



New Business Client Information Sheet

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Federal Tax ID Number: _____ **OR**

Social Security Number: _____

____ Sch. C/Sole Proprietor ____ C-Corp ____ S-Corp ____ LLC ____ Partnership ____ Trust ____ Not For Profit

Services Requested: ____ Monthly Accounting Services ____ Quarterly Accounting Services ____ Payroll
 ____ Tax Preparation ____ Audit ____ Review ____ Compilation
 ____ Consulting ____ Financial Planning

Referred By: _____

Contact for Company

First Name: _____ Last Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____ @ _____

Partner Information

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Percentage of Company Owned: _____ %

Social Security Number: _____ Email: _____ @ _____

Cell Phone # () _____ Daytime Phone # () _____

Partner Information

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Percentage of Company Owned: _____%

Social Security Number: _____ Email: _____@_____

Cell Phone # (____) _____ Daytime Phone # (____) _____

Partner Information

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Percentage of Company Owned: _____%

Social Security Number: _____ Email: _____@_____

Cell Phone # (____) _____ Daytime Phone # (____) _____

Partner Information

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Percentage of Company Owned: _____%

Social Security Number: _____ Email: _____@_____

Cell Phone # (____) _____ Daytime Phone # (____) _____

Office Use Only

Services to be provided by firm: _____

Fees discussed and agreed upon: _____