

New Business Client Data Form

Date: _____ Client Number _____

Business Legal Name: _____

dba: _____ EIN: _____

Address: _____

Business Owner Name: _____ SS#: _____

Contact Person(s) Name: _____

Work Phone: _____ Cell Phone: _____

Description of Business: _____

Email: _____

How did you hear about Sipe CPA Firm:

- ____ Outside Building sign
- ____ Website/Internet
- ____ Referred by _____
- ____ Other _____

Please do not write below, for office use only.

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Type of Entity: __1120S __1120 __1065 __990

Services Anticipated:

- ____ Write Up/Bookkeeping
- ____ Payroll Services (Purple Folder)
- ____ Payroll Taxes (Orange Folder)
- ____ Owner Personal Taxes
- ____ Corporate Tax Return
- ____ 1099s
- ____ Personal Property Taxes
- ____ Sales Tax
- ____ Other _____

Files to create for all clients: Red, Blue, Green, and Black