

DATE: \_\_\_\_\_

**BUSINESS INFORMATION FORM**

Entity Legal Name: \_\_\_\_\_

Entity Type: \_\_\_\_\_ Sole-Prop / Disregarded  
(Circle One) Corp LLC S-Corp Partnership LLC Trust

Federal Tax# \_\_\_\_\_ State ID# \_\_\_\_\_

State Incorporated: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City, State ZIP \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Contact: (Please circle preferred method) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Cell: \_\_\_\_\_ Is it okay for us to send you tax information via email? YES / NO

**Officer/Shareholder Information:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Ownership %: \_\_\_\_\_ Director: YES / NO

Position: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Ownership %: \_\_\_\_\_ Director: YES / NO

Position: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Ownership %: \_\_\_\_\_ Director: YES / NO

Position: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Ownership %: \_\_\_\_\_ Director: YES / NO

Position: \_\_\_\_\_

<b>Office Use:</b>					Client #	
Practice	UT	News	OutL		Engage	