

Business Information



Check this box if you are a current client and no information has changed.

Client Name:	
Business Name:	
EIN or Social Security #	

Address (street)	
Address (PO Box)	
City	
State	
Zip	

Contact Information:	
Business phone number	
Fax phone number	
Home phone number	
Cell phone number	
Work phone number	
email address	
Website	
Facebook	
Twitter	

Entity Type	
Return Type	
Fiscal Year End Month	
Tax Return Due Date	
State of Incorporation	
Date of Incorporation	
Franchise Report Required	YES or NO

Please provide us the following documentation (if applicable):

Federal Employer Identification Number Job Service rate notification
Secretary of State Certificate of Trade Name ND withholding letter
Organizational documents - Articles of Inc., Bylaws, Minutes of Meetings, including Resolutions
Previous year's tax returns

Accounting software:	
EFTPS:	
Banking information:	

Referred by:	
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