

Please complete all applicable fields.

## BUSINESS INFORMATION

LEGAL BUSINESS NAME:			
DBA NAME:		PRINCIPLE ACTIVITY:	
ENTITY TYPE:		EIN:	NUMBER OF EMPLOYEES:

## KEY OWNERS / OFFICERS / PARTNERS

	FIRST NAME	LAST NAME	SSN/EIN:	% OF OWNERSHIP
PRESIDENT:				
SECRETARY:				
TREASURER:				

## CONTACT INFORMATION

OFFICE PHONE:		HOME PHONE:	
CELL PHONE:		FAX:	
EMERGENCY CONTACT:		EMAIL:	
ADDRESS 1:			
ADDRESS 2:			
CITY:		STATE:	
ZIP CODE:		COUNTRY:	

## OTHER INFORMATION

REFERRED BY:	
ATTORNEY:	
BANK (NAME AND OFFICER):	
FINANCIAL PLANNER / STOCKBROKER:	
RESIDENT AGENT:	
BOOKKEEPER NAME & CONTACT:	
SOFTWARE(S) CURRENTLY USED:	

## PREFERENCES

Would you like free, 24/7 digital access to your tax return and other items through our portal?

Yes  No

If yes, we will link your portal to the primary email address listed above unless you indicate you prefer it be linked to a different email address here.

Would you like to keep a credit card or bank account on file with us for easy and seamless bill payment?

Yes  No

*If yes, we will contact you to collect the specific information in order to protect your information.*