

BUSINESS INFO SHEET

GENERAL INFORMATION

Entity Name _____ EIN/Tax ID # _____
 Assumed Name _____ Date Began _____
(MM/DD/YYYY)

STREET ADDRESS (to be reflected on the return)

Address _____
 City _____ ST _____ Zip Code _____

CONTACT INFORMATION

PRIMARY CONTACT

Name _____
 Title _____
 Email _____
 Best PH _____

SECONDARY CONTACT

Name _____
 Title _____
 Email _____
 Best PH _____

OTHER INFORMATION

Entity Type _____ If S Corp, election date _____
(MM/DD/YYYY)
 Business Activity _____ Product/Service _____
 Website _____
 How did you hear about us? Referral _____
 Google Facebook Other _____

OWNER/OFFICER/MANAGER 1

Name _____ SSN/Tax ID # _____
 Title _____ Ownership % _____ %
 Address _____
 City _____ ST _____ Zip Code _____
 Best PH _____ Email _____

OWNER/OFFICER/MANAGER 2

Name _____ SSN/Tax ID # _____
 Title _____ Ownership % _____ %
 Address _____
 City _____ ST _____ Zip Code _____
 Best PH _____ Email _____

OWNER/OFFICER/MANAGER 3

Name _____ SSN/Tax ID # _____
 Title _____ Ownership % _____ %
 Address _____
 City _____ ST _____ Zip Code _____
 Best PH _____ Email _____

OWNER/OFFICER/MANAGER 4

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

OWNER/OFFICER/MANAGER 5

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

OWNER/OFFICER/MANAGER 6

Name _____ SSN/Tax ID # _____
Title _____ Ownership % _____ %
Address _____
City _____ ST _____ Zip Code _____
Best PH _____ Email _____

NOTES or OTHER INFORMATION YOU WOULD LIKE US TO KNOW