New Client Information Sheet

Business Name:			
Doing Business as:			
EIN:	Date Business Started:		
Street Address:			
City:	State: Zip Code:		
Best Method of Contact: Phone	Text Email Please circle one		
Phone # (Fax # ()		
Email:			
Person Responsible for Signing Tax Ret	curns:		
Responsible Person Information:			
Social Security Number:/	/ Date of Birth/		
Street Address:			
City:	State:Zip Code:		
Phone # (
Email:			
Tax Return Type: Form 112	20 – Corporation Form 1120S – S-Corporation		
Form 1065 – Partnership	Form 1041 – Trust/Estate Form 990 -Not for Profit		
Form 1120, Form 990 and Form 1120-5			
Officers	Social Security Number		
President	/		
Vice President	/		
Secretary	/		
Treasurer	/ /		

Form 1120S, Form 1041 and Form 1065

Owners/Beneficiaries

Name			Percent Ownership
Address			
Social Security Number:	/	/	# of Shares (Form 1120-S only)
Name			Percent Ownership
Address			
Social Security Number:	/	/	# of Shares (Form 1120-S only)
Name			Percent Ownership
Address			
Social Security Number:	/_		# of Shares (Form 1120-S only)
Name			Percent Ownership
Address			
Social Security Number:	/		# of Shares (Form 1120-S only)
Form 990 – Please list any dir	ectors		
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