

BUSINESS INFO

Thank you for your interest in our services. Please complete the following information for our records.

Last 4 of TAX ID or EIN _____

Company Name _____

Business Address _____

City _____ State _____ Zip _____

Name _____ Your Title _____

Business Phone _____ Fax _____

Business Email _____

Description of Business _____

How did you hear about us _____

Entity Type: Sole Proprietor LLC Partnership C Corp S Corp Trust Non Profit

Services Needed: Tax Prep Tax Planning/Projection Tax Audit Assistance
 Notice Assistance Small Business Consulting Bookkeeping

For Office Use Only:

ID _____

Description _____

(Business Name)

Name 1 _____

(Business Name)

Entity: C Corp, LLC, Not For Profit, Partnership,
S Corp, Trust

Referral Type: Client, Contact, Referral Source,

Referred By _____

Staff Won Date

Won Reason: Curr Client, Good Fit, Reputation
Sm Biz Focus, Website, Location

Engagement: TAX, ACCT

Project: 1040, 1041, 1065, 1120, 1120s, 990

Year: _____