

Contact information of the person responsible for business operations:

Name: _____

Address: _____

Email(s):
Primary _____ Secondary _____

Phone(s):
Primary _____ Secondary _____

Your title: (circle or mark X) Manager ____ President ____ V.P. ____ Other _____

Are you the person responsible for signing the corporate tax return? (circle or mark X) Yes ____ No ____

If no, who is? _____ Phone: _____ Email: _____

Entity Information:

Legal Business Name: _____

Is there a DBA name that you go by : _____

Business Mailing Address _____

Business Location Address _____

Are your employees working at this address? Yes ____ No ____

Business primary email: _____ Secondary _____

Business Primary Phone: _____ Secondary _____

Primary Business Activity/Type: _____

Entity Type (Circle or mark X)

Sole Proprietor ____ **Partnership** ____ **S-Corp** ____ **C-Corp** ____ **Single Member LLC** ____

Non-Profit/501(c)(3) ____ **Unsure / Other** _____

Date of Incorporation: _____ Tax ID _____

Calendar year ending in December? Yes ____ No ____ Fiscal year end? If Fiscal, what date? _____

Estimated Yearly Gross Revenue: _____

Do you have W2 employees on payroll? If yes how many _____

How do you pay yourself? _____

What service provider / software do you use for payroll processing? _____

How much do you pay per month for your payroll service? _____

Do you plan to keep your current payroll service provider or are you interested in changing? _____

Do you have workers' compensation insurance? Yes ____ No ____

Do you have employee benefit plans? (health/vision/dental, retirement, vacation, etc.. please specify)

Operations: (Please provide a brief overview of your current business operations and your future goals:

What do you feel are your top 3 business problems and / or your current concerns?

1. _____

2. _____

3. _____

What services are you interested in? (Please specify)

Business Tax Return (Corporate / Partnership / Non-Profit) _____

Individual Income Tax Return for business owner _____

Financial Statements (Monthly, Quarterly, Annual, or as-needed) _____

Bookkeeping Services (Monthly, Quarterly, Annual after the fact data entry, Accounts Payable checks, Accounts Receivable reports, etc.)

Payroll Processing (Weekly, Bi-Weekly, Monthly) or Payroll Tax Reporting (Monthly or Quaterly reporting/payroll taxes only) _____

Sales Tax Reporting (Monthly, Quarterly) _____

Consulting (Strategic / Financial / HR / Operations / Marketing) _____

Other:

Do you use any form of accounting or tax software now? Is so, which software? (QuickBooks, Xero, Excel, Peachtree, etc.) _____

Are you looking to change your accounting software / upgrade or plan to keep the same one?

Other comments, questions, concerns, or needs that have not been addressed on this form:

