



2024 Business Client Data Sheet

5900 North High Street
Suite 020, Columbus, Ohio 43085

614-392-9574
clientservices@scottphilliptax.com

Business Name: _____ Federal Tax ID #: _____
Date Business Formed: _____ E-Mail Address: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Primary Business Activity: _____
Preferred Contact Method: ☐ Phone Call ☐ Text Message ☐ Email

How many partners / members are involved in the business? _____

Has the business had a change in partnership in the past year? (Y / N)

Names of Participating Partners / Members:

Name: _____ Social Security #: _____

Ownership Percentage?: _____ % Position at Business? _____

Address: _____ Apartment / Suite: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Social Security #: _____

Ownership Percentage?: _____ % Position at Business? _____

Address: _____ Apartment / Suite: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Social Security #: _____

Ownership Percentage?: _____ % Position at Business? _____

Address: _____ Apartment / Suite: _____

City: _____ State: _____ Zip Code: _____

Name of Partner / Member is signing the tax return? _____

Are you interested in a direct deposit of your refund? (Y / N)

Bank: _____ Routing #: _____ Account #: _____ Checkings or Savings Account? _____

Please initial that the bank account and credit card information is correct (IF you were interested in direct deposit of your refund): _____

Credit Card information to charge your tax return preparation fee once return is complete:

Credit Card #: _____ Expiration Date: ____/____ CSC / CVV: _____

Notes:

Tax Return Preparation fee must be received
before the filing of the tax return.
Initial Here: _____