



NEW BUSINESS CLIENT DATA SHEET

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

FAX #: _____

FED ID #: _____

EMAIL: _____

SOS ID #: _____

SALES TAX #: _____

GUANRANTOR: _____

DNB #: _____

PRIMARY CONTACT: _____

STATE PR ID #: _____

SECONDARY CONTACT: _____

SUTA #: _____

PLEASE INDICATE AREAS OF SERVICES REQUIRED

- Payroll Check Computation, Payroll Direct Deposit, Yearly 1099, Quarterly PR Tax Reports, Annual PR Tax Reports, Estimated Payments, Sales Tax Reports, Gross Receipts Tax Report, Financial Statements, Business Start-up, Business Development, Consulting, Corporation Taxes (1120), S-Corporation Taxes (1120S), Bookkeeping, Partnership Taxes (1065), Company Insurance, _____

Please send additional information on: _____

This is to verify that I (we) maintain adequate records to substantiate all items of income and deductions listed in the questionnaire as well as all other information furnished to you in connection with the preparation of our business income tax returns.

It is agreed that the fee for the preparation of above services will be based upon the standard billing rates of my company and will be paid promptly upon completion of the returns.

Signature of Officer

Officer Title

Date