

MARK L. SCHMITT, CPA, P.C.

NEW CLIENT INFORMATION: BUSINESS FILE

BUSINESS NAME:	
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FEDERAL EMPLOYER ID NUMBER:	
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DATE INCORPORATED / ORGANIZED (mm/dd/yyyy):	
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FISCAL YEAR ENDING MONTH:	
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BUSINESS TYPE (Check One):

<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> S-Corporation S Election Effective Date:	<input type="checkbox"/> Single Member Limited Liability Company

BUSINESS ADDRESS

STREET ADDRESS	
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COUNTY	
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CITY / STATE / ZIPCODE	
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Is Business Within Municipal Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, CITY NAME:
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MAILING ADDRESS (if different from above):

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KEY CONTACT NAME AND TITLE	
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ADDITIONAL CONTACT NAME AND TITLE	
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KEY CONTACT INFORMATION	
Cell Phone	
Work Phone	
Email	
Fax	

ADDITIONAL CONTACT INFORMATION	
Cell Phone	
Work Phone	
Email	
Fax	

PRINCIPAL BUSINESS ACTIVITY:

PRINCIPAL PRODUCT OR SERVICE:

STATES IN WHICH YOU ARE FILING RETURNS:
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HOW WERE YOU REFERRED TO US?

PURPOSE OF VISIT:
