

Client Information Sheet

Company Name: _____

Address: _____

City, State & Zip Code: _____

Employer Identification Number ("EIN"): _____

The Company's 6 digit North American Industry Classification System ("NAICS") code: _____ *(see enclosed list)*

Business Entity: Regular Corporation S Corporation
 P.C. Partnership
 LLC or LLP Sole Proprietorship

Please indicate how the company elects to be taxed (i.e. Corp., S-Corp., Partnership, LLC): _____

Month & Day of Fiscal Year-End: _____

Member of Controlled Group or Affiliated Service Group? NO YES

Telephone #: () _____ - _____

Fax #: () _____ - _____

Primary Contact Person, & Title: _____

Secondary Contact Person, & Title: _____

Names & Titles of Trustees: _____

Trustee Email Addresses: _____

Payroll Contact at Employer: _____

Payroll Provider: _____

Payroll Frequency: _____

Accountant Information:

Name: _____

Firm: _____

Address: _____

City, State & Zip Code: _____

Phone No.: () _____ - _____