

# STOREHOUSE



FINANCIAL MANAGEMENT SERVICES, LLC

ACCOUNTING • BOOKKEEPING • PAYROLL • TAX • FINANCIAL COACHING

## BUSINESS INFORMATION SHEET

### HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/>	BNI MEMBER	CHAPTER	<input type="checkbox"/>	WEBSITE
<input type="checkbox"/>	CWN MEMBER		<input type="checkbox"/>	EMAIL
<input type="checkbox"/>	REFERRAL (NAME OF INDIVIDUAL)		<input type="checkbox"/>	NEWSLETTER
<input type="checkbox"/>	OTHER		<input type="checkbox"/>	

### PERSONAL INFORMATION

NAME (LAST, FIRST)	DOB	SSN	LICENSE/ID NO.
ADDRESS	CITY	STATE	ZIPCODE
DAYTIME PHONE	EVENING PHONE	CELL PHONE	EMAIL

### BUSINESS INFORMATION

BUSINESS NAME	DATE EST.	CITY EST.	COUNTY/STATE EST.
BUSINESS ADDRESS	CITY	STATE	ZIPCODE
BUSINESS PHONE	WEB ADDRESS		

PRODUCT/SERVICE

### ENTITY TYPE

<input type="checkbox"/>	SOLE PROPRIETOR	<input type="checkbox"/>	LIMITED LIABILITY CO., SINGLE MEMBER
<input type="checkbox"/>	C-CORPORATION	<input type="checkbox"/>	LIMITED LIABILITY CO., MULTIPLE MEMBERS
<input type="checkbox"/>	S-CORPORATION	<input type="checkbox"/>	LIMITED LIABILITY CO., CORPORATION
<input type="checkbox"/>	GENERAL PARTNERSHIP	<input type="checkbox"/>	LIMITED LIABILITY PARTNERSHIP
<input type="checkbox"/>	NON PROFIT ORGANIZATION	<input type="checkbox"/>	OTHER:

### ACCOUNT/IDENTIFICATION NUMBERS

ACCOUNT TYPE	ACCOUNT #	USER ID	PASSWORD
Federal Tax			
State Withholding			
State Unemployment			
EFTPS Account			
State Sales Tax			
City Sales Tax			
County Sales Tax			
OTHER:			
OTHER:			

### PARTNERS, SHAREHOLDERS AND PERCENTAGE OF OWNERSHIP

NAME	SSN & DOB	ADDRESS	TITLE	% OWNERSHIP

**SERVICES NEEDED (CHECK ALL THAT APPLY)**

<b>GENERAL BOOKKEEPING/ACCOUNTING</b>	<b>BUSINESS TAX RETURN</b>
<b>PAYROLL</b>	<b>INDIVIDUAL TAX RETURN</b>
<b>QUARTERLY REPORTS</b>	<b>INCORPORATION, LLC</b>
<b>SALES TAX REPORTS</b>	<b>APPLY FOR FEDERAL, STATE, UNEMPLOYMENT ID #'S</b>
<b>END OF YEAR REPORTS</b>	<b>APPLY FOR STATE, CITY, COUNTY SALES TAX #'S</b>

**OTHER (PLEASE SPECIFY) :**

**EMPLOYEE LIST**

<b>NAME (LAST, FIRST)</b>	<b>ADDRESS</b>	<b>SSN</b>	<b>DOB</b>	<b>PAYRATE</b>	<b>START DATE</b>

**# OF EMPLOYEES (1-5;6-10;11-15;16-20;21-30,31+)**

**# OF CONTRACT LABORERS (1-5;6-10;11-15;16-20;21+)**

**HOW OFTEN IS PAYROLL? (WEEKLY,BI WEEKLY,MONTHLY,SEMI MONTHLY)**

**WHAT DAY DOES PAYROLL END? SUN-SAT**

**WHAT DAY OF THE WEEK DO YOU PAY? SUN-SAT**

**MISCELLANEOUS**

<b>PREFERRED CONTACT METHOD</b>	<b>PREFERRED PAYMENT METHOD</b> <i>Cash Check Debit Paypal</i>
<b>STATEMENT DATE</b>	

**SIGNATURES**

<b>CLIENT SIGNATURE</b>	<b>DATE</b>
<b>PREPARER SIGNATURE</b>	<b>DATE</b>

**OFFICE USE ONLY**

<b>QUOTE \$</b>	
<b>DOWNPAYMENT \$</b>	