



**A.H. GANTT CPA  
& ASSOCIATES, PA**

*Client Information Sheet – 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)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

% Owned:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_