

NEW BUSINESS CLIENT INFORMATION SHEET

Business Information				
Business Name:				
Contact Person:				
Federal Tax ID Number: State ID Number (PP):				
Business Street Address:				
City: State: Zip Code:				
Work Phone # Best Contact #				
E-Mail(s):				
State Incorporated: Date Incorporated:				
Year End:				
Тах Туре:				
C-Corp S-Corp LLC Partnership Estate Trust Non-Profit Consolidated				
Sch. C/Sole Proprietor				
Will you need us to prepare payroll forms?				
Will you need us to prepare Business Annual Personal Property Tax Return?				
Will you need our assistance with bookkeeping? Yes No				
Would you like to receive our monthly newsletter? Yes No				
Would you like access to our online secure portal? Yes No				
How did you hear about us?				
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.

	SKM	$\mathbf{R}^{\mathrm{P.A.}}$	
Partner/Shareholder/Trustee Infor	rmation		
1. First Name:	M.ILast Name		
Title: Pe	ercentage of Company Owned:%		
Social Security Number			
Daytime Phone #:	Cell Phone #		
E-Mail:			
Street Address:			
City:	State	Zip Code:	
2. First Name:	M.ILast Name		
Title: Pe	ercentage 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 pap	per.		
	OFFICE USE ONLY		
Responsible Partner:	Responsible Accountant:		
<i>If applicable:</i> Bookkeeper:	Payroll Processing:		
Fees discussed and agreed upon are			
Services to be provided by firm:			
Client Number:			
Client information entered into syst	tems and client number assigned:		
Secure Portal Setup (if applicable):			
Two Years of Tax Returns Received:	Company Documents saved to	o File:	