



Client Contact Information Sheet

Please complete the Client Contact Information Sheet below. This information will be used to set up your account and to send you monthly reports, tax returns, etc.

I. Company Information:

Company Name: _____

Company Address: _____

Company Telephone: _____

Company Fax: _____

Company Website: _____

Company E-mail: _____

Tax ID: _____

Entity Type: ☐ S-Corp ☐ C-Corp ☐ Partnership ☐ Disregarded Entity

Industry Type: _____

II. Owner Information: *(If company has various owners, only one is needed)*

Owner Name: _____

Owner Address: _____

Owner Telephone: _____

Owner E-mail: _____

Owner Date of Birth: _____ Owner SSN: _____

In addition to sending Tax Returns, Financial Statements, Sales Tax Returns, Payroll Returns, etc. is there anyone else you would like for us to include in the e-mails, such as Office Manager, Admin Assistant, Owner, etc.? ☐ Y E S ☐ N O If Yes, please fill in below:

E-mail 1: _____

E-mail 2: _____

E-mail 3: _____

By filling this form out and returning it you authorize us to use all the contact information above for all necessary purposes.

Print Name: _____ Title: _____ Date: _____