



# 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

Business Phone: \_\_\_\_\_ Owner Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Preferred Method of Contact: Email  Phone

Accounting Contact Name: \_\_\_\_\_

Accounting Contact Phone: \_\_\_\_\_

Accounting Contact Email Address: \_\_\_\_\_

Business Web Page Address: \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Federal Employer Id Number: \_\_\_\_\_

Business Officers:

- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary \_\_\_\_\_
- Treasurer \_\_\_\_\_
- Board of Directors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Admin Steps:  Put in Practice  Enter into QB  
 File made  Enter on Master Client List Admin Initial & Date: \_\_\_\_\_