

Client Information - Business

Date: ____/____/____

Company Name:

Sole S. Corp Corp Partnership

Address: _____

Type of Business: _____

EIN #: _____

FL DOC #: _____

Phone #: _____

Fax: _____

E-Mail: _____

Owner(s):

Address(es) of Owner(s)

Type of Service Needed

- 1. Compilation: Monthly Quarterly
- 2. Payroll Services: Monthly Quarterly
- 3. Corporate Taxes
- 4. Personal Taxes
- 5. Auditing
- 6. Consulting: List type

- 7. Other: _____

% Owned:

Signature: _____