



New Business Client Information Form

Business Information

Business Legal Name:

Years in Business:

Business Trade Name(DBA):

Address:

City:

State:

Zip:

Phone:

Fax:

Federal ID #:

State ID #:

Sales Tax ID #:

State Corp #:

Years Incorporated:

Business Entity:

Sole Proprietor

Partnership

C Corp

S Corp

LP

Not for profit

LLC

Other

Industry:

Industry Code:

Primary Business Purpose or Product:

Owner Information

Owner Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell:

Email Address:

Owner Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell:

Email Address:

Accounting System Information

Accounting System Software:

- QuickBooks Online QuickBooks Desktop Other

Version: Year:

Admin User ID: Password:

Payroll System: Frequency:

Inventory System:

Order Entry System:

Bookkeeping System:

- Self Prepared Outsourced None

Tax Basis: Tax Form: Accrual Cash Basis 1040 1065 1120 1120S

Service Needs

Services Requested:

- Bookkeeping QuickBooks Consulting Business Consulting Tax Planning Tax Preparation Tax Audit Services Payroll Other

Notes:

Multiple empty rows for notes.