

## CLIENT CONTACT INFORMATION SHEET

Please complete the Client Contact Information Sheet below. This information will be used to set up your account and to send you monthly reports, tax returns, etc.

Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company Information:				
Company Telephone:  Company Fax:  Company Website:  Company E-mail:  Tax ID:  Entity Type:  S-Corp  C-Corp  Partnership  Disregarded Entity  Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company Name:				
Company Fax:  Company Website:  Company E-mail:  Tax ID:  Entity Type:  S-Corp  C-Corp  Partnership  Disregarded Entity  Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company Address:				
Company Website:  Company E-mail:  Tax ID:  Entity Type:  S-Corp  C-Corp  Partnership  Disregarded Entity  Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company Telephone:				
Company E-mail:  Tax ID:  Entity Type:  S-Corp  C-Corp  Partnership  Disregarded Entity  Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company Fax:				
Tax ID:  Entity Type: S-Corp C-Corp Partnership Disregarded Entity Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company Website:				
Entity Type: S-Corp C-Corp Partnership Disregarded Entity Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Company E-mail:				
Industry Type:  II. Owner Information: (If company has various owners, only one is needed)	Tax ID:				
II. Owner Information: (If company has various owners, only one is needed)	Entity Type:	S-Corp C	-Corp	Partnership	Disregarded Entity
	Industry Type:				
	Owner Information: (If	company has variou	ıs owners, only	one is needed)	
Owner Name:	Owner Name:				
Owner Address:	Owner Address:				
Owner Telephone:	Owner Telephone:				
Owner E-mail:	Owner E-mail:				
Owner Date of Birth: Owner SSN:	Owner Date of Birth:	Owner SSN:			
In addition to sending Tax Returns, Financial Statements, Sales Tax Returns, Payroll Returns, etc. is there anyone else you would like for us to include in the e-mails, such as Office Manager, Admin Assistant, Owner, etc.? YES NO If Yes, please fill in below:	re anyone else you would	like for us to incl	ude in the e-	-mails, such as Offi	
E-mail 1:	nail 1:				
E-mail 2:	nail 2:				
E-mail 3:	nail 3:				
By signing below you authorize us to use all the contact information above for all necessary purposes.	signing below you authorize	e us to use all the o	contact inform	nation above for all	necessary purposes.
Print Name:          Date:	nt Name:		Title:		Date: