

## **New Client Information Form - Business**

Name of Business:						
Mailing Address:						
Contact Person:						
Business Phone:			Cell Phone:			
Email:			Fax:			
Date Entity Formed:			Federal Tax ID#:			
Type of Entity: Sole Prop	LLC	S Corp	C Corp	LLLP	Trust	_ Other
Return Type to File: Sch C	Sch E	Sch F	1120	1120S	1065	1041
Date of S-Corp acceptance (if	Entity Year End:					
States you need a tax return fi	iled in:					
What your business does:						
Method of accounting: Cash _						
Name of each owner/shareho date issued:	lder, social se	ecurity number	or federal em	ployer identifica	ation, number of	shares/units and
<u>Name</u>		Identification #		# of Shares	Date Issued	Foreign (Y)
Are there any foreign owners/	/shareholders	s? Yes N	No If ye	es, please identi	fy above.	
How were you referred to us?						
INTERNAL USE ONLY: PROJEC	TS NEEDED IN	N OTW				

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