

New Client Acceptance Form Business

Business Name _____

Phone # _____ Cell _____

Email _____

Date Formed _____ State Formed _____

Fed. EIN _____ State Id. # _____

Business Address _____

City _____ State _____ Zipcode _____

Entity Type Circle one - (Corporation / S Corporation / Partnership / Sole Proprietor)

Year end _____

Have all Federal & State Registrations been filed? (Y / N)

Does the Business have Payroll? (Y / N) If yes, how many employees? _____

Workers Compensation Insurance Company _____

Workers Compensation Policy Number _____

Disability Insurance Company _____

Disability Policy Number _____

Does the Business have Independent Contractors? (Y / N)

Does the Business collect Sales Tax? (Y / N) Sales Tax id #(s) _____

Officers:

Name/Address	Title	SS#	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shareholders:

Name/Address	Title	SS#	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe the nature of the business.

Referred by: _____