

BUSINESS CLIENT INFORMATION

Business Name: _____ **FEDERAL ID #:** _____

Address: _____ **FISCAL Year End:** 12/31 Other: _____

_____ **Referred By:** _____

Business Phone: _____ Preferred Phone: _____

Fax Number: _____

E-mail: _____

Type of Business(Industry): _____

Corporation: C-Corp S-Corp Partnership: Sole Proprietorship: LLC: LLC taxed as S-Corp:

Principal Contact/Phone: _____ # of Owners//Partners: _____

Do you have employees (other than owner)? Yes / No

Current QuickBooks System or Accounting Software: _____

Who does the Bookkeeping? : _____

Services Sought: _____

Please note any specific circumstances that brought you here: _____

Signed: _____

Date: _____

We will not share your contact information without your consent. For more information on how we protect the personal information you provide, ask to see our Privacy Policy.