



R & I

Tax and Bookkeeping Service, INC.

2023

Client Booklet

WELCOME TO

R & I Tax and Bookkeeping Services, INC

This packet is made to make the onboarding process as straight forward as possible.

Please look through the packet and fill it out to the best of your ability. This information is crucial for us to be able to start on your account.

A lot of the information is sensitive and personal. We don't expect you to risk emailing it to us. You may either bring it into the office in person or please ask us about setting up a **Taxdome** account.

Taxdome is free for you. It's a secure and convenient way to share and store documents. All we need is your email address to create an account for you. Once you're invited, you'll receive an email asking you to create a login.

When you're logged in, you may upload this document and other pertinent business documents and logins



THE ONBOARDING Plan

- **Welcome!**

- Is your appointment booked or did you already have your appointment with us?
- Fill out this client packet
- Send the packet to us, either by coming in person or uploading to Taxdome
- We will look over your packet and give you an price for services
- We will put the price in an agreement which you will need to look over and sign before we begin work on your account
- We will collect a deposit for your account and/or set up a payment plan
- You will upload additional documents to Taxdome- Documents we need to start work on your account such as bank statements, spreadsheets, login information, employee payroll information etc.
- We will take care of it for you. Welcome onboard!



SERVICES WE PROVIDE

Please check off all the services you need

-
- Accounting software set up
 - Bank reconciliation
 - Business income tax preparation
 - Small business setup
 - City tax filings
 - Estimated tax consultation
 - EFTPS set up
 - Federal & state reporting
 - Financial statements
 - Full charge bookkeeping services
 - General ledger set up & clean up
 - License renewals
 - Non-profit income tax preparation
 - Payroll processing & set up
 - Payroll tax preparation & filing

 - Personal income tax preparation
 - State sales tax filings
 - Tax planning & compliance
 - Year end reporting- W2, 1099



Owner(s) Information

Full Name: _____

Title: _____

Percentage of ownership: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Phone: _____

Email: _____

If there's a partner:

Full Name: _____

Title: _____

Percentage of ownership: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Phone: _____

Email: _____

Business Information

BASICS

Company name: _____

Brief Description of what your business does:

Address: _____

City: _____ State: _____ Zip Code: _____

Sole proprietor _____

Limited liability _____

Corporation _____

C or S Non-profit _____

CONTACT

Phone: _____ Fax: _____

Email: _____ Website: _____

Business Information

Tax identification number (EIN): _____

Washington Business License Number (UBI): _____

Date the Business Started: _____

What is your fiscal year? (Jan 1 to Dec 31)

Does your company have Labor and Industries L&I)

Is the company up to date on state filings for licenses?

When was the last reporting of Federal 941 filings?

Have you applied for EFTPS system? (941 filings)

Service Questions

How did you find our business? _____

Have you worked with an accounting firm before? Yes_____ No_____

What was your gross sales last year? _____

Do you currently have a CPA or an Accountant? Yes_____ No_____

When was the last time you filed federal taxes for business or personal or both? _____

Have you ever gotten financial statements? _____

Do you understand what profit and loss is? _____

Do you know what a balance sheet is? _____

Do you have an operation manual for your business? _____

Do you have a marketing team or production manager? _____

Do you have a budget for your business? _____

Is there more than one location for your business? _____

Did you receive PPP loans? _____

Did you receive SBA loans? _____

Do you do a service or a retail business? _____

When does your license renew for your business? _____

Are you going to be an loan applications soon? _____

Will anyone in your firm be assisting us in gathering your financial documents?

Service Questions

Are you current with federal and state taxes? _____

Are you current with all payroll taxes? _____

Do you process your own payroll? _____

How often are employees full time or part time and contractors paid? _____

weekly _____ bi-weekly _____ semi-monthly _____ monthly _____

Do you pay 941 taxes for current employees on payroll? _____

Does your payroll software pay your taxes for you? 941, LNI, EMP Sec, Paid sick leave, etc. _____

Have you ever filed bankruptcy? _____

How has your company been keeping up with your financials? _____

How long have you been in business? _____

What does your company do? _____

Have you had an audit of your financials recently? _____

What are some of the challenges you have had in your business? _____

Number of Employees: _____

Number of independent contractors: _____

Banking Authorization

WE NEED TO ACCESS YOUR BUSINESS BANK ACCOUNTS ONLY TO OBTAIN MONTHLY STATEMENTS TO PERFORM BOOKKEEPING/ TAX SERVICES.

Date _____ Client's Name _____

Name of bank _____ Business _____

Log-in _____ Password _____

Account Number _____ Routing Number _____

Account Number _____ Routing Number _____

Account Number _____ Routing Number _____

I _____ hereby give R & I Tax and Bookkeeping Service, INC access to my online banking service ONLY to obtain monthly bank statements in order to maintain my monthly bookkeeping services. My information will not be used for anything other than obtaining monthly statements.

Signature

Print name/ title

Date

Please add RITBSINC@gmail.com as a email to receive multifactor authentication notifications.

this will allow us to get pertinent financial information without continually asking you for verification codes.

Accounting Software Authorization

**DO YOU USE ANY ACCOUNTING SOFTWARE?
IF YES, PLEASE SHARE LOGIN INFORMATION SO WE
MAY PERFORM ACCOUNTING/TAX SERVICES**

Name of Accounting Software: _____

Username: _____ Password: _____

**IF YOUR BUSINESS IS REGISTERED AND OPERATING
THEN YOU WILL HAVE LOGINS FOR THE ACCOUNTS
LISTED BELOW. WE WILL NEED LOGIN INFORMATION
TO FILE FOR YOU.**

Department of Revenue:

Labor & Industries:

Employment & Security:

EFTPS:

Pin: _____

Payroll Information

EMPLOYEE INFORMATION

**PLEASE FILL OUT FOR EVERY EMPLOYEE
WE WILL ALSO NEED THEIR:**

- **Copy of driver's license**
- **W4**
- **I-9**

Employee Name: _____

Address: _____

Phone: _____

SSN: _____ Date Hired: _____

Birthdate: _____

Routing + Transit: _____

Bank Account Number: _____

Bank Name: _____

Job Title: _____

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

| | | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---------------------------------------------------------------|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) | |
| Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. | |
| 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ | QR Code - Section 1 Do Not Write In This Space |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |

STOP *Employer Completes Next Page* STOP