



New Client Info Sheet - Company

<u>COMPANY</u>		Today's Date: _____
Name: _____		
Main Contact: _____	Phone: _____	
Title: _____	Fax: _____	

<u>ADDRESS</u>		
Street: _____	Suite/Apt: _____	
City: _____	State: _____	Zip Code: _____
Email: _____		

<u>MAILING ADDRESS (if different from above)</u>	
Addressee: _____	
Street: _____	
City, State, Zip: _____	
Attention _____	

<u>BUSINESS INFORMATION</u>	
Federal ID #: _____	Fiscal Year-End: _____
Date Incorporated: _____	State Unemployment #: _____
State Incorporated: _____	State ID #: _____
Nature of Business: _____	Sales Tax Registration: _____
Principal Prod/Serv: _____	Controller/Bookkeeper's Name: _____
Major Contact at Client: _____	Title: _____
Key Personnel & Titles: _____	Title: _____
	Title: _____
	Title: _____
Entity Type: <input type="checkbox"/> C-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	
(Check all that apply) <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____	

<u>SERVICES</u> (Check all that apply)		
<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Certified Audit	<input type="checkbox"/> Quickbooks Training
<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Advisory Services	<input type="checkbox"/> Insurance/Other Benefits
<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Client Accounting	<input type="checkbox"/> Consulting
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Payroll Rep't Service	<input type="checkbox"/> Other _____

<u>ADDITIONAL INFORMATION</u> Note: Please provide all information. If more space is needed, request additional pages	
Accounting Software: _____	
Software Login ID: _____	Software Login Password: _____
Shareholders/Members/Owners: _____	SSN: _____
_____	SSN: _____
_____	SSN: _____
_____	SSN: _____
Referred By: _____	