



CORPORATION INTAKE SHEET

Please provide all information requested below for proper completion of documents.

Client Information

Name _____ Date _____
 Bus. Address _____ Time of appt. _____
 (PO BOX not allowed by the IRS)
 City _____ State _____ Zip _____
 Day Phone _____ Cell Phone _____ Email: _____

Entity Name: 1. _____
 2. _____
 3. _____

Director _____	Director _____
SS # _____	SS # _____
Interest % _____	_____
_____	_____

Additional: _____	Title: _____
SS # _____	SS # _____
_____	_____ %
_____	_____

Mailing Address (if different from above): _____

Type of Business _____ **No. of Employees** _____
 _____ **Do you have Payroll Service?** Y _____ N _____
 _____ **Are you interested?** Y _____ N _____

Client Payment Method: [] Visa [] Master Card [] American Express []
 Check: _____
 Name on Card _____ No. _____
 MasterCard/Visa CVV No: _____ (3 digit credit card number printed on reverse side of card)
 Exp. _____ **IMPORTANT:** Street Number _____ and Zip Code _____
 of cardholder's mailing address if different from Billing information above.

Notes: NEW ENTITY [] CLEAN UP [] Taxed as Scorp []
 REGULAR FILING [] EXPEDITE []: Additional fees are required