

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
 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.

Owner # 1	
Name	
Title	
Home Address	
Home Phone	Cell Phone:
Email Address	
Driver's License #	DOB: SSN:
Owner # 2	
Name	
Title	
Home Address	
Home Phone	Cell Phone:
Email Address	
Driver's License #	DOB: SSN:
Owner # 3	
Name	
Title	
Home Address	
Home Phone	Cell Phone:
Email Address	
Driver's License #	DOB: SSN:
Owner #4	
Name	
Title	
Home Address	
Home Phone	Cell Phone:
Email Address	
Driver's License #	DOB: SSN:

Signature

Date