

Intake Questionnaire for New Business

***Please make sure these items are correct:***

Business Name: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Federal ID: \_\_\_\_\_ Address: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

Owner Information: Name: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % of Gains/Loss: \_\_\_\_\_

Name: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % of Gains/Loss: \_\_\_\_\_

***Please fill out and return to Affirmative Business Solutions: ONE PER PERSON***

Full Legal Name to go on Tax Documents: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number (FED ID) \_\_\_\_\_

Address to go on Tax Documents \_\_\_\_\_

Cell Number \_\_\_\_\_

Office Number \_\_\_\_\_

Email Address \_\_\_\_\_

*Please attach a copy of your social security card and driver's license.*

I \_\_\_\_\_ (Legal Name) understand the above information to be true and accurate to the best of my knowledge. I release my personal information to Staton Professional Services whom is bound by Circular 230 from the IRS by confidentiality and will only use my information for the purpose of tax documents to be signed by me before they are released.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Affirmative Business Solutions

\_\_\_\_\_  
Date