



NEW CLIENT INFORMATION FORM
Business

Date _____

Legal Business Name: _____

Officers Names & Title: _____

Business Address: _____

Business Phone Number: _____

Officer Phone Number: _____

Email Address: _____

Primary Contact: _____

Federal Identification Number: _____

Date of Incorporation: _____ State: _____

(Check the correct response)

Legal Entity: LLC Partnership Corporation Sole Proprietor None

Tax Form Filed: 1040: 1120-S 1120-C 1065 990

1120-C Method of Accounting: Cash Accrual

Type of Software Used: QuickBooks Excel None Other Software: _____

Password (if applicable): _____

Are you registered for Payroll: YES NO Payroll Company: _____

Are you interested in any QuickBooks training? YES NO

Do you need Bookkeeping Services? YES NO

Are your Payroll Liabilities up to date? YES NO

Are you current with your business tax returns? YES NO

If NO what was the last year you filed your tax returns? _____

Are you receiving state or IRS notices? YES NO

What does your business do: _____