



TBA Payroll Solutions Sign Up Form

BUSINESS INFO:

Business Name _____

Business Address _____

City _____ State _____ Zip _____

EIN/SSN _____ Business Phone _____

Business Email _____

Number of Employees _____ Number of Contractors _____ Pay Cycles _____

Type of Business (Circle One): **Sole Prop** **LLC** **Corp** **Partnership** **Non-Profit**

Start Date of Business _____ Date of Incorporation _____

BUSINESS OWNER INFO:

Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

SSN _____ DOB _____

BUSINESS ACCOUNT INFO:

Bank Name _____

Routing # _____ Account # _____

SIGNATURE:

I hereby authorize **TBA Payroll Solutions, LLC** to set up a payroll account and perform payroll services for the above stated company. I give **TBA Payroll Solutions, LLC** permission to file payroll taxes on my behalf based on the information that I provide and approve for payroll.

Signature _____

Date _____