

DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

# Hoods

TAX & ACCOUNTING

## BUSINESS CLIENT INFORMATION

### TAXPAYER/ENTITY Information

Name:		Phone:
Business Address:		
City:	State:	Zip Code:
Business Entity Type:		
Website:		
Tax ID:	Date of Formation:	

### OWNER Information

Name:	
Tax ID:	Email:
Address:	

### PARTNER Information

Name:	
Tax ID:	Email:
Address:	

### PARTNER Information

Name:	
Tax ID:	Email:
Address:	

### OTHER Information

Previous Tax Preparer:
Investment Advisor:

### OTHER

Purpose of Consultation:	
FOR OFFICE USE ONLY FEE SCHEDULE	
1040	1120/1065 P/R QUARTERLY
P/R Y/E	_____
TOTAL	MONTHLY RETAINER
_____	_____