



NEW BUSINESS CLIENT INFORMATION SHEET

Business Information

Business Name: _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

City or County of: _____

Federal Tax ID Number: _____ or Social Security Number: _____

____ Sch. C/Sole Proprietor ____ C-Corp ____ S-Corp ____ LLC ____ Partnership ____ Estate, Trust, Other
____ Non-Profit

Year End _____

Contact Person: _____ Title: _____

Work Phone # _____ Best Contact # _____

E-Mail: _____

Will you need us to prepare payroll forms? ____ Quarterly ____ Year End ____ 1099's

Will you need us to prepare Business Annual Personal Property Tax Return? If Yes, list state(s)

Will you need our assistance with bookkeeping? _____

How did you hear about us? _____

Would you like to receive our monthly newsletter? _____

Would you like access to our online secure portal? _____

Please provide us copies of (if applicable):

Articles of Incorporation or Organization

IRS Notice for FEIN

Trust Documents

Bylaws

S-Corporation Acceptance Letter

Please bring two years' prior tax returns, thank you.



Partner/Shareholder/Trustee Information

1. First Name: _____ M.I. ____ Last Name _____

Title: _____ Percentage of Company Owned: ____%

Social Security Number _____

Daytime Phone #: _____ Cell Phone # _____

E-Mail: _____

Street Address: _____

City: _____ State ____ Zip Code: _____

2. First Name: _____ M.I. ____ Last Name _____

Title: _____ Percentage of Company Owned: ____%

Social Security Number _____

Daytime Phone #: _____ Cell Phone # _____

E-Mail: _____

Street Address: _____

City: _____ State ____ Zip Code: _____

If need more space, please list on separate sheet of paper.

OFFICE USE ONLY

Responsible Partner: _____ Responsible Accountant _____

Fees discussed and agreed upon are as follows:

Services to be provided by firm:

Client Number: _____

Client information entered into systems and client number assigned: _____

Secure Portal Setup (if applicable): _____

Two Years of Tax Returns Received: _____ Company Documents saved to eFileCabinet: _____