

Business Client Information

Business Name

Individual Name _____

Phone | Alt Phone

Mailing Address

Physical Address

Email Address SSN DOB

Title _____ Ownership Percentage _____ Veteran

Second Individual Name _____

Phone Alt Phone

Mailing Address

Physical Address

Email Address SSN DOB

Title _____ Ownership Percentage _____ Veteran

Business Description Start Date

Services

Employer Withholding Taxes Payroll Processing Salary

Sales Tax Tire Tax Mercantile Tax Excise Tax

Other _____

Password Hints: Mother's Maiden Name Birth City

Name of Childhood Best Friend _____ Name of hospital where born _____

Billing Information

Retainer