

Preferred Accountant: _____

Date: _____

BUSINESS INFORMATION WORKSHEET

Name of Business: _____

Street Address _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone _____ Cell: _____

Fax _____ Preferred Method of Contact: _____

E-Mail Address: _____

Important Tax Identification Numbers	Type of Business and Tax Filing Type
Federal ID # _____	Sole Proprietor <input type="checkbox"/>
State Withholding # _____	LLC <input type="checkbox"/>
State Sales Tax # _____	Partnership <input type="checkbox"/>
State Unemployment# _____	C Corporation <input type="checkbox"/>
Secretary of State # _____	S Corporation <input type="checkbox"/>

Owners, Members or Shareholders

Name # 1 _____

Address _____

City _____ State: _____ Zip: _____

Phone # _____ SS# _____ DOB _____

Email #1 _____

Title _____ Ownership % _____

Name # 2 _____

Address _____

City _____ State: _____ Zip: _____

Phone # _____ SS# _____ DOB _____

Email #1 _____

Title _____ Ownership % _____

Name # 3 _____

Address _____

City _____ State: _____ Zip: _____

Phone # _____ SS# _____ DOB _____

Email #1 _____

Title _____ Ownership % _____

Name # 4 _____

Address _____

City _____ State: _____ Zip: _____

Phone # _____ SS# _____ DOB _____

Email #1 _____

Title _____ Ownership % _____

Preferred Accountant: _____

Date: _____

BUSINESS INFORMATION WORKSHEET

Accounting and Banking Information

Accounting Software _____ Passwords: _____
Accounting Contact Person: _____ Phone # _____
Contractor's License # _____ State(s): _____
Bank for Business _____ Routing # _____
Operating Acct # _____ Payroll Acct # _____

Things to Bring to Your Appointment

- | | |
|---|---|
| <input type="checkbox"/> Accountants Copy of the Accounting Software | <input type="checkbox"/> Any Payroll Reports filed for the Year,
if not prepared by PAS and/or not already on file |
| <input type="checkbox"/> Prior Year Tax Return (If new client for PAS) | <input type="checkbox"/> Loan Agreements made in the Current Year,
and/or prior years if not filed by PAS |
| <input type="checkbox"/> Form 1099-Int, K, or Misc Received for the Business | <input type="checkbox"/> Any Tax Notices received and not resolved, if
not already on file with PAS. |
| <input type="checkbox"/> Bank Statements for Year, if not already on file with PAS | |
| <input type="checkbox"/> Credit Card Statements for Year, if not already on file with PAS | |

Under penalties of perjury, I declare the above is complete & answered to the best of my knowledge & belief, they are true, correct, and complete. (Only one representative is required to sign. The signer can be held liable for the information & completeness of this form).

Business Representative Signature: _____

Representative's Title: _____