## Accounting Plus

### **2022** Business Client Questionnaire

TAX RETURN CANNOT BE PREPARED WITHOUT COMPLETION OF THIS DOCUMENT

BUSINESS INFORMATION							
Business Name		Emplo	oyer Identification Numl	ber 🛛 on file			
Business Mailing Address	City		State	Zip			
How would you like to be contacted?  Email  Phone  Text Best time to contact?							

BUSINESS OWNER INFORMA	ATION 🛛 check if primary contact	<b>BUSINESS OWNER INFORMA</b>	ATION 🛛 check if primary contact	
NAME (First, Initial, Last Name)		NAME (First, Initial, Last Name)		
SSN 🔲 on file	Date of Birth <b>On file</b>	SSN <b>on file</b>	Date of Birth <b>On file</b>	
Cell Phone	Alternative Phone	Cell Phone	Alternative Phone	
Email Address		Email Address		
Ownership Percentage of Business	no change	Ownership Percentage of Business	no change	

#### PAYMENT IS REQUIRED PRIOR TO FILING

We now offer Tax Audit Protection for your 1120 or 1065 (15% of tax prep fee), covering resolution of IRS and state tax notices, income tax audit defense, and tax identity theft (see brochure for details). Do you wish to opt out?  $\Box$  Yes  $\Box$  No

How would you like to receive YOUR tax return copy?

 Save \$10

 If you go

 Digital

 Digital

 □ Paper

Comments:

# Insurance<sub>1</sub>Plus

Protecting your business is important to us and rising Insurance costs are a big challenge.

Let's see if we can better protect what you have built. Would you consider a free quote for Insurance?

### □ Yes, that would be helpful- email is a great way to contact me

### □ Yes, that would be helpful- can I meet in person?

□ Not right now, thank you

Thank you for your consideration.