

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.