



## New Client Information Sheet

### For Businesses, Estate & Trust

<b>Entity Type</b>	<input type="checkbox"/> 1120S - S Corp	<input type="checkbox"/> 1120C - C Corp	<input type="checkbox"/> 1065 - Partnership	<input type="checkbox"/> 1120H - Homeowners Assoc.	<input type="checkbox"/> 1120SF - Settlement Fund
	<input type="checkbox"/> 990 - Not-For-Profit	<input type="checkbox"/> 1041 Fiduciary	Other:		YE Month
Business Name		DBA Name		Business EIN	
Business Address		County	City	State	Zip Code + 4 digit
Mailing Address (if different)		County	City	State	Zip Code + 4 digit
Business Phone		Business Fax		Business Website	
Primary Contact Name / Title				Primary Contact Home Phone	
Primary Contact Email				Primary Contact Cell Phone	
Preferred Contact Name / Title				Preferred Contact Home Phone	
Preferred Contact Email				Preferred Contact Cell Phone	
Billing Contact Name / Title				Billing Contact Home Phone	
Billing Contact Email				Billing Contact Cell Phone	
1. Stockholder/Beneficiary Name		Stockerholder/Beneficiary Address		SS# or EIN	Ownership %
2. Stockholder/Beneficiary Name		Stockerholder/Beneficiary Address		SS# or EIN	Ownership %
3. Stockholder/Beneficiary Name		Stockerholder/Beneficiary Address		SS# or EIN	Ownership %
Attorney			Banker		
Insurance			Previous Accountant		
Describe client's business activity:					
Are services and/or reports intended to satisfy regulatory requirements or third parties?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, for whom?					
Has the company sued the prior accountants or other professionals?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would service to this company cause independence problems or conflicts of interest?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, why?					
Why is management changing accountants?					
<b>Client Communications</b>					
Referred by / How did you hear about us?					
Do you want to have a Web Portal account set up on our Siepert website?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate an email address for the Web Portal account: _____					
How do you want to receive your invoices and statements?			Paper <input type="checkbox"/>	Web Portal <input type="checkbox"/>	Email <input type="checkbox"/>
Please select the method that you would like to receive your Tax Return:			Paper <input type="checkbox"/>	Web Portal <input type="checkbox"/>	Email <input type="checkbox"/>
Would you like to receive a Tax Organizer?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate which of the following methods:			Paper <input type="checkbox"/>	Web Portal <input type="checkbox"/>	Email <input type="checkbox"/>
<b>If you selected yes for any of the above, please indicate an email address preference:</b> _____					