



WILKLOW & ASSOCIATES, CPA P.C.

NEW CLIENT INFORMATION SHEET FOR BUSINESSES

Current Date: _____

General Business Information

Business Name _____
DBA Name, if applicable _____
Entity Type _____ EIN: _____
Street Address _____
City/State/Zip _____
Business Phone _____ Fax: _____
Company Website _____
Company Email _____
Fiscal Year End _____
States Doing Business In _____

Pertinent Business Information

Officer / Owner
Name (Primary
Contact) _____ SSN: _____
Phone: _____ Cell: _____
Email: _____

Officer / Owner
Name _____ SSN: _____
Phone: _____ Cell: _____
Email: _____

Officer / Owner
Name _____ SSN: _____
Phone: _____ Cell: _____
Email: _____

Controller Name _____
Phone: _____ Cell: _____
Email: _____

Pertinent Business Information (continued)

Pension
Information: _____

Health
Insurance
Information: _____

Services Desired

- | | | | |
|---|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Tax Individual | <input type="checkbox"/> Tax Business | <input type="checkbox"/> Sales Tax: | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Payroll Processing | | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> F/S Review | <input type="checkbox"/> Cash Flow Planning | | <input type="checkbox"/> Yearly |

How did you hear of our services? _____

New Business Client Check List

- SS-4
- 2 years of most recently filed tax returns
- Articles of organization or incorporation
- Operating agreement or bylaws
- Employee handbook, if any
- Sub-S approval, if applicable
- W-9s for company contractors, if any
- Independent contractor agreements, if any
- Accounting software file

Business Client Signature

Date