

Business Data Gathering Form

Legal Business Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email Address: _____

Preferred Method of Contact: _____ Preferred time of contact: _____

EIN : _____ Type of Business: _____ Date of Formation: _____

Shareholders / Partners names, addresses, social security numbers and % of ownership

1. _____

2. _____

3. _____

4. _____

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Is this the first return for your business?	___	___	
2. If no, has your business filed all previous necessary returns for all previous years?	___	___	
3. If yes, can you provide copies of these returns?	___	___	___
4. Does your business own any real estate?	___	___	
5. Does your business own any assets?	___	___	
6. Does your business have payroll?	___	___	
7. If yes, have all necessary payroll tax forms been filed for this year?	___	___	___
8. If yes, can you provide copies of these returns?	___	___	___
9. Does your business need help with any form of bookkeeping services?	___	___	
10. Did you have any immediate or future concerns you would like to discuss with us? If yes, please list them below.	___	___	

11. How did you hear about us? Did someone refer you?
