



NEW CLIENT INFORMATION FORM - BUSINESS

Name of Entity: _____

Entity Address: _____

Contact Person: _____

Phone #: _____ Email Address: _____

Date Entity Formed: _____ Federal Tax ID #: _____

Type of Entity: Sole Prop _____ LLC _____ S Corp _____ C Corp _____ LLLP _____ Trust _____ Other _____

Return to File: Sch C _____ Sch E _____ Sch F _____ 1120 _____ 1120S _____ 1065 _____ 1041 _____

Date of S-Corp acceptance (if applicable): _____ Entity Year End: _____

States you need a tax return filed in: _____

What Business Does: _____

Method of Accounting: Cash _____ Accrual _____ Other _____

Name of each owner/shareholder, Social Security Number or Federal Employer Identification Number, number of shares/units and date issued:

Are there any foreign owners/shareholders? YES _____ NO _____

If yes, please list: _____

