REBECCA
COCHRAN CPA LLC

PROFESSIONAL TAX AND ACCOUNTING SERVICES

BUSINESS CLIENT INTAKE

Please complete the fields below so we can set up your business account.

BUSINESS DETAILS

Legal business name

Federal tax ID (EIN)

Business / trade name (if different)

Entity type

LLC, corporation, partnership, sole proprietor, other

Business mailing address

City

State

ZIP code

PRIMARY CONTACT

Contact name and title

Email address

Phone

Fax (optional)

TAX AND ACCOUNTING

Tax return type(s)

For example: business income, payroll, sales tax

Fiscal year-end

Month and day, if other than December 31

First tax year with our firm

Payroll services needed?

Anything else we should know?

Thank you. Please return this completed form to Rebecca Cochran CPA LLC.

PRIVATE & CONFIDENTIAL