration of this Agreement.
7. Client understands that our billing runs a month behind services. (i.e., April services are invoiced in May) and will be billed when the month is closed. CBS will make every effort to make billing around the same time of each month but there are no guarantees.
8. Client acknowledges that business banking and credit accounts should only contain business transactions. If there are any transactions that go through business banking that are to be considered personal, it is the client's responsibility to let CBS know of this. Otherwise, it will be categorized as a business expense or income.

Print Name: _____

Client Signature: _____

Sign Date: _____

