

# **BUSINESS QUESTIONNAIRE**

PLEASE PRINT LEGIBLY

\_\_\_\_ PREVIOUS CLIENT  
\_\_\_\_ NEW CLIENT

TAX YEAR \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_ Referred By \_\_\_\_\_

**PLEASE ANSWER YES OR NO: DO YOU HAVE?**

\_\_\_\_ HEALTH INSURANCE \_\_\_\_\_ DENTAL PLAN  
If Yes, Received From: EXCHANGE OR EMPLOYER (circle one)

Full Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Tel#: \_\_\_\_\_ Email Address: \_\_\_\_\_

EIN# \_\_\_\_\_ - \_\_\_\_\_ Business Start Date \_\_\_/\_\_\_/\_\_\_ State Registered \_\_\_\_\_

Business Type: \_\_\_\_ Sole proprietor \_\_\_\_ Partnership \_\_\_\_ LLC \_\_\_\_ Corporation

**Business Partners or Officers (name, ssn#, # shares, address)**

Name \_\_\_\_\_ SSN \_\_\_\_\_ Shares: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Shares: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Shares: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(add additional partners/officers info on back or include separate page)

Please include/Attach

1. Certificate or Articles of Incorporation & Filing Receipt
2. Business Sorted Receipt/Expense form
3. First Time client (IRS EIN Confirmation Letter)
4. Proof of Income (i.e Receipts, Invoices, Bank Statements, 1099's, etc.)