

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: _____

Business Industry: _____

Type of Business: Sole Proprietorship LLC Partnership Corporation

Your business files taxes as: Sole Proprietorship Partnership Corporation: C-Corp 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? ☐ Email ☐ Paper Copy

We have relationships with many businesses who we trust to take care of our clients. What other services do you need assistance with? ☐ Financial Planning Estate Planning Attorney Insurance Mortgage Real Estate

☐ Painting Home Inspection Photography Succession or Buy/Sell Plan IT Banking

☐ Other _____

Signature: _____

Date: _____

Print name: _____

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.