



**Business Client Application**

Company Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

SSN \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Secondary Contact \_\_\_\_\_

SSN \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

Website \_\_\_\_\_

If you have alternate phone numbers, please list them below. You may want to list contacts to notify when payrolls are complete etc.

Name/Dept.	Phone Number
_____	_____
_____	_____

Is the entity is  C Corp  S Corp  LLC  Partnership  Not for Profit  Government  Trust

Federal ID \_\_\_\_\_ State ID \_\_\_\_\_

Fiscal YE \_\_\_\_\_ ESD \_\_\_\_\_

Sales Tax Permit \_\_\_\_\_



Please indicate specific accounting or tax concerns you would like to discuss with our firm.

I hereby attest that the information provided above is accurate and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date