



**New Business  
Client Information Form**

## New Business Onboarding

COMPANY INFORMATION	
Company Name: _____	
Mailing Address: _____	
Cell phone: _____	Office phone: _____
Business Email : _____	
Additional Contact : _____	Phone Number: _____
Tax Matters Person: _____	Phone Number: _____
Business Activity/ Services Offered: _____	
If we can't file your tax return by the original due date, do we have your permission to file an extension? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been audited before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you & your business current on all tax liabilities including sales & payroll taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own any or have signature authority over any foreign financial accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If services have been provided by another firm; may we contact them if necessary?	
Name _____	Number _____

COMPANY STRUCTURE	
State and Date of Incorporation: _____	
Entity Type _____	
Election Made/Date: _____	
EIN#: _____	
TX Secretary of State ID: _____	
TX Comptroller ID: _____	
Web File Number: _____	

Company Owners:

Name & address	Title	SSN	% of time devoted to business	Ownership

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### COMPANY RECORDS/ACCOUNTING

Accounting Software: \_\_\_\_\_

Accounting Method: \_\_\_\_\_

Please List Bank & Credit Cards Used in Your Business:

Bank \_\_\_\_\_

Credit Card: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Payroll Processing Company: \_\_\_\_\_

Frequency: \_\_\_\_\_

#### Do you maintain:

Yes  No Separate Client Billing System?

Yes  No Inventory/POS System?

Yes  No Do you accept Credit Cards?

Yes  No Do you have Sales Tax Reporting requirements?

Yes  No Do you conduct business in other states?

#### Employees & Contractors:

Yes  No Do you pay any company/individual more than \$600 for services?

Yes  No Do you have employees in other states?

#### If you have employees, do you offer:

Yes  No Health Insurance?

Yes  No Retirement Plan?

Notes:

Signature \_\_\_\_\_ Date: \_\_\_\_\_