



## NEW BUSINESS CLIENT QUESTIONNAIRE

**Business Name:** \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Business Fax: \_\_\_\_\_

FEIN: \_\_\_\_\_ Other Business ID# \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

### BUSINESS STRUCTURE:

S Corporation (1120S)          Corporation (1120)          Partnership (1065)          Non-Profit (990)

Cooperative          Limited Liability Co.          Sole Proprietorship (Sched. C)

### OWNER/OFFICER INFORMATION:

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_