

**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. \_\_\_\_\_

Yes No N/A

- |  |     |     |     |
|--|-----|-----|-----|
| 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?  
 \_\_\_\_\_