

NEW BUSINESS CLIENT INFORMATION FORM

Business name: _____

Entity type: (Please "X" entity type below)

- _____ Partnership (1065)
- _____ C-Corporation (1120)
- _____ S-Corporation (1120S)
- _____ Trust/Estate (1041)
- _____ Non-profit (990)

EIN/Tax ID number: _____ **Date established:** _____

(If applicable) Date incorporated: _____ **State incorporated:** _____ **Fiscal year end:** _____

Business address: _____
Street City State Zip Code

Business phone: _____ **Fax:** _____

Website: _____

Primary contact name/title: _____

- Email: _____
- Direct Phone: _____
- Cell Phone: _____

Secondary contact name/title: _____

- Email: _____
- Direct Phone: _____
- Cell Phone: _____

Partner you are working with: (Please "X" a name below, if you have a partner you would like to work with)

- _____ Michael Gallacher
- _____ Mike Bosen
- _____ Marcos Goodman

Please list the services you are interested in: _____

Please complete the following sections for all that apply:

Contact information for bookkeeper:

Contact information for payroll processing:

Contact information for financial planner:

Contact information for attorney:

Additional information we should know: _____

Who can we thank for referring you: _____