



New Client Information - Business

Date: _____

Entity Name Business Phone

Address Street City State Zip

Home Phone Cellular Phone E-mail Address

Type of Entity (Corp, S-Corp, etc.) Date of Formation

Principal Business Activity

Federal ID # State ID #

Officers

Name (first, middle, last) Shares Owned % of Total Title

Name (first, middle, last) Shares Owned % of Total Title

Name (first, middle, last) Shares Owned % of Total Title

Name (first, middle, last) Shares Owned % of Total Title

Items Needed:

- Articles of Incorporation/Organization
- Bylaws
- Most recent board minutes
- Primary contact person (phone # if different) _____

Please list the following:
Accountant: _____

Attorney: _____

How did you find us? _____