

Business Client Intake Sheet

Client Information

Name of Business: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Web: _____

Form of Business: LLC C Corporation S Corporation Non-profit Limited Partnership LLP

Sole Proprietorship Other: _____

Primary Contact Information

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Ownership %: _____ Ownership Class: _____

Ownership Information

Owner 1

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Ownership %: _____ Ownership Class: _____

Owner 2

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Ownership %: _____ Ownership Class: _____

Owner 3

Last Name: _____ First Name: _____ MI: _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Title: _____ Ownership %: _____ Ownership Class: _____

Attach additional sheets if necessary.