

2024 BUSINESS INFORMATION UPDATE FORM

Business Name: _____

Primary Contact Information

Name: _____

Email Address: _____

Phone Number: _____

Mobile Number: _____

Secondary Contact Information

Name: _____

Email Address: _____

Phone Number: _____

Mobile Number: _____

Did your Business move in 2024? If so, please provide the new address:

Is this the same address as your mailing address:

YES _____

NO _____

If no, please provide your updated mailing address:

Did you purchase any new equipment in 2024?

YES _____

NO _____

If so, please provide receipt(s).

Did you purchase any new furniture/fixtures in 2024?

YES _____

NO _____

If so, please provide receipt(s).

Did you you make any major leasehold improvements in 2024?

YES _____

NO _____

If so, please provide receipt(s).

Do you have any W-2 employees?

YES _____

NO _____

Do you have any 1099 NEC Subcontract workers?

YES _____

NO _____