

Client Information Sheet-Business

In order to keep our files current, please fill out all sections.

Today's Date: _____

Corporate Name: _____

DBA Name: _____

Physical Address: _____

Billing Address: (If different than physical address)

Attn: _____

Contact Name # 1: _____

Contact Phone # 1 home: _____

Contact Phone # 1 cell: _____

Contact Email # 1: _____

Contact Name # 2: _____

Contact Phone # 2: _____

Contact Phone # 2 cell: _____

Contact Email # 2: _____

Business Activity: _____

Product or Service: _____

Fiscal Year End: _____

Entity Type: (Circle One) CCorp SCorp Ptr LLC Don't Know

Nature of Business: _____

Date Business Started: _____

Business Phone #: _____

Business Fax #: _____

Email: _____

City: _____

Software: _____

County: _____

Software User Name: _____

School District: _____

Software Password: _____

Number of owners/members: _____

Tax Basis of Accounting: (Cash/Accrual/Other) _____

Financial Statement Basis of Accounting: _____

Retirement Plan (Circle One): Yes No

Retirement Plan Type: _____

Payroll (Circle One): Yes No

Payroll Company: _____

What type of help do you need (circle all that apply)? Tax / Accounting / Bookkeeping / Payroll / Other _____

Do you have ownership or are a beneficiary in any of the following (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Other

How did you hear about **The McKillip Group CPAs**? _____

Would you like to receive **our firm's** newsletter of tax tips? Yes No

Internal Use Only:

() Added to Tax Software () Added to Client List () Added to Newsletter () Added to QBs