



New Business Client Information Sheet

Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City or County of \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_ OR

Social Security Number \_\_\_\_\_

\_\_\_\_ Sch. C/Sole Proprietor \_\_\_\_ C-Corp \_\_\_\_ S-Corp \_\_\_\_ LLC \_\_\_\_ Partnership \_\_\_\_ Trust

Contact for Company: First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Best Contact Number \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Partner Information

1. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_ Percentage of Company Owned \_\_\_\_% Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Daytime Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Title: \_\_\_\_\_ Percentage of Company Owned \_\_\_\_% Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Daytime Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Title: \_\_\_\_\_ Percentage of Company Owned \_\_\_\_% Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Daytime Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Title: \_\_\_\_\_ Percentage of Company Owned \_\_\_\_% Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Daytime Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Title: \_\_\_\_\_ Percentage of Company Owned \_\_\_\_% Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Daytime Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_