

New Business Client Intake Form

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

1. Has tax identification number been applied for and/or assigned by the IRS? If yes we need a copy of the IRS letter assigning the EIN number.
2. Has Michigan registration for sales tax, use tax, withholding tax been done? If yes we need a copy of the registration number(s).
3. Is the business located inside any city limits?
4. Are there employees?
5. Has a DBA (doing business as) been issued? If yes we need a copy of it.
6. Are you using any software to keep track of your business? If yes what brand and year?
7. What services will Hawkins Accounting be providing to you?
8. How did you hear about Hawkins Accounting?

**New Business Client Information Sheet**

Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business email: \_\_\_\_\_

Business web site: \_\_\_\_\_

Type of Business:      Sole-Proprietor  
(Circle One)            Partnership  
                                 Corporation  
                                 S-Corporation  
                                 LLC

If business is a Corporation we also need this additional information:

Number of shares owned: \_\_\_\_\_

Date shares acquired: \_\_\_\_\_

Shareholder's Tax Year Ending Date: \_\_\_\_\_.

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FOR ALL TYPES OF BUSINESS:

We need a copy business organizational agreement and a copy of the Articles of Incorporation and Certificate of Authority.

We need a copy of last year's tax return.

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<b>BUSINESS NAME:</b>		
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number:
Owners Name:		
Title:		
Home Address:		
Home Phone:		
Cell Number:		
Email:		
Drivers Lic Numb	Date of Birth:	Soc Sec Number: