



Business Onboarding

General Information

Principal business / profession	
Principal IRS business code	
Business Formation Type	<input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp
State Registration?	
State of LLC Registration / Disregarded entity filing type	
Business Name	
Business Address	
City, State, Zip	
Phone and Email	
Website	
Year company was founded	
Employer Identification Number (EIN)	

Accounting Method (Cash / Accrual)	
Number of years using current accounting method	
Do you have inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inventory Method (Cost / Lower of Cost or Market / Other)	
If other, explain	
Do you use an inventory program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and type

Business Details

Do you use accounting software?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and type
Do you have payroll?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay sales tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you file 1099s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Members or Shareholders?	
How many Members?	
How many Shareholders?	
Number of company shares issued	

Can you provide a Balance Sheet and Profit & Loss statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate number of products sold annually	
Approximate number of services provided annually	
Number of employees	
Do you materially participate in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own commercial real estate used by the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated gross receipts (\$)	
Do you have company governance documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No Last Update
Do you have any foreign interests? (Yes / No) If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member / Shareholder Information (Copy as needed)

Name	
Address	
City, State, Zip	
Phone / Email	
Title	
Financial interest? (Yes / No)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>If yes, explain</i>	
<i>If no, how are they compensated?</i>	
Social Security Number	
Number of shares held	
Amount of capital invested (\$)	

Member / Shareholder Information (Copy as needed)

Name	
Address	
City, State, Zip	
Phone / Email	
Title	
Financial interest? (Yes / No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain</i>	
<i>If no, how are they compensated?</i>	
Social Security Number	
Number of shares held	
Amount of capital invested (\$)	