



**Hawkins Accounting, Inc.**  
2904 Francis St, Jackson, MI 49203  
(517) 782-0600 phone \* (517) 782-0360 fax  
[office@hawkinsaccounting.com](mailto:office@hawkinsaccounting.com)  
[www.HawkinsAccounting.com](http://www.HawkinsAccounting.com)

## 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Sole-Proprietor | <input type="checkbox"/> Partnership   |
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> 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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**PLEASE COMPLETE INFORMATION ON THE NEXT PAGE**



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**Owner #1:** \_\_\_\_\_

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

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_

**Owner #2:** \_\_\_\_\_

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

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_

**Owner #3:** \_\_\_\_\_

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

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_

**Owner #4:** \_\_\_\_\_

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

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date