



WILKLOW & ASSOCIATES, CPA P.C.

NEW CLIENT INFORMATION SHEET FOR BUSINESS

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: _____

Controller Name _____ SSN: _____

Phone: _____ Cell: _____

Email: _____

Pension Information _____

Pertinent Business Information (continued)

Health Insurance Information _____

PPP

Did you apply for the PPP loan? YES NO

Did you qualify for the PPP loan? YES NO

Have you applied for the forgiveness application associated with the PPP loan? YES NO

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 service? _____

New Business Client Check List

- ☐ 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

I agree that there is a fee to prepare this tax return and even if I do not file, payment is due for services rendered.

Business Client Signature

Date