

BUSINESS CLIENT INFORMATION SHEET

BUSINESS CLIENT INFORMATION

Type of Business: Sole Proprietor C-Corp. S-Corp. Partnership Fiduciary LLC Type:

Business Legal Name:	DBA Name:
Physical Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Business Phone:	Business Fax:
Cell Phone:	Cell Phone 2:
Email No. 1	Email No.2
Date Incorporated:	Date Business Started:
States Doing Business In:	Other Cities doing Business in:
Software Used:	Passwords:

TAX IDENTIFICATION NUMBERS:

Federal ID No.	Lexington Acct No.
KY Corp Account No.	FCPS Account No.
KY Tax WH No.	Other Local #s
KY Unemploy.No.	Other Local #s
KY Sales Tax No.	Other Local #s
Other State #s	Other #s
Other State #s	Other #s

OWNER'S INFORMATION:

Owner Name#1:	Title:	Home Address:
SSN:	Phone:	
Owner Name#2:	Title:	Home Address:
SSN:	Phone:	
Owner Name#3:	Title:	Home Address:
SSN:	Phone:	
Bookkeeper's Name:		

ADDITIONAL INFO:

DONALD & COMPANY OFFICE INFORMATION

Client ID # :	Set Up Date:	By:
Referred by:	Services:	

