



New Non-Individual Client Information Sheet

Legal name: _____

DBA, if any: _____

Type of entity (circle one):

C Corporation

S Corporation

Partnership

Multiple member LLC

Single member LLC

Sole Proprietorship

Trust

Estate

Non-profit organization

MAILING ADDRESS

Name of Contact/Trustee/Executor: _____

Street/PO Box: _____

City: _____ State/Prov: _____

Zip Code: _____ Country if not U.S. _____

CONTACT INFORMATION (Include area code)

Regular Office #: _____ Fax #: _____

Home #: _____ Cell #: _____

E-mail: _____

OTHER INFORMATION

Name of attorney: _____

How did you hear about us? _____

Date form completed _____

Reminder: Please bring in or send complete copies of last year's previous Federal and State tax returns, if not a new organization.