

Contact Information Form

Contact Information

1. Contact Name: _____
2. Contact Email Address: _____
3. Contact Phone Number: _____

Business Information

1. Business Name, if different: _____
2. Business address: _____

3. What type of business entity is your business?
 - Sole Proprietorship
 - Partnership
 - Limited Liability Company
 - S corporation
 - C corporation
4. What date did you begin your business (Month/Day/Year)? _____
5. What type of business are you in? _____

Website Information

6. Do you have a website?
 - Yes
 - No
7. If yes, what is your website address? _____
8. If yes, can your website sale and receive payment for your products or services?
 - Yes
 - No

Bookkeeping Information

8. Do you use software to perform your bookkeeping?
 - Yes
 - No
9. If yes, which software? _____

10. Who performs your bookkeeping?

- Owner
- Employee
- Independent Contractor

11. Do you bill (invoice) your customers/clients/patients?

- Yes
- No

12. Do your vendors/suppliers bill you?

- Yes
- No

Payroll Information

13. Do you have employees?

- Yes
- No

14. If yes, do you use software to perform your payroll?

- Yes
- No

15. If yes, which software? _____

16. Who performs your payroll?

- Owner
- Employee
- Independent Contractor

17. How did you hear about us? _____