

Date:

Appt DO Mail Email Fax | C W V

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 _____

Signing Return? NO YES

SECONDARY CONTACT

Name _____

Title _____

Email _____

Best PH _____

Signing Return? NO YES

OTHER INFORMATION

Entity Type _____ If S Corp, election date _____
(MM/DD/YYYY)

Business Activity _____ Product/Service _____

Website _____

Referred by: _____ Google Facebook Other _____

HOW WOULD YOU LIKE TO RECEIVE YOUR COPY OF THE TAX RETURN?

Paper Copy in Blue Folder Electronic Copy via Email Both Paper & Electronic

WOULD YOU PREFER TO SIGN ANY FORMS ELECTRONICALLY?

NO YES (please confirm email address above)

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 _____

NOTES or OTHER INFORMATION YOU WOULD LIKE US TO KNOW