



Business Client Information Form

BASIC INFO:

- Business Name: _____
- Business Address: _____
- Business Mailing Address (If differs): _____
- Employer Identification Number: _____
- Date Incorporated: _____
- Business Activity (Type of business): _____
- Product or Service: _____
- Filing Form Status (706, 990, 1041, 1065, 1120, 1120S): _____
- Point of Contact: _____
- Phone Number: _____
- Email Address: _____
- How would you like to receive your completed tax return? Hard Copy, Digital Copy or Both? _____

BANK ACCOUNT INFORMATION:

- Bank Name: _____
- Routing Number: _____
- Account Number: _____
- Account Type (Checking or Savings): _____
- If taxes are due to the IRS or State, how will you be paying? ACH, Self Pay, Hard Check? _____

SHAREHOLDER/PARTNER/OWNER(S):

- Shareholder/Partner/Owner #1
 - Full Name: _____
 - Social Security Number: _____
 - Date of Birth: _____
 - Current Address: _____
 - Phone Number: _____
 - Email Address: _____
 - IDENTIFICATION INFORMATION (Please provide copy of photo ID)
 - Driver License or State-issued Photo ID: _____
 - Photo ID Number: _____
 - Issued Date: _____
 - Expiration Date: _____

I have reviewed the information above, and it is true and correct.

Sign: _____

Date: _____



Shareholder/Partner/Owner #2

- Full Name: _____
- Social Security Number: _____
- Date of Birth: _____
- Current Address: _____
- Phone Number: _____
- Email Address: _____
- IDENTIFICATION INFORMATION (Please provide copy of photo ID)
 - Driver License or State-issued Photo ID: _____
 - Photo ID Number: _____
 - Issued Date: _____
 - Expiration Date: _____

Shareholder/Partner/Owner #3

- Full Name: _____
- Social Security Number: _____
- Date of Birth: _____
- Current Address: _____
- Phone Number: _____
- Email Address: _____
- IDENTIFICATION INFORMATION (Please provide copy of photo ID)
 - Driver License or State-issued Photo ID: _____
 - Photo ID Number: _____
 - Issued Date: _____
 - Expiration Date: _____

Shareholder/Partner/Owner #4

- Full Name: _____
- Social Security Number: _____
- Date of Birth: _____
- Current Address: _____
- Phone Number: _____
- Email Address: _____
- IDENTIFICATION INFORMATION (Please provide copy of photo ID)
 - Driver License or State-issued Photo ID: _____
 - Photo ID Number: _____
 - Issued Date: _____
 - Expiration Date: _____

I have reviewed the information above, and it is true and correct.

Sign: _____

Date: _____