

**CLIENT PROFILE**

TODAY'S DATE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

BUSINESS START DATE \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_ --- \_\_\_\_\_

TYPE OF OWNERSHIP (check one)

\_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Limited Liability Partnership

\_\_\_\_\_ Limited Liability Corporation \_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_ S Corporation

ACCOUNTING METHOD (check one)

\_\_\_\_\_ Accrual Basis \_\_\_\_\_ Cash Basis

TYPE OF TAXES YOU PAY (check all that apply)

\_\_\_\_\_ Retailer's Sales Tax \_\_\_\_\_ Corporate Income Tax

\_\_\_\_\_ Withholding Tax \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Retailer's Compensating Use Tax

TYPE OF BUSINESS & PRIMARY BUSINESS ACTIVITY \_\_\_\_\_

\_\_\_\_\_