



Corporate Tax Checklist

New Clients

Corporation Name: _____

Address: _____

Phone (____) _____ - _____ EIN ____ - _____

Registration Date ____/____/____ Registration State: _____

Partnership S-Corporation (See Below) C-Corporation Sole Proprietorship

Primary Business Activity _____

S-Corp Election: Date of Election (if any) ____/____/____ Need to file form 2553

1. Shareholder/Partner Name: _____

Phone (____) _____ - _____ Ownership % _____ Date Acquired: ____/____/____

SSN: _____ - _____ - _____ or EIN ____ - _____ DOB: ____/____/____ Title: _____

Address: _____

City: _____ State: _____, Zip: _____

If you have filed a corporate return in a previous year, please provide a copy of that filing.



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2. Shareholder/Partner Name: _____

Phone (____)____ - _____ Ownership % _____ Date Acquired: ____/____/____

SSN: _____ - _____ - _____ or EIN ____ - _____ Title: _____

Address: _____

City: _____ State: _____, Zip: _____

3. Shareholder/Partner Name: _____

Phone (____)____ - _____ Ownership % _____ Date Acquired: ____/____/____

SSN: _____ - _____ - _____ or EIN ____ - _____ Title: _____

Address: _____

City: _____ State: _____, Zip: _____

4. Shareholder/Partner Name: _____

Phone (____)____ - _____ Ownership % _____ Date Acquired: ____/____/____

SSN: _____ - _____ - _____ or EIN ____ - _____ Title: _____

Address: _____

City: _____ State: _____, Zip: _____



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New Clients

For additional Shareholders/Partners please attach separately.

Notes: _____

By signing you certify that all information provided is complete, true, and correct:

_____ Date: ____/____/____

Corporate Representative