

BUSINESS CLIENT INFORMATION

Business Name: _____

FEDERAL ID #: _____

Address: _____

FISCAL Year End: 12/31 Other: _____

City/State/Zip: _____

Referred By: _____

Business Phone: _____

Preferred Phone: _____

Fax Number: _____

Email: _____

Type of Business (Industry): _____

Corporation: C-Corp S-Corp Partnership: Sole Proprietorship: LLC: LLC taxed as S-Corp:

Principal Contact/Phone: _____

of Owners/Partners: _____

Do you have employees (other than owner)? Yes / No

Payroll Provider: _____

Who does the Bookkeeping? _____

QuickBooks Version / Accounting Software: _____

Who does the Excise Tax reporting? _____

Frequency: Monthly Quarterly Annually

Services Sought:

Please note any specific circumstances that brought you here:

How would you prefer to receive your return? Client Portal Email Paper Copy

Signed: _____

Date: _____

What other services do you need assistance with? Financial Planning Attorney Banking

Insurance IT Succession or Buy/Sell Plan Other _____

We will not share your contact information without your consent. For more information on how we protect the personal information you provide, ask to see our Privacy Policy.