



New Business Client Form

Entity Name: _____ Entity Type: _____

Federal Id #: _____ Year End (Calendar/Fiscal): _____

Entity Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Entity Street Address (if different): _____ City: _____

State: _____ Zip Code: _____

Contact:

First Name: _____ Middle: _____ Last: _____

Title: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____@_____

% of shares owned if applicable: _____

Officer 1/Partner 1:

First Name: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Title: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

Email Address: _____@_____

% of shares owned if applicable: _____

Officer 2/Partner 2:

First Name: _____ Middle: _____ Last: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Title: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____



Email Address: _____@_____

% of shares owned if applicable: _____

Bank Information for Direct Deposit:

Name of Financial Institution: _____

Checking or Savings (please circle):

Routing Number: _____ Account Number: _____

What services are you looking to be provided? Check all that apply:

____ Tax Preparation

____ Tax Planning

____ Tax Resolution

____ Bookkeeping

____ Meal/Sales Tax

____ QuickBooks Setup

Credit Card Payment:

Name as it appears on the card: _____

Phone number: _____

Card Type: Visa/ MC/ Amex/ Discover (Please circle)

Credit Card Number: _____

Expiration Date: ____/____/____

3 Digit Security Number (back of card): _____

Billing Zip Code: _____

Authorization to charge for services rendered

Date: ____/____/____

Client Name (Printed): _____

Client Name (Signature): _____

If you are new to our office, please have your previous years completed tax return with you.