

# Client Information Request

CLIENT NAME \_\_\_\_\_ DBA \_\_\_\_\_

LEGAL CONTACT \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
 ( ) ( )  
 PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**LEGAL ADDRESS**

STREET \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MAILING ADDRESS**  Same as above OR:

STREET \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EIN \_\_\_\_\_ / / \_\_\_\_\_  
 INCORPORATION OR FORMATION DATE

FISCAL YE \_\_\_\_\_

NATURE OF EMPLOYER'S BUSINESS \_\_\_\_\_

BUSINESS CODE (IF KNOWN) \_\_\_\_\_ STATE OF INC. \_\_\_\_\_

\_\_\_\_\_ COUNTY \_\_\_\_\_

**ENTITY**

C-Corp  
 APC  
 S-Corp  
 Part  
 Sole  
 LLP  
 LLC  
 Other: \_\_\_\_\_

**OWNERS AND OFFICERS:**

	PERSON	PLAN TRUSTEE	OWNERSHIP PERCENT	OFFICER TITLE
1	_____	<input type="checkbox"/>	_____ %	President
2	_____	<input type="checkbox"/>	_____ %	VP
3	_____	<input type="checkbox"/>	_____ %	Secretary
4	_____	<input type="checkbox"/>	_____ %	_____
5	_____	<input type="checkbox"/>	_____ %	_____

Does anyone listed above have ownership in any other business entity?  Yes  No