

Business Client Information

Client #: _____

Company Name: _____

Owner's Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone(Bus): _____ Phone(cell): _____

E-mail: _____

Website: _____

Types of business: Corp / S-corp / Ptr / Prop. / Trust / Non-profit / LLP / LLC Filing As: _____ CA 568

Federal ID #: _____ State ID #: _____

Payroll ID (EDD): _____

Description: _____

To Do

1099s _____ Bkpg _____ Bus Prop Tax _____

Payroll _____ W-2s _____

Mthly _____ Qtrly _____

Annual _____ W/C _____

Tax Deposit _____

Financial Advisor _____

Attorney _____

Basis of Accounting _____

Engagement Letter _____

FYE: _____

Date of Incorp/S-Election: _____