



CLIENT #: _____

CLIENT DATA SHEET

DATE: _____

ENTITY NAME: _____

FEDERAL ID #: _____

ATTENTION: _____

NEED TO APPLY FOR ID #'s: _____

ADDRESS: _____

PHONE NUMBER: _____

CITY, STATE, ZIP: _____

ALT NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

SKYPE ADDRESS: _____

WEBSITE: _____

DATE ENTITY CREATED: _____

OFFICERS OR PRINCIPALS: _____

YEAR END DATE: _____

BUSINESS ACTIVITY: _____

PRODUCT/SERVICE: _____

ACCOUNTING METHOD: Accrual / Cash / Other

ATTORNEY: _____

PERSON AUTHORIZING ENGAGEMENT: _____

BANK: _____

PRIOR ACCOUNTANT: _____

REFERRAL SOURCE (check one): None/I'm a current client Internet Referrer: _____

TYPE OF ENTITY

- C-Corp
- Partnership
- Non-Profit
- Estate
- Trust (type): _____
- S-Corp
- Individual
- LLC
- LLP
- Other: _____

WORK TYPE

- Audit
- Estate
- Income Tax
- Review
- Special Projects
- Comp/Write-Up
- FMA
- Non-Profit
- Trust
- Other: _____

WORK REQUIRED (Check as it applies)

| | M | Q | A |
|-----------------------------|-----|-----|-----|
| Regular accounting work | ___ | ___ | ___ |
| Compilation report | ___ | ___ | ___ |
| Review report | ___ | ___ | ___ |
| Audit report | ___ | ___ | ___ |
| Management advisory service | ___ | ___ | ___ |
| Retirement plan reports | ___ | ___ | ___ |
| Other: _____ | ___ | ___ | ___ |

Please Specify (check as it applies)

- Income taxes – federal _____
- Income taxes – state _____
- Pension & profit sharing _____
- Payroll taxes _____
- W-2's & 1099's _____
- State tax reports _____
- Tax planning & consulting _____
- Management consulting _____
- Computer consulting _____
- Other: _____