

## **New Client Information Sheet – Business**

Business Name			
Primary Contact Name & Title			
Phone #	Email		
DBA			
FEIN #	Current Tax Classification		
Address - Mailing			
Address – Legal (if different than maili	ng address)		
Do you have the following? If yes, ple	ease provide the docume	ents.	
Articles of Incorporation	Yes	No	
IRS FEIN letter	Yes	No	
Operating/Shareholders Agreement	Yes	No	
Prior Annual Report	Yes	No	
Do you want us to be your registered a	agent? Yes	No	_
Do you want us to file your annual report? Yes No			_
Do you want us to file your sales tax return? Yes No			_
If yes, are they monthly, quarterly or a	innually?		
Do you want us to do your bookkeepir for us to work with them, please provi			
Do you have payroll? Yes No			
Who is your payroll processor?			
How did you hear of us?			