

New Prospective Business Client Info Sheet

How did you hear about us? _____

BUSINESS INFO

Legal Business Name: _____

Employer ID Number (EIN) _____

DBA Name (if different): _____

Industry _____

Business entity type (check one below):

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship / Single-Member LLC | <input type="checkbox"/> C-Corporation |
| <input type="checkbox"/> Partnership LLC | <input type="checkbox"/> Series LLC |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> None of these |

What state was your entity organized in? _____

Other states where it is registered? _____

If this is a brand new business, have you paid the Privilege Tax to AL and filed Form BPT-IN? () Yes () No

Business PHYSICAL Location: Street Address _____

City, State: _____ ZIP _____

Is the business mailing address the same as physical location? () yes () no If not, what is mailing address?

Street Address _____

City, State: _____ ZIP _____

What is your current accounting system?

() QB Desktop () QB Online () Excel () Other: _____

PRIMARY OWNER INFO (to list additional owners, see page 2)

1st Business Owner: Ownership % _____

Name _____ Title (e.g., President, Member, etc.) _____

E-mail _____

Cell Phone _____ DOB _____ SSN _____

Mailing Address, Street, City, State, Zip _____

Weekly hours worked in this business _____ **Weekly hours worked elsewhere** _____

Interested in having us do your personal 1040? (This is required for single member businesses.) () Yes () No

Primary Contact (only if different from owner above):

Name _____ Phone # _____

E-mail _____

Title (e.g., Secretary, Manager, Spouse, etc.) _____

What are your financial goals? _____

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ADDITIONAL OWNERS (if applicable)

2nd Business Owner or Important Contact Person Ownership % _____

Name _____ Title (e.g., President, Member, etc.) _____

E-mail _____

Cell Phone _____ DOB _____ SSN _____

Mailing Address, Street, City, State, Zip _____

Weekly hours worked in this business _____ Weekly hours worked elsewhere _____

Interested in having us do your personal 1040? (This is required for single member businesses.) () Yes () No

For additional owners:

- Name: _____ Ownership % _____ Title (e.g., President, Member, etc.) _____
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