



SEE Solutions LLC

New Business Client Information Sheet

Solutions LLC

Company's Name: _____ Federal ID: _____
 Contact Name: _____ Title: _____
 Business Type: _____
 Business Activity: _____
 Business Start Date: _____ Fiscal Year End: _____
 Physical Address: _____
 Billing Address: _____

(If different than the Physical Address)

Office Phone: _____ Fax: _____
 Cell Phone: _____ Email: _____
 Cell Phone: _____ Website: _____
 Other Important Phone Numbers: _____

Current or Predecessor Accountant

Attorney

Name: _____	Name: _____
Firm Name: _____	Firm Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Stockholders / Partners / Directors / Board Members

Name: _____	Address: _____
Phone: _____	SSN: _____
Name: _____	Address: _____
Phone: _____	SSN: _____
Name: _____	Address: _____
Phone: _____	SSN: _____

How did you hear about SEE Solutions LLC?

<input type="checkbox"/> Referral Who? _____	<input type="checkbox"/> QuickBooks Proadvisor
<input type="checkbox"/> Brochure or Flyer	<input type="checkbox"/> IRS Enrolled Agent Listing
<input type="checkbox"/> Google	<input type="checkbox"/> NAEA Listing
<input type="checkbox"/> Internet Search (Other than Google)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Facebook	

OFFICE USE ONLY:

Enter Into
Date Entered

Tax	Portal	QB	File

CLIENT CODE: _____