



BUSINESS CLIENT SETUP FORM

Business Name: _____

Tax ID # _____ Entity Type: _____

Business phone _____ Business fax: _____

Business Address: _____ City _____ State ____ Zip _____

Primary email: _____ Referred by: _____

Business Owner Information

First _____ Last _____

Address: _____ City _____ State ____ Zip _____

Home : _____ Mobile : _____ Business: _____

Primary phone: Home Mobile Business Email: _____

Preferred Method for Quick Updates: Call Text Email

If we will be doing your personal return, please complete the following information

Taxpayer Name: _____ SS#: _____ DOB: _____

Spouse Name: _____ SS#: _____ DOB: _____

Other contact

First _____ Last _____

Address: _____ City _____ State ____ Zip _____

Home: _____ Mobile: _____ Business: _____

Email: _____ Portal

Primary phone: Home Mobile Business Contact type: Preferred Billing

Other contact

First _____ Last _____

Address: _____ City _____ State ____ Zip _____

Home: _____ Mobile: _____ Business: _____

Email: _____ Portal

Primary phone: Home Mobile Business Contact type: Preferred Billing