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