



Hamlin Tax & Accounting Solutions, LLC

Business Client Information Sheet

GENERAL CLIENT INFORMATION:

Client Legal Name:

Client Address: _____ City: _____ State: _____ Zip: _____

Business Name:

Business Address: _____

City: _____

State: _____

Zip: _____

E-Mail: _____

Local Phone: _____

Fax: _____

Federal ID #:

Web Site: _____

Entity Type:

☐

Sole Proprietor

☐

LLC

☐

Partnership

☐

S-Corp

☐

C-Corp

Type of Business: _____

Other Locations: _____

Incorporation Date (Provide Copy of Approval): _____

S Corporation Approval Date (Provide IRS Approval Letter): _____

Referred By: _____

of Employees: _____

Owners Names: _____

of Shares: _____

Services Requested: _____

Family Relationship Descriptions: _____

Related Parties or Businesses: _____