

**New Client Information Sheet – Business and Other Entities**

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Entity Name:** \_\_\_\_\_  
**DBA Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Federal ID:** \_\_\_\_\_  
**State ID:** \_\_\_\_\_ **State Formed:** \_\_\_\_\_  
**Fiscal Year End:** \_\_\_\_\_ **Date of Incorporation:** \_\_\_\_\_ **Date Bus. Began:** \_\_\_\_\_  
**Business Activity:** \_\_\_\_\_ **Primary Product/Service:** \_\_\_\_\_  
**Acctg Software:** \_\_\_\_\_ **Version:** \_\_\_\_\_ **Acctg Method:** \_\_\_\_\_

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**Type of Entity:**     **Partnership (select type):**     **General,**  **Limited or**  **LLP**  
                           **LLC (select type):**             **Single or**  **Multiple Members**  
                           **C-Corporation**  
                           **S-Corporation (S-election date: \_\_\_\_\_)**  
                           **Sole Proprietor**  
                           **Estate**  
                           **Trust**  
                           **Exempt Organization**  
                           **Other:** \_\_\_\_\_

**Services of Interest:**     **Income Tax Return Prep.**                     **Income Tax Planning**  
                                   **Bookkeeping**                                     **Payroll Services**  
                                   **Form 1096 & 1099 Prep.**                     **Financial Stmt Compilation**  
                                   **Sales/Excise Tax Return Prep.**             **Business Prop. Stmt Prep.**  
                                   **Retirement Plan Acctg.**  
                                   **Other:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**PLEASE PROVIDE A COPY OF PRIOR YEAR INCOME TAX RETURN**