



New Client Information Form - Business

Name of Business: _____

Mailing Address: _____

Contact Person: _____

Business Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Date Entity Formed: _____ Federal Tax ID#: _____

Type of Entity: Sole Prop _____ LLC _____ S Corp _____ C Corp _____ LLLP _____ Trust _____ Other _____

Return Type to File: Sch C _____ Sch E _____ Sch F _____ 1120 _____ 1120S _____ 1065 _____ 1041 _____

Date of S-Corp acceptance (if applicable): _____ Entity Year End: _____

States you need a tax return filed in: _____

What your business does: _____

Method of accounting: Cash _____ Accrual _____ Other _____

Name of each owner/shareholder, social security number or federal employer identification, number of shares/units and date issued:

<u>Name</u>	<u>Identification #</u>	<u># of Shares</u>	<u>Date Issued</u>	<u>Foreign (Y)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there any foreign owners/shareholders? Yes _____ No _____ If yes, please identify above.

How were you referred to us? _____

INTERNAL USE ONLY: PROJECTS NEEDED IN OTW _____

www.bdhcpas.com

1671 W. Horizon Ridge Pkwy., Ste 220, Henderson, NV 89012

O: 702.202.2255 F: 702.202.2875