

DATE: _____

NEW BUSINESS CLIENT QUESTIONNAIRE

COMPANY NAME: _____

TRADE NAME IF APPLICABLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CELL PHONE: _____ EMAIL: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CELL PHONE: _____ EMAIL: _____

TYPE OF BUSINESS: _____

DATE BUSINESS STARTED: _____ DATE OF INCORPORATION: _____

STATE OF INCORPORATION: _____

FEDERAL TAX ID #: _____ STATE ID#: _____

I/We, _____ (taxpayer(s) acknowledge that all information provided here for the preparation and completion of my Federal and State taxes is complete and accurate to the best of my knowledge. I/We also understand and agree that a 50% deposit is due when work is accepted and that payment in full is due when work is completed.

I/We have read all the information furnished and agree to all terms and conditions.

TAXPAYER'S SIGNATURE

SOCIAL SECURITY NUMBER

TAXPAYER'S SIGNATURE

SOCIAL SECURITY NUMBER