



NEW BUSINESS CLIENT CHECKLIST

Date _____

Referred by: _____

CLIENT ID # _____

Name: _____ Federal ID #: _____

Email Address: _____

Street: _____ Suite: _____ PO Box: _____ City: _____

State: _____ Zip: _____ County: _____ Tax District: _____

CONTACT PERSONS / NUMBERS

General Partner or Officer: _____ SS: _____ - _____ - _____

Attorney: _____

Business: (____) _____ - _____ Cell: (____) _____ - _____ Home: (____) _____ - _____

Fax: (____) _____ - _____ Web Site: _____

TYPE OF ORGANIZATION

Individual Partnership C/Corp. Non-Profit
One Member LLC S/Corp. (Need #2553 Filed) LLC

* Copy of Articles of Incorporation / Organization

*If corporation, how many shares of stock: Issued: _____ Outstanding: _____

BUSINESS INFORMATION

Dates of: New Business: _____ Date Incorporated: _____ Starting Date: _____

Year End Month: _____ Purchased: _____ Prin. Activity: _____

First Pay Date: _____ Method of Operations: _____

Peak # of employees in one year: _____ P/R amt. 1st 8 Months: _____

Products or Services Sold: Wholesale Business: Retail-General Public:

Operate more than one location: Yes No

Beginning Inventory: _____ Charter #: _____

Beginning Equipment: _____ Copy of Charter: _____