

**CALIFORNIA PUBLIC ACCOUNTANCY CORP.**

17700 CASTLETON ST. SUITE 515

CITY OF INDUSTRY, CA 91478

TEL: (626) 810-6788

FAX: (888) 975-6789

**A. Type of Organization:**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| 1. Individual owner              | 8. Limited Liability Partnership |
| 2. Hus/wife Co-Ownership         | 9. Liquidation                   |
| 3. General Partnership           | 10. Association                  |
| 4. Corporation: C-Corp. S-Corp.  | 11. Estate Administration        |
| 5. Limited Partnership           | 12. Trusteeship                  |
| 6. Limited Liability Company     | 13. Joint Venture                |
| 7. Limited Liability Partnership | 14. Other _____                  |

**B. Check the industry, product, or service that represents the greatest portion of your sales or revenue:**

|                       |               |                                    |           |
|-----------------------|---------------|------------------------------------|-----------|
| Services              | Temp Services | Retail                             | Wholesale |
| Leasing Employer      | Manufacturing | Professional Employer Organization |           |
| Other (Specify) _____ |               |                                    |           |

**Also, describe specific product and/or service in detail:** \_\_\_\_\_

**C. Corporate Name:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**D. Physical Business Location:**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**E. Information Require:**

| <u>OFFICER</u>                                | <u>NAME</u> | <u>SSN#</u> | <u># OF SHARES</u> |
|---|-------------|-------------|--------------------|
| President (citizen?):                         | _____       | _____       | _____              |
| Vice President (citizen?):                    | _____       | _____       | _____              |
| Secretary (citizen?):                         | _____       | _____       | _____              |
| Chief Financial Officer/Treasurer (citizen?): | _____       | _____       | _____              |

\* PLEASE MAKE COPY OF ALL OFFICER'S DRIVER LICENSE

\* PLEASE LET US KNOW IF ADDRESS IS DIFFERENT FROM DL