New Business Client Info Form

Business Name: _____

Physical Address: _____
_____
_____
_____

Mailing Address: _____
_____
_____
_____

Form of Legal Entity:
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership
- ☐ Sole Proprietorship

Income Tax Designation:
- ☐ C-Corp
- ☐ S-Corp
- ☐ Partnership
- ☐ Disregarded Entity - Sch C

Business Phone: _____ Owner Mobile Phone: _____

Fax: _____ Preferred Method of Contact: Email ☐ Phone ☐

Business Contact Name: _____

Business Owner Social Security: _____

Business Owner Date of Birth: _____

Date Business Started: _____

State of Registration: _____

Federal Employer Id Number: _____

Internal Use Only:

Projects Needed:

- ☐ 1040 Individual Tax Return
- ☐ 1120 Tax Return
- ☐ 1120-S Tax Return
- ☐ 1065 Partnership Return
- ☐ S Corp Health Insurance
- ☐ Payroll Processing
- ☐ Payroll Taxes - Quarterly
- ☐ Sales Tax Filing: __ Monthly __ Quarterly __ Annually
- ☐ W2 Preparation
- ☐ MO PTE Vouchers
- ☐ Quarterly Tax Projection
- ☐ 1099 Preparation
- ☐ Monthly Accounting
- ☐ Yearend Cleanup

Any additonal notes: _____
_____
_____
_____