## New Client Form (Business)

We would like to take this opportunity to welcome you as a new client and to thank you for your business. We look forward to being of service to you, now and in the future.

## Please print clearly

Date			
Full Bu	usiness/Non-Profit Name		
W	hat type of entity do you have? ☐S-Corp* ☐LLF	□ C-Corp □ Exempt □ LLC □ Partnership	
Fe	deral ID #**	State Employment #	
Se	cretary of State #	State Sales Tax #	
W	What state did you incorporate in?Exempt Entity Charitable Registry #		
Do	you have a corporate book? Yes No	Where is it located?	
Main Contact Person Title			
Ad	ldress		
Cit	ty	State Zip Code	
Bu	usiness Phone #	Cell Phone #	
So	cial Security #	<u>_</u>	
E-ı	mail		
		all Both No Preference	
	e you a returning client? Yes No		

\*Please provide us with a copy of the S-Corp acceptance letter.

\*\*Please provide us with a copy of the IRS FEIN letter

## SHAREHOLDER/PARTNER INFORMATION

Shareholder/Partner	Title:	
Address		
	State Zip Code	
Social Security #	Shareholder Interest%	
Shareholder/Partner	Title:	
Address		
City	State Zip Code	
Social Security #	Shareholder Interest%	
Shareholder/Partner	Title:	
Address		
City	State Zip Code	
Social Security #	Shareholder Interest%	
Shareholder/Partner	Title:	
Address		
	State Zip Code	
Social Security #	Shareholder Interest %	

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.