

## CLIENT INFORMATION FORM

**Please fill out the form below:**

BUSINESS INFORMATION	
Company Name	
Business Email	
Business Industry	
Business Start Date	
Business Legal Type (i.e LLC, Sole Est.)	
Number of Employees	
Annual Revenue	
Fiscal Year End Date	
Tax ID Number:	
Address	
Emirate	
Contact Person	
Mobile Number	
Website	

ACCOUNTING INFORMATION	
Current Accounting System	
Accounting Software Used	
Bookkeeping Method (e.g., Cash Basis, Accrual Basis)	
Frequency of Bookkeeping (e.g., Monthly, Quarterly, Annually)	
Do you have an internal accounting staff? (Yes/No)	

TAX INFORMATION	
<b>Have you filed taxes before? (Yes/No)</b>	
<b>If yes, who prepared your taxes?</b>	
<b>Tax Year(s) to be filed:</b>	
<b>Any tax issues or disputes currently pending?</b>	
<b>Do you have any foreign assets or foreign income? (Yes/No)</b>	
<b>Are you required to file any international tax forms? (Yes/No)</b>	

ADDITIONAL INFORMATION	
<b>How did you hear about our accounting firm?</b>	
<b>Any specific accounting or tax needs or concerns you have?</b>	

By filling out this form, you acknowledge that the information provided is true and accurate to the best of your knowledge.