

NEW BUSINESS CLIENT WORKSHEET

DATE _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

E-MAIL ADDRESS _____

BUSINESS NUMBERS

TELEPHONE _____ FAX _____

MOBILE _____

INITIAL CONFERENCE ATTENDEESS(S)

NATURE OF BUSINESS _____

DATE STARTED _____ ANNUAL SALES (EST) _____

TYPE OF ENTITY

CORP _____ S-CORP _____ LLC _____

PARTNERSHIP _____ SOLE PROPRIETOR _____

NUMBER OF EMPLOYEES _____

SHAREHOLDER/PARTNER INFORMATION

NAME _____

SS # _____ TITLE _____

BUSINESS # _____ HOME # _____

HOME ADDRESS _____

NAME _____

SS # _____ TITLE _____

BUSINESS # _____ HOME # _____

HOME ADDRESS _____

NAME _____

SS # _____ TITLE _____

BUSINESS # _____ HOME # _____

HOME ADDRESS _____

PRIMARY BUSINESS CONCERNS/OBJECTIVE

- 1) _____
- 2) _____
- 3) _____
- 4) _____

FOR OFFICE/INTERNAL USE ONLY

IMMEDIATE ACTION _____

HOLDING FOR _____

ACCT ASSIGNED _____ NEW CORP. Y _____ N _____

ATTY. PAID _____ EIN _____

SALES TAX _____ UCT-6 _____

S-ELECTION _____ BUS. LIST _____

ACCOUNT NO. _____ FILE SET-UP _____

NOTES: