

# Business Information Sheet

Business Name \_\_\_\_\_ ID# \_\_\_\_\_

Owners' Name \_\_\_\_\_ SS# \_\_\_\_\_

Partners Name \_\_\_\_\_ SS# \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Phone # (     ) \_\_\_\_\_ Cell# (     ) \_\_\_\_\_

E-mail \_\_\_\_\_ Web Page \_\_\_\_\_

Fax# \_\_\_\_\_

**Mailing Address** (if different) \_\_\_\_\_

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOU AND YOUR BUSINESS SO THAT WE MAY BE ABLE TO BETTER SERVE YOU.

CHECK IF YOUR BUSINESS IS:

NEW \_\_\_\_\_ (OR) ESTABLISHED \_\_\_\_\_

DATE INCORPORATED \_\_\_\_\_ LLC \_\_\_\_\_

NON PROFIT \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_

C CORP \_\_\_\_\_ S-CORP \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ NOT SURE \_\_\_\_\_

CALENDER YEAR END \_\_\_\_\_ OR FISCAL YEAR END \_\_\_\_\_

WHAT TYPE OF TAXES DO YOU PAY? PERSONAL PROPERTY TAX \_\_\_\_\_

SALES TAX \_\_\_\_\_ 941- PAYROLL \_\_\_\_\_

DO YOU HAVE EMPLOYESS? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

DO YOU ISSUE W2'S? \_\_\_\_\_ OR 1099 MISC \_\_\_\_\_

ARE YOU INTERESTED IN PROVIDING AN EMPLOYEE PARTICIPATION RETIREMENT OR SAVINGS PLAN?

YES \_\_\_\_\_ NO \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? YELLOW PAGES \_\_\_\_\_ TV \_\_\_\_\_ RADIO \_\_\_\_\_ OTHER \_\_\_\_\_