Legal business name:		Employer ID Number (EIN)			
DBA name (if different):			Industry		
Business entity type (check one):	OLLC OCorporation	O Series LLC	O None of these	2	
If this is a newly formed entity, have yo	ou paid the \$100 Privileg	e Tax to AL and fi	led Form BPT-IN?	🔿 Yes 🔿 No	
Vhat state was your entity organized in? Other states where it is registered?					
Business Location Address	City, State, ZIP				
Mailing Address (If different)	City, State, ZIP				
What is your accounting system?	QB Desktop 🛛 🔿 QB C	Online 🔿 Exco	el O Other		
1 st Business owner:					
Name	Ownership %		sident, Member, e	etc.)	
E-mail	Cell Phone _		DOB	SSN	
Home address	City, State, ZIP				
Weekly hours worked in this business_	Weekly hou	urs worked elsew	here	-	
Interested in having us do your persona	al 1040? O Yes O No	This is require	d for single memb	er businesses.	
2 nd Business owner or other important	contact:				
Name	Ownership %		sident, Member, e	etc.)	
E-mail	Cell Phone _		DOB	SSN	
Home address		City,	State, ZIP		
Weekly hours worked in this business Weekly hours worked elsewhere					
Interested in having us do your persona	al 1040? 🔿 Yes 🔿 No	This is require	d for single memb	er businesses.	
For additional owners:					
Name	Ownership %		sident, Member, e	etc.)	
			_ Title (e.g., President, Member, etc.)		
		_ Title (e.g., President, Member, etc.)			
		_ Title (e.g., President, Member, etc.)			
Primary Contact (If different):					
Name	Phone #		-		
E-mail	Title (e.g., President, Ll	C Manager, etc.)		
What are your financial goals?					