

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

[illegible]