

Cash Tax and Accounting, LLC
New Business Client Questionnaire

Form Completed By: _____

Today's Date: _____

Corporate Name: _____

DBA Name: _____

Physical Address: _____

Billing Address: (If different than physical address)

Attn: _____

Contact Name # 1: _____

Contact Phone # 1 home: _____

Contact Phone # 1 cell: _____

Contact Email # 1: _____

Contact Name # 2: _____

Contact Phone # 2: _____

Contact Phone # 2 cell: _____

Contact Email # 2: _____

Business Activity: _____

Product or Service: _____

Fiscal Year End: _____

Entity Type: (Circle One) CCorp SCorp Ptr LLC Don't Know

Nature of Business: _____

Date Business Started: _____

Business Phone #: _____

Business Fax #: _____

Email: _____

City: _____

Software: _____

County: _____

Software User Name: _____

School District: _____

Software Password: _____

Number of owners/members: _____

Tax Basis of Accounting: _____

Financial Statement Basis of Accounting: _____

Retirement Plan (Circle One): Yes No

Retirement Plan Type: _____

Payroll (Circle One): Yes No

Payroll Company: _____

What type of help do you need (circle all that apply)?

Tax / Accounting / Financial Planning / Business Development / Other

Do you have ownership or are a beneficiary in any of the following (circle all that apply)?

Sole Proprietorship / Partnership / C Corporation / S Corporation / Trust / Other

How did you hear about [Cash Tax and Accounting, LLC](#)?

Would you like to receive the Cash Tax and Accounting, LLC newsletter of tax tips? Yes No

For Administrative Use Only:

Partner: _____

Return File to: FC: _____ **Team Member:** _____

Team: _____

Tax Season Appointment Date: _____ **or Mail In:** _____

Client Code: _____

SA Quoted: _____

Organizer: Mail _____ Hold _____ No _____

Date Entered into VPM _____ **UT** _____ **Outlook** _____