

Company Structure and Information

Entity Type: _____

Company Name: _____

EIN#: _____

Primary Contact: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

State and Date of Incorporation: _____

S Election Made/Date: _____

Date Business Started: _____

Principal Business Activity: _____

Services Offered: _____

Tax Matters Person: _____

List Related Businesses: _____

Accounting Software: _____

Accounting Method: _____

Please list Bank & Credit Cards used in your business:

Bank: _____

Credit Cards: _____

Payroll Processing Company/Frequency: _____

Yes No If services have been provided by another firm, may we contact then if necessary?

Yes No Have you been audited before?

Yes No Are you & your business current on all tax liabilities including sales & payroll taxes?

Yes No Do you own any or have signature authority over any foreign financial accounts?

Yes No If we can't file your tax return by the original due date, do we have your permission to file an extension?

Revenue Estimate for the Year: _____

Do you maintain:

- Yes No Separate Client Billing System?
- Yes No Inventory/POS System?
- Yes No Do you accept Credit Cards?
- Yes No Do you have Sales Tax Reporting requirements?
- Yes No Do you conduct business in other states?

Employees & Contractors:

- Yes No Do you pay any company/individual more than \$600 for services?
- Yes No Do you have employees in other states?

If you have employees, do you offer:

- Yes No Health Insurance?
- Yes No Retirement Plan?

New Information

Information	Owner
Full Name (first, middle, last)	
Social Security Number	
Date of Birth	
Address	
City, State, Zip code	
Business Number	
Mobile Number	
E-mail Address	

*(Please note preferred phone number and email with *)*

Information	Owner
Full Name (first, middle, last)	
Social Security Number	
Date of Birth	
Address	
City, State, Zip code	
Business Number	
Mobile Number	
E-mail Address	

*(Please note preferred phone number and email with *)*

Information	Owner
Full Name (first, middle, last)	
Social Security Number	
Date of Birth	
Address	
City, State, Zip code	
Business Number	
Mobile Number	
E-mail Address	

*(Please note preferred phone number and email with *)*

Information	Other Contact
Full Name (first, middle, last)	
Address	
City, State, Zip code	
Business Number	
Mobile Number	
E-mail Address	

*(Please note preferred phone number and email with *)*

For Internal Use

Tax	Payroll/Sales Tax
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- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1040 Sch C <input type="checkbox"/> 1065 <input type="checkbox"/> 1120 <input type="checkbox"/> 1120S <input type="checkbox"/> 1099 – C <input type="checkbox"/> 1099 – DIV <input type="checkbox"/> 1099 – MISC <input type="checkbox"/> TX Franchise – Annual <input type="checkbox"/> S Corporation Election <input type="checkbox"/> Any other state returns: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> 940 <input type="checkbox"/> 941 1st ___ 2nd ___ 3rd ___ 4th ___ <input type="checkbox"/> TWC 1st ___ 2nd ___ 3rd ___ 4th ___ <input type="checkbox"/> 1099 - INT <input type="checkbox"/> W-2s <input type="checkbox"/> Imputed Income Calculation <input type="checkbox"/> Sales Tax
Frequency: _____ |
|---|--|

Accounting	Administrative
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- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> QB Set-up <input type="checkbox"/> QB Training <input type="checkbox"/> Write Up – In-house <input type="checkbox"/> Trial Balance / Transaction Detail
Frequency: _____ <input type="checkbox"/> Preparation
Frequency: _____ <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Business Engagement Letter (ZENGLTR) <input type="checkbox"/> Year End Planning |
|---|---|

Client Set-up

- SS4 Articles of Incorporation Received
- New Business Client Info Form Received
- Tax Engagement Letter?
- Payroll Engagement Letter?
- Write-up / Preparation Engagement Letter?

Updated (Initial/Date)	Letters (Initial/Date)	Quotes/Fees/Retainers Discussed
CCH _____ Review _____	Welcome _____ Thank you _____	