ACCOUNTS AND TAXATION CENTRE

Company Name: Business Description:

Company No:

Company/Self Employment **starts date**: Registration Date:

Business Address:

Director/Proprietor Name, NI, DOB & Address (Last three years address):

Tel: Mobile:

Email: Website:

**Are you registered?**

Employer: Yes / No PAYE No: Accounts Office Ref:

HMRC: Yes/No UTR: Corporation Tax Ref:

VAT: Yes/No VAT No:

No of Employee:

Employee’s Name, Address, NI, DOB, start date, Pay rate & hours:

Additional Information:

**Fees & Services:**

Retail Shops £800.00 £200.00 per quarter

Petrol Station £1200.00 £100 per month

Takeaway (cafe) £600.00 per annum

Taxi Driver £250.00 per annum

Plumber/Builder £350.00 per annum

Hair Dresser (Small Businesses) £350.00 per annum

Law Firms £2500.00 per annum

Medical Professional (Ltd Company) £1000.00 per annum

IT Contractors (Ltd Company) £1000.00 per annum

Limited Companies £1000.00 per annum

Rental Property Income £200.00 + £50.00 additional

Company Formation £130.00

**Total Fees per month: £**

**Total Annually Fees: £**

280 Colne Road 5 East Cliff 107 Cariocca Business Park

Burnley, BB10 1DZ Preston, Pr1 3JE Ardwick, Manchester, M12 4AH

Tel: 01282 454322 Mobile: 07870584425

Website: [www.accountaxation.com](http://www.accountaxation.com) E-mail: info@accountaxation.com

Accounts and Taxation Centre is licensed & regulated by Institute of Financial Accountants to provide advice & service in accordance with licence No. 234952

Fee Agreement:

1. The Client, in order to properly conduct its business, employs the Accountant. The Accountant is duly licensed and engaged in the business of providing independent accounting services and assistance to clients.
2. During the length of this contract, the Accountant shall serve the Client and perform any and all services in accounting and tax matters as the Client requires in connection with the Client's business including the preparation of accounting statements, tax reports and returns. The Accountant will also provide supervisory and advisory services to the Client when requested.
3. This agreement shall become until terminated in accordance with this agreement.
4. This agreement may be terminated by either party on fifteen (15) days notice to the other party. All such notices shall be by certified mail or delivered personally.
5. This contract expresses the entire agreement between the Client and the Accountant regarding this matter. This agreement can only be modified with another written agreement signed by both the Client and the Accountant. This agreement shall be binding upon the Client and the Accountant and their respective heirs, legal representatives.
6. If either party brings a law suit in order to enforce or interpret the provisions of this agreement, the prevailing party shall be entitled to reasonable solicitor's fees in addition to any other relief to which that party may be entitled.
7. This agreement shall be interpreted according to the laws of the UK.
8. Both the Accountant and the Client agree that the relationship created by this agreement is that of independent contractor and not that of employee and employer.
9. The Client agrees to pay the Accountant for services at the following rates. The Accountant shall bill the Client for services and will be payable on a monthly basis/payable upfront.
	1. **Fees Agreed: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per annum**
10. Both the Client and the Accountant have read and agreed to this agreement.
11. I have requested that a company be set up and that I will be the sole director and shareholder.
12. I have decided to trade as a Sole Trader / Partnership.
13. I understand the issues of IR35 and do not believe I fall into this category.
14. It has been explained to me that I can draw a salary and I have decided upon the amount of

……………………….. per year, equalling 52 weeks at ………………… per week

1. I understand that Employers and Employees National insurance will be deducted by

Accounts and Taxation Centre and held in a Client Nominee account

1. I understand how Corporation Tax is calculated and that any such liabilities will be held by

Accounts and Taxation Centre in a Client Nominee Account

1. VAT registration has been explained to me and I understand that any VAT liabilities will be deducted by Think Accounting and held in a Client Nominee Account
2. I understand that it is not compulsory to register for VAT. I understand that I can reclaim business expenses.
3. I understand that Think Accounting will perform all tax and National Insurance computations

On my behalf and make HMRC payments from my Nominee Client Account when necessary

1. I understand that I am entitled to Dividends and that these must be voted at a general meeting of the board, i.e. the sole director of the company (me)
2. I agree that by signing the form 64-8, Think Accounting will be acting as my agent.
3. I have been advised of my charges and am happy to use the services of Think Accounting Ltd
4. I am a Sole Trader / Partnership and I understand that I will be required to make Class 2

National Insurance contributions.

1. It has been explained that it is deemed more professional and better working practice for me

to have a business bank account.

ACCOUNTS AND TAXATION CENTRE

**Witnessed or Attested by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"CLIENT"

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"ACCOUNTANT"

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# Accounts and Taxation Centre

**STANDING ORDER REQUEST**

**1: Details of the account where payments will come from**

Accounts Name: Account No: ………..

Address of Payee: Sort Code: ……

Bank Name & Branch:

**2: Details of the account where payments will be sent to**

Name of Account to be Credited ………**RMI Accountancy Ltd**……

Account No ………**02044994**………….Sort Code ……**40-15-17**…

Reference to be quoted ……**A&TCentre**…………….

**3 Payment details**

**Regular Payment (in Figures): £**

**Date of first payment: …………………**

**Date of payments: ……5th of each month until further notice…………**

**Frequency**

Choose 1 option by marking

**Weekly Monthly Quarterly 6 monthly Annually**

Payments are to continue until you receive further notice in writing.

Signature……………………………………………….. Date……………………