

NEW ENTITY INFORMATION FORM ~ TAX YEAR:

NAME OF ENTITY _____

FEDERAL ID # _____ STATE FILE # / SOS # _____
(IF APPLICABLE)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

START DATE _____ E-MAIL _____

BUSINESS DESCRIPTION _____

NAME OF PERSON SIGNING RETURN _____

TITLE OF PERSON SIGNING RETURN _____ PHONE _____

ENTITY HAS: [] SHAREHOLDER(S) [] MEMBER(S)/MANAGER(S) [] PARTNER(S)

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION
FOR EACH SHAREHOLDER, MEMBER/MANAGER OR PARTNER:

NAME	ADDRESS	SSN	Ownership %

YOU MUST PROVIDE US WITH THE FOLLOWING:

- COPY OF PRIOR YEAR'S TAX RETURNS (ONLY FOR ENTITIES WHO ARE NEW CLIENTS).
- COPY OF ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION/FORMATION.
- COPY OF S-CORPORATION ACCEPTANCE LETTER (IF APPLICABLE).
- COPY OF LLC OR PARTNERSHIP AGREEMENT (IF APPLICABLE).
- PROFIT & LOSS AND BALANCE SHEET **OR** BUSINESS ORGANIZER AND BANK ACCT. BALANCE AS OF 12/31.
- PAYROLL FORMS (IF APPLICABLE): 940, DE-7, W-3, AND W-2 FOR SHAREHOLDER(S)/OFFICER(S) ONLY.
- PAYMENT VERIFICATION OF THE \$800 ANNUAL STATE FEE (IF APPLICABLE).

REFERRED BY: _____