ITAXEXPERTS.COM



87 RIVERVIEW RD JERSEY CITY, NJ 07305 Phone: 347-757-3636

CelL 201-965-5301 Fax: 212-537-0261

E-mail: tax@ltaxexperts.com

PAYROLL SET-UP AUTHORIZATION FORM

I,, authorized officer of (Officer Name) (Company Name	, authorize
	e)
ITAXEXPERTS.COM to process payroll for the company.	
I also authorize ITAXEXPERTS.COM to charge \$ ^for payroll process	ing per pay cycle.
*Please Fill in fee mentioned in Fee Schedule OR discussed with accountant.	
This charge will be a debit to the	account for every payroll
cycle. (Company Name) (Bank Name)	
Bank information for the company:	
Bank Name:	
Routing Number:	
Account Number:	
The following items will be provided to ITAXEXPERTS.COM to set-up payre	oll:
 Completed W-4 forms for all employees. Bank information (including bank name, routing number, and a Company (if different from above). 	
3. Bank information for all employees for direct deposit (including number, and account number).	g bank name, routing
4. Employee compensation information (hourly rate, number of ho amount).	ours, or fixed salary
I also acknowledge that it all completed forms as a part of offering employment company. It will also be our responsibility to notify ITAXEXPERTS.COM, for payroll processing including employee addition, deletion, or any change in company.	or any change related to
	 nature & Date