



New Client Information – Business

BUSINESS NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON: _____

NATURE OF BUSINESS: _____

TAX ID #: _____

PHONE (PLEASE CHECK PREFERRED NUMBER)

EMAIL (PLEASE CHECK PREFERRED EMAIL)

_____ H C W

_____ H C W

OF EMPLOYEES: _____

DATE OF ESTABLISHMENT: _____

PREVIOUS ACCOUNTANT: _____

CONTACT NUMBER: _____

How did you hear about us?

Services needed:

ADMINISTRATIVE USE ONLY
QB
PS
SF
(Y:)
File
2848