

Bauer, Willis & Associates, Inc.
Business Client Information

Company Name: _____

Address: _____

Main Contact: _____ Phone Number: (wk) _____ (cell) _____

E-mail: _____ Fax Number _____

Website: _____ Referred By: _____

Additional Contacts & Title: _____

Tax Matters Person/Phone Number: _____

Business Entity: _____ Tax Year: _____

Business Start Date: _____ EIN#: _____

State of Incorporation: _____ State ID #: _____

Corporate Charter #: _____ Date of Incorporation: _____

Date of S CORP Election: _____

Related/other businesses _____

Business Activity/Principal Product or Service: _____

Employee Benefits: Health Insurance: _____ Pre or Post Tax? _____

Retirement Plan: _____ Company Matching? _____

Life Insurance: _____ Other: _____

If services have been provided by another firm, may we contact them if necessary?

Yes No Name of Firm/Contact: _____

Any outstanding tax liabilities? If yes, describe _____

Been audited before? If yes, year and forms _____

Do you own any foreign bank accounts? Yes No

Company Shareholders/Partners/ Officers: (S-Corp, need spouse's info if making election)

Name & address	Title	SSN	% of time devoted to business	Owner-ship %/# of shares	Salary & benefits, (health insurance)& loans to company

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Accounting Method _____

Accounting Records

Software: _____ Version: _____

Password: _____ Last Update: _____

Revenue and Cash:

Bank Accounts Reconciled: _____ Yes _____ No

List Bank Accounts: _____

Accept credit cards? _____ Yes _____ No

Revenue estimate for the current year _____

Expenses and Tax:

Payroll Reporting

Self Prepared (Software used)/ Processor: _____

Frequency: _____ # of Employees: _____

Sales Tax Reporting _____ Yes _____ No Frequency/Type: _____

Credit Cards Reconciled: _____ Yes _____ No

List Credit Cards: _____

Other Business Debt: _____

Separate billing system? _____ Yes _____ No Name: _____

Separate inventory or POS system? _____ Yes _____ No Name: _____

Any other business software? _____

OTHER SERVICES/NOTES:

Client Signature: _____ DATE: _____

CPA: _____ DATE: _____