

Business Client Information Form

Business Name: _____

Address: _____

Phone: _____ Fax _____

Email _____

Type of Business _____

___ Corporation --- filing as ___ C Corporation ___ S Corporation

___ LLC --- filing as ___ Single Member ___ S Corporation ___ Partnership

___ Partnership

___ Sole Proprietor

Date of Incorporation _____ State of Incorporation _____

Federal Tax ID # _____ State Tax ID# _____

Do you have employees/ payroll? ___yes ___no

Are you subject to sales tax? ___yes ___no

Bookkeeping Method --- Software _____ Manual _____

Officers Name(s)	Address	Phone #'s	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any Special Issues/Areas of Concern:

How long have you been in business _____

What is the nature/niche of your business:

Current monthly business revenue _____

What are your service needs:

Tax Preparation ____ Strategic Tax Planning ____ Accounting & Bookkeeping ____

Entity Selection/Formation _____ Real Estate Investment Consulting _____

Real Estate Due Diligence _____ Other (please describe) _____

What is your timetable for starting services _____

Would you describe yourself as:

Very organized _____ Organized _____ Unorganized _____

Rate each of the following items by importance on a scale of 1 to 10 (1 is least important to you, 10 is most important to you)

Quality of work _____

Timeliness of work _____

Expertise of CPA _____

CPA Relationship _____

Cost of Services _____

Are you looking for the best tax minimization strategies and planning available at competitive fees or the lowest possible fee cost for getting only the absolute minimum necessary work done without regard to minimizing taxes?
